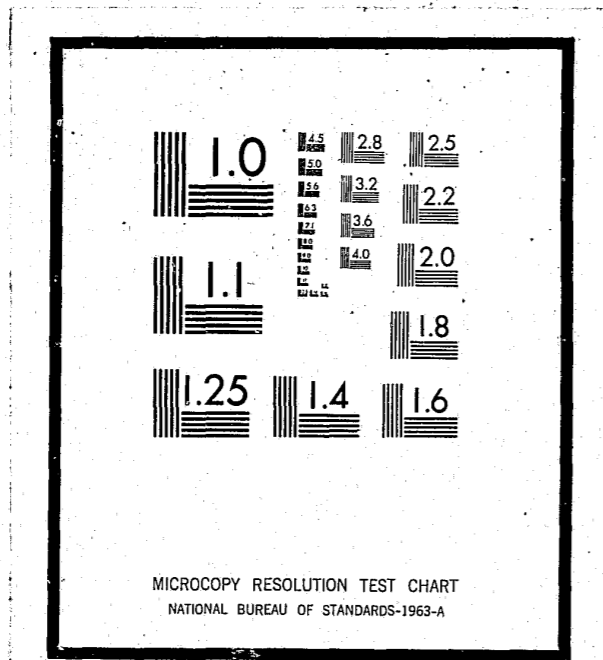


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6/13/75

INGHAM COUNTY JAIL
REHABILITATION PROGRAM
EVALUATION REPORT

013514
EVALUATION

Submitted by
H. S. Teitelbaum

February 1974

The function of evaluation is to improve, and not to prove. This report complies with the guidelines submitted in the grant proposal for evaluating the Ingham County Jail Rehabilitation Program, and purports to evaluate the Rehabilitation Program as a whole and its relationship to the shaping of prisoners' attitudes towards themselves and towards their surroundings. At the outset it must be made clear that the context of this evaluation and the role of the Rehabilitation Program is limited when one conjoins rehabilitation per se with the other sociological phenomenon that surrounds any sense of rehabilitation from a prisoner's point of view. I am referring at this time to pressures acting on a prisoner before he comes to jail and after he leaves jail. The framework for this evaluation program really then only mirrors the effect of what the jail's rehabilitation program has on the prisoners during the prisoner's stay. Secondly the broad scope of the particular report must be born in mind (i.e. the rehabilitation program as a whole) for no inference can be laid to any particular aspect of the rehabilitation program. Indeed, no accountability questions can be levied at any specific branch of the rehabilitation program.

Before any instrument to assess the attitudes of any prisoner was administered a research plan was designed and various instruments investigated. At a joint meeting between the rehabilitation director and selected members of the rehabilitation staff, judgments were made *a priori* as to the direction in which the scales were to go. That is to say, it was important to see if certain scales would decrease and certain scales increase. The test chosen was named the Bipolar Psychological Inventory. This instrument was copyrighted in 1972 by Psychological Research Associates.

The primary purpose of the Inventory, as the manual states, is to provide a fairly comprehensive personality assessment instrument that has utility in institutions, clinics, educational settings, industry, private work, or in any situation where personality is of interest. The "bipolar" nature of the instrument gives emphasis to both the positive and negative aspects of personality. The Inventory has been administered to prison populations on two previous occasions. This is important to note because it attests to the "readability" of the instrument by the population and its ease of administration. The male prison population of the Utah State Prison were subjects in the initial norm development and the Ingham County Jail Drug Program inmates participated in a doctoral dissertation study using the Bipolar Psychological Inventory (BPI). The study was conducted by I.J. Howard Hightower who is currently on the staff of the Ingham County Jail. These norms made it possible to use the prison population as an intact group and not to divide them into imposed groups or other experimental design units. This is important because it eliminates the dilemma of observing one group working in the desired direction and the possibility that there is a second or third group not working in that direction and being forced by the rules of experimental design to keep the group isolated.

The initial administration of the BPI was done during the Intake procedure or as soon thereafter as possible. This was done by one of three people: 1) an assistant to the Educational Program director, 2) the Educational Program director or 3) the director of the Follow Through Program. The following instructions were given:

- 1) Test all male prisoners on the approved class list who have at least a fifth (5)

grade reading level. Determine the reading level by administering the Stanford Diagnostic Reading Test prior to the BPI.

2) Before actual testing begins, explain the test instructions to those taking the test. (Note - tests were usually administered in groups of three to five)

3) Retest at three month intervals.

A descriptive note should be addressed to point 3. The initial evaluation plan was as follows:

Population

The prison population can, for the purpose of this evaluation, be divided into two groups:

- a) sentenced inmates
- b) unsentenced inmates

Testing Schedule

The unsentenced inmates should be tested upon entry and then 30 days after intake.

The sentenced inmates should be randomly divided into four groups identified as:

- a) 3 month
- b) 6 month
- c) 9 month
- d) X

Each inmate is tested upon entry to the Ingham County facility. At three month intervals, whenever possible (see exceptions), each group is then post-tested. For example, if inmate A is in the "3 month" group; three (3) months after his intake date he is tested again. Assume another inmate, B, is in the "6

month" group. Then six (6) months after his intake date he is tested again. The X group is to be post-tested only upon release from the Ingham County facility.

Exceptions

1. If an inmate is sentenced to less than 9 months but greater than 5 months, he is to be assigned to the "3 month" or the "6 month" group.
2. If an inmate is sentenced to less than 6 months but greater than 3 months he is to be assigned to the "3 month group or group "X".
3. If an inmate is sentenced to 3 months or less he is assigned to group "X".
4. In all cases, each inmate is to be tested upon exit from the Ingham County facility.

This plan was being followed but after three months there was an unexpectedly large number of inmates who were being paroled or otherwise released. Due to this, the plan was abruptly halted and inmates were tested at three month intervals regardless of sentence. It was purposely designed that the staff of Ingham County Jail administer the evaluations; for in this way after the grant terminated a process would be installed that could be ongoing. This had some drawbacks, but in the main was successful. There were periods of time when post-testing was to be administered to inmates but instead initial testing was administered to new inmates. Secondly, only the inmates in the education program were followed up. This was done despite instructions and visitations to the contrary.

DESCRIPTION OF THE BIPOLAR PSYCHOLOGICAL INVENTORY SCALES

Opposing Ends of the Scale	Meaning of Score
Invalid - Valid (10 items)	<u>High Score.</u> Gross confusion (psychosis, brain damage, retardation), inability to read, random marking of the answer sheet without reading the items, uncooperative, practical joker, or defiant individual. <u>Low Score.</u> Accurate reading of items and following of instructions.
Lie - Honest (13 items)	<u>High Score.</u> Dishonest in test taking, exaggerates positive traits, minimizes deficiencies. <u>Low Score.</u> Meticulously honest, tendency to exaggerate weaknesses.
Defensive - Open (22 items)	<u>High Score.</u> Defensive, doesn't like to reveal self or personal problems, keeps feelings to self, resists professional help, guarded, does not solicit feedback. <u>Low Score.</u> Open, accepts help, reveals problems freely, solicits professional help.
Psychic Pain - Psychic Comfort (21 items)	<u>High Score.</u> Psychic pain, emotional, behavioral and physical symptoms of anxiety, dissatisfaction, nervous, tense. <u>Low Score.</u> Comfort, contentment, relaxed, calm, satisfied, unconcerned, controlled.
Depression - Optimism (22 items)	<u>High Score.</u> Depression, fearful of future, regret of the past, feeling of impending doom, suicidal, failure experiences, unhappy. <u>Low Score.</u> Happiness, optimism, successful satisfaction, cheerful, energetic.
Self Degradation - Self Esteem (22 items)	<u>High Score.</u> Self degradation, self critical, inferiority feelings, dissatisfaction with self, self depreciating, poor self image, low ego strength, intro-punitive.

Opposing Ends of the Scale	Meaning of Score
Self Degradation - Self Esteem (22 items)	<u>Low Score.</u> Self esteem, secure, self satisfied, confident, self assured, high self regard.
Dependence - Self Sufficiency (20 items)	<u>High Score.</u> Dependent, inadequate, meek, gullible, follower, acquiescing, submissive, deferent. <u>Low Score.</u> Self sufficient, independent, assertive confident, leader, self directing.
Unmotivated - Achieving (21 items)	<u>High Score.</u> Unmotivated, underachiever, lazy procrastinator, unassuming, slothful, irresponsible. <u>Low Score.</u> Achievement oriented, competitive, aggressive, untiring, recognition seeking, academically oriented, successful, hard working, accomplished.
Social Withdrawal - Gregariousness (22 items)	<u>High Score.</u> Social withdrawal, loner, solitary, avoids interaction and confrontation, schizoid, social avoidance, intro-verted. <u>Low Score.</u> Gregarious, sociable, seeks companionship, outgoing, extrovertive, affiliative.
Family Discord - Family Harmony (22 items)	<u>High Score.</u> Family discord, hatred, mutual rejection, dissension and inter-personal conflict. <u>Low Score.</u> Family harmony, closeness, pride, love acceptance and unity.
Sexual Immaturity - Sexual Maturity (Form A Only) (22 items)	<u>High Score.</u> Sexual immaturity, deviant tendencies, sexual anxieties, promiscuity sexual guilt. <u>Low Score.</u> Heterosexual maturity, adequacy and satisfaction, and sexual control.

Opposing Ends of the Scale

Meaning of Score

Problem Index, High-Problem Index, Low
(Form B Only)
(25 items)

High Score. Possible severe problems with multiple symptoms-psychotic reactions are possible. Dissatisfaction high. Many areas to explore in interview. See individual items endorsed on scoring key.

Low Score. Few problems in areas sampled by test.

Social Deviancy - Social Conformity
(21 items)

High Score. Social deviancy, antisocial, criminal behavior, societal conflict, anti-establishment, irresponsible, psychopathic, law breaking, rebellious.

Low Score. Social conformity, law abiding ethical, socially sensitive, conforming, prosocial attitude.

Impulsiveness - Self Control
(22 items)

High Score. Impulsivity, joy seeking, narcissistic, uncontrolled, moody, erratic, changeable, unreliable.

Low Score. Self control, consistent, dependable reliable, persistent planful, stable.

Hostility - Kindness
(20 items)

High Score. Hostility, anger, challenging aggressiveness, verbally assertive, "eye-for-eye" attitude, threatening, intolerant violent, vengeful.

Low Score. Friendliness, easy going, accepting kind, forgiving, cooperative, peaceful.

Insensitivity - Empathy
(20 items)

High Score. Cruelty, insensitive, morbid, punitive, calloused, sadistic.

Low Score. Empathy, concern, sensitive to others, kind, considerate, sympathetic.

The jail's planning group hoped that the scale scores would shift in the following direction:

<u>Scale</u>	<u>Direction</u>
Invalid - Valid	lower
Lie - Honest	lower
Defensive - Open	increase
Psychic Pain - Psychic Comfort	lower
Depression - Optimism	lower
Self Degradation - Self Esteem	lower
Dependency - Self Sufficiency	lower
Unmotivated - Achieving	increase
Social Withdrawal - Gregariousness	increase
Family Discord - Family Harmony	lower
Sexual Immaturity - Sexual Maturity	delete
Problem Index High - Problem Index Low	delete
Social Deviancy - Social Conformity	lower
Impulsiveness - Self Control	lower
Hostility - Kindness	middle
Insensitivity - Empathy	lower

DESCRIPTION OF THE POPULATION

The population covered in this evaluation have the following demographic characteristics:

Table 1. Race characteristics of the studied population

Description	Number	Percentage
White	44	58.667
Black	25	33.333
Mexican	4	5.333
Indian	2	2.667
Total	75	100%

Table 2. Age of the studied population

Description	Number	Percentage
17	7	9.333
18	8	10.667
19	4	5.333
20	7	9.333
21	6	8.000
22	11	14.667
23	5	6.667
24	3	4.000
25	4	5.333
26	4	5.333
27	2	2.667
28	1	1.333
29	2	2.667
30	3	4.000
32	3	4.000
35	1	1.333
36	1	1.333
43	1	1.333
44	1	1.333
46	1	1.333
Total	75	100%

The following Offenses were identified upon intake and given the following codes:

Code	Offense
1	Possession of Marijuana Possession of Narcotics Possession of Heroin Delivery of Marijuana Delivery of Narcotics Delivery of Heroin Conspiracy to Deliver
2	Insufficient funds Uttering and Publishing Forgery or attempted forgery Obtaining money under false pretenses
3	Breaking and Entering Attempted breaking and entering Breaking and entering with intent to commit a larceny
4	Receiving stolen goods Receiving and concealing stolen goods Possession without intent Larceny by conversion
5	Unarmed robbery Larceny from a person Larceny from an auto Larceny from a building Simple larceny
6	Armed robbery Conspiracy to commit armed robbery
7	Carrying a concealed weapon Drunk and Disorderly
8	Assault and battery Assault with intent to commit bodily harm or murder Felonious assault Assault with a dangerous weapon
9	Indecent liberties Gross indecency
10	Rape
11	Multiple offenses (3 or more) and/or other offenses

Table 3. Offenses of the studies population

Offense	Number	Percentage
1	10	13.333
2	15	20.000
3	15	20.000
4	4	5.333
5	11	14.667
6	6	8.000
7	2	2.667
8	5	6.667
9	2	2.667
10	2	2.667
11	3	4.000
Total	75	100%

The inmates were housed in all male living sections of the jail (i.e., upper, main, and lower). Table 4 shows how many were in each location.

Table 4. Location of Prisoners

Location	Number	Percentage
Upper	34	45.333
Main	22	29.333
Lower	19	25.333
Total	75	100%

In summary, the population is primarily white, approximately 23 years old, committing non-drug but possibly drug intended crimes and primarily housed on the upper floors.

FINDINGS OF THE STUDY

Tables 5 through 12 and Figure 1 show how the profiles of the individuals upon entering the evaluation and their associated changes. An explanation of these tables and figures will accompany the presentation. Table 5 shows the composite entering profile by race of respondent on the 15 scales of the BPI. For the sake of brevity, the scales are coded as follows:

Code	Description	
S1	Valid-Invalid	Entering
S2	Lie-Honest	"
S3	Defensive-Open	"
S4	Psychic Pain-Comfort	"
S5	Depression-Optimism	"
S6	Self Degradation-Esteem	"
S7	Self Dependency-Sufficient	"
S8	Unmotivated-Achieving	"
S9	Social Withdrawal-Gregarious	"
S10	Family Discord-Harmony	"
S11	Sexual Deviancy	deleted
S12	Social Deviancy-Comformity	Entering
S13	Impulsiveness-Self Control	"
S14	Hostility-Kindness	"
S15	Insensitivity-Empathy	"

Code	Description	
PS1	Valid-Invalid	Posttests
PS2	Lie-Honest	"
PS3	Defensive-Open	"
PS4	Psychic Pain-Comfort	"
PS5	Depression-Optimism	"
PS6	Self Degradation-Esteem	"
PS7	Self Dependency-Sufficient	"
PS8	Unmotivated-Achieving	"
PS9	Social Withdrawal-Gregarious	"
PS10	Family Discord-Harmony	"
PS11	Sexual Deviancy	deleted.
PS12	Social Deviancy-Conformity	Posttests
PS13	Impulsiveness-Self Control	"
PS14	Hostility-Kindness	"
PS15	Insensitivity-Empathy	"

Table 5. Entering Profile By Race

Race	Scale													
	S1*	S2	S3	S4	S5	S6	S7	S8	S9	S10*	S12	S13	S14	S15
White	.27	4.97	8.40	10.70	10.50	7.20	6.88	7.11	8.68	10.77	11.93	10.52	7.54	6.25
Black	.16	4.44	9.48	9.12	9.04	5.76	6.16	6.48	7.56	7.16	13.60	8.84	9.12	7.08
Mexican	2.25	6.50	7.25	9.25	7.50	6.00	7.00	6.50	5.75	4.75	9.00	7.75	6.75	7.50
Indian	0.00	4.50	6.50	5.50	6.00	2.50	5.00	3.50	10.00	7.00	14.00	8.50	9.00	4.00
Overall	.33	4.86	8.65	9.96	9.73	6.53	6.60	6.77	8.18	9.14	12.38	9.76	8.06	6.53

*Groups differ significantly on this scale; $p < .05$

Table 6. Post-test By Race

Race	Scale													
	PS1	PS2	PS3	PS4	PS5	PS6	PS7	PS8	PS9	PS10	PS12	PS13	PS14	PS15
White	.41	4.08	9.33	11.00	11.16	7.00	6.83	6.58	10.16	9.33	12.08	10.08	9.41	5.08
Black	0.00	3.00	10.40	8.00	7.60	5.40	3.80	7.40	7.40	6.80	13.60	9.00	10.20	7.20
Mexican	.50	7.00	6.00	11.50	9.00	6.50	6.50	7.50	7.50	8.50	10.00	11.50	12.00	6.50
Indian	0.00	3.00	2.00	7.00	4.00	3.00	9.00	5.00	6.00	9.00	15.00	14.00	9.00	8.00
Overall	.30	4.05	8.90	10.10	9.70	6.35	6.15	6.80	9.00	8.60	6.05	10.15	9.85	5.90

Table 7. Entering Profile By Age

Age	Scale													
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S12	S13	S14	S15
17	1.14	4.57	9.57	9.57	8.57	5.28	7.57	6.57	7.42	7.71	12.00	9.71	7.85	6.57
18	.50	5.87	10.62	10.37	10.75	9.25	8.00	9.00	8.25	11.12	12.25	9.37	8.00	6.00
19	.50	5.00	9.75	13.00	15.00	9.50	8.50	9.50	12.75	12.50	14.25	12.00	11.00	9.00
20	.28	4.85	7.71	10.28	12.71	8.71	7.42	8.00	8.42	13.71	14.42	11.00	9.42	6.71
21	.16	3.50	9.16	6.16	7.16	4.16	6.66	6.00	9.83	6.00	11.83	8.83	6.00	5.66
22	.09	5.09	8.27	9.81	8.81	5.72	7.27	5.63	6.63	8.36	12.81	10.00	8.72	6.18
23	.00	6.40	8.80	6.60	5.80	3.80	4.60	8.80	9.40	6.60	10.20	4.60	5.00	5.60
24	.00	4.66	6.00	14.00	11.00	6.33	5.66	6.00	6.33	10.66	13.66	12.00	12.33	5.66
25	.00	4.25	7.25	13.25	13.00	7.25	6.00	8.00	8.00	11.25	13.25	12.25	7.25	9.50
26	.00	3.75	12.25	9.50	9.50	6.50	4.75	8.75	12.00	10.25	13.75	12.75	10.50	9.00
27	.00	5.00	8.50	14.50	13.50	7.50	6.00	5.50	11.00	8.00	14.00	9.50	10.00	5.50
28	.00	5.00	6.00	15.00	13.00	12.00	8.00	4.00	8.00	2.00	9.00	13.00	7.00	5.40
29	.50	3.00	8.50	10.00	10.00	12.50	8.00	7.00	5.50	7.00	15.00	10.00	11.00	7.50
30	.66	5.00	7.33	11.33	7.66	7.00	5.66	5.00	6.66	7.33	9.00	8.32	5.33	6.66
32	.33	3.66	6.33	8.33	9.00	6.66	5.33	6.33	8.33	12.33	9.66	8.33	6.33	5.00
35	1.00	8.00	12.00	13.00	8.00	6.00	8.00	9.00	10.00	6.00	8.00	10.00	7.00	7.00
36	.00	7.00	5.00	5.00	4.00	0.00	5.00	5.00	2.00	6.00	15.00	6.00	5.00	2.00
43	.00	4.00	7.00	7.00	9.00	6.00	3.00	2.00	8.00	5.00	12.00	11.00	10.00	10.00
44	.00	4.00	4.00	8.00	6.00	3.00	2.00	1.00	1.00	2.00	5.00	3.00	1.00	3.00
46	2.00	7.00	9.00	6.00	6.00	5.00	2.00	4.00	1.00	8.00	14.00	10.00	4.00	5.00
Overall	.33	4.86	8.65	9.96	9.73	6.53	6.60	6.77	8.81	9.14	12.38	9.76	8.06	6.53

Table 8. Post-Test Profile by Age

Age	Scale														
	PS1	PS2	PS3	PS4	PS5	PS6	PS7	PS8	PS9	PS10	PS12	PS13	PS14	PS15	
17	0.00	5.00	8.00	16.50	13.50	10.00	7.00	9.00	10.00	9.00	11.00	12.00	10.50	5.50	
18	.50	4.00	12.50	5.00	8.00	4.50	6.00	7.00	5.00	7.50	15.50	8.50	15.00	8.50	
20	.25	4.25	7.75	9.00	9.75	4.00	6.50	5.75	6.50	9.00	15.00	11.00	10.75	5.50	
21	0.00	5.00	6.00	3.00	5.00	6.00	5.00	8.00	14.00	7.00	6.00	1.00	4.00	2.00	
22	0.00	5.33	11.00	10.00	9.00	5.33	4.66	7.33	8.00	9.66	13.00	7.33	7.33	6.00	
25	0.00	1.00	7.00	19.00	17.00	13.00	12.00	7.00	18.00	14.00	10.00	16.00	10.00	4.00	
26	0.00	3.00	12.00	6.00	6.00	1.00	1.00	3.00	5.00	8.00	12.00	5.00	7.00	7.00	
27	0.00	3.00	8.00	12.00	12.00	8.50	7.00	7.50	14.00	9.50	13.50	10.00	12.50	5.50	
28	2.00	3.00	9.00	11.00	8.00	9.00	10.00	10.00	6.00	2.00	13.00	13.00	11.00	8.00	
30	.50	5.00	6.00	7.50	6.00	4.00	4.00	3.50	5.50	8.00	9.50	12.50	9.00	7.50	
32	1.00	2.00	11.00	15.00	13.00	12.00	7.00	9.00	18.00	8.00	9.00	16.00	6.00	3.00	
Overall	.30	4.05	8.90	10.10	9.70	6.35	6.15	6.80	9.00	8.60	12.40	10.15	9.85	5.90	

Table 9. Entering Profile by Offense

Offense Code	Scale													
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S12	S13	S14	S15
1	.20	5.10	8.30	9.60	9.70	6.60	7.20	5.40	6.20	9.60	11.90	9.70	7.20	5.30
2	.13	4.93	7.26	8.60	8.46	4.93	4.93	6.40	7.46	9.33	11.06	7.80	6.80	5.80
3	.33	4.33	7.46	8.86	8.26	6.60	7.13	7.13	8.66	7.46	12.20	9.00	7.06	6.20
4	.50	1.50	11.75	12.50	12.75	8.25	8.00	9.75	13.00	11.75	14.50	14.00	10.75	8.25
5	.45	5.18	10.36	10.54	9.63	5.54	6.45	6.09	8.63	9.09	12.90	9.45	9.27	7.72
6	.66	3.83	8.83	11.66	11.16	6.50	6.00	5.83	8.00	8.83	13.66	10.00	8.66	4.83
7	.00	7.00	5.50	13.00	11.00	9.00	9.00	6.00	7.00	4.50	12.00	12.50	9.00	5.00
8	.60	7.20	10.20	9.60	10.80	7.60	6.40	8.20	8.00	9.20	12.60	10.00	9.40	8.40
9	.50	6.00	8.00	15.50	10.50	6.50	7.50	7.50	11.00	8.00	10.50	13.00	7.00	11.00
10	.50	6.50	11.50	6.50	8.00	5.00	4.00	7.50	3.50	9.50	12.50	6.50	10.50	10.50
11	.00	4.66	10.00	11.66	15.00	13.00	10.00	9.00	10.66	16.00	15.33	16.33	9.33	5.00
Overall	.33	4.86	8.65	9.96	9.73	6.53	6.60	6.77	8.18	9.14	12.38	9.76	8.06	6.53

Table 10. Post-Test Profile by Offense

Offense Code	Scale													
	PS1	PS2	PS3	PS4	PS5	PS6	PS7	PS8	PS9	PS10	PS12	PS13	PS14	PS15
1	.33	4.00	7.00	15.00	12.66	8.66	8.66	6.00	10.00	12.66	13.00	12.00	11.00	6.00
2	.00	7.00	12.00	8.00	15.00	10.00	6.00	10.00	15.00	17.00	10.00	5.00	5.00	3.00
3	.20	4.80	8.00	9.40	7.40	5.20	7.00	7.40	8.60	6.80	13.20	9.40	10.60	6.80
5	.00	2.00	10.00	7.50	7.00	3.50	1.50	3.50	7.50	7.00	12.00	9.50	8.50	7.50
6	.33	1.66	10.00	10.66	9.00	7.33	3.33	8.00	10.66	5.33	10.66	8.66	7.50	3.33
7	1.00	5.50	10.50	10.00	9.50	5.50	7.00	7.00	5.00	3.00	13.50	9.50	10.50	5.50
8	.50	6.50	7.00	7.00	9.00	2.50	5.50	4.50	5.00	10.50	12.00	13.00	10.50	6.50
9	.00	1.00	7.00	19.00	17.00	13.00	12.00	7.00	18.00	14.00	10.00	16.00	10.00	4.00
10	.00	4.00	13.00	2.00	9.00	7.00	6.00	10.00	7.00	12.00	16.00	9.00	16.00	10.00
Overall	.30	4.05	8.90	10.10	9.70	6.35	6.15	6.80	9.00	8.60	12.40	10.15	9.85	5.90

Table 11. Entering Profile by Location

Location	Scale														
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S12	S13	S14	S15	
Upper	.35	4.70	8.70	9.76	9.47	6.50	6.52	6.94	8.41	9.70	12.02	10.14	7.47	6.20	
Main	.36	5.40	8.18	10.31	9.86	6.36	6.68	6.04	7.31	8.86	12.27	9.00	8.00	6.77	
Lower	.26	4.52	9.10	9.89	10.05	6.78	6.63	7.31	8.78	8.47	13.15	9.94	9.21	6.84	
Overall	.33	4.86	8.65	9.96	9.73	6.53	6.60	6.77	8.18	9.14	12.38	9.76	8.06	6.53	

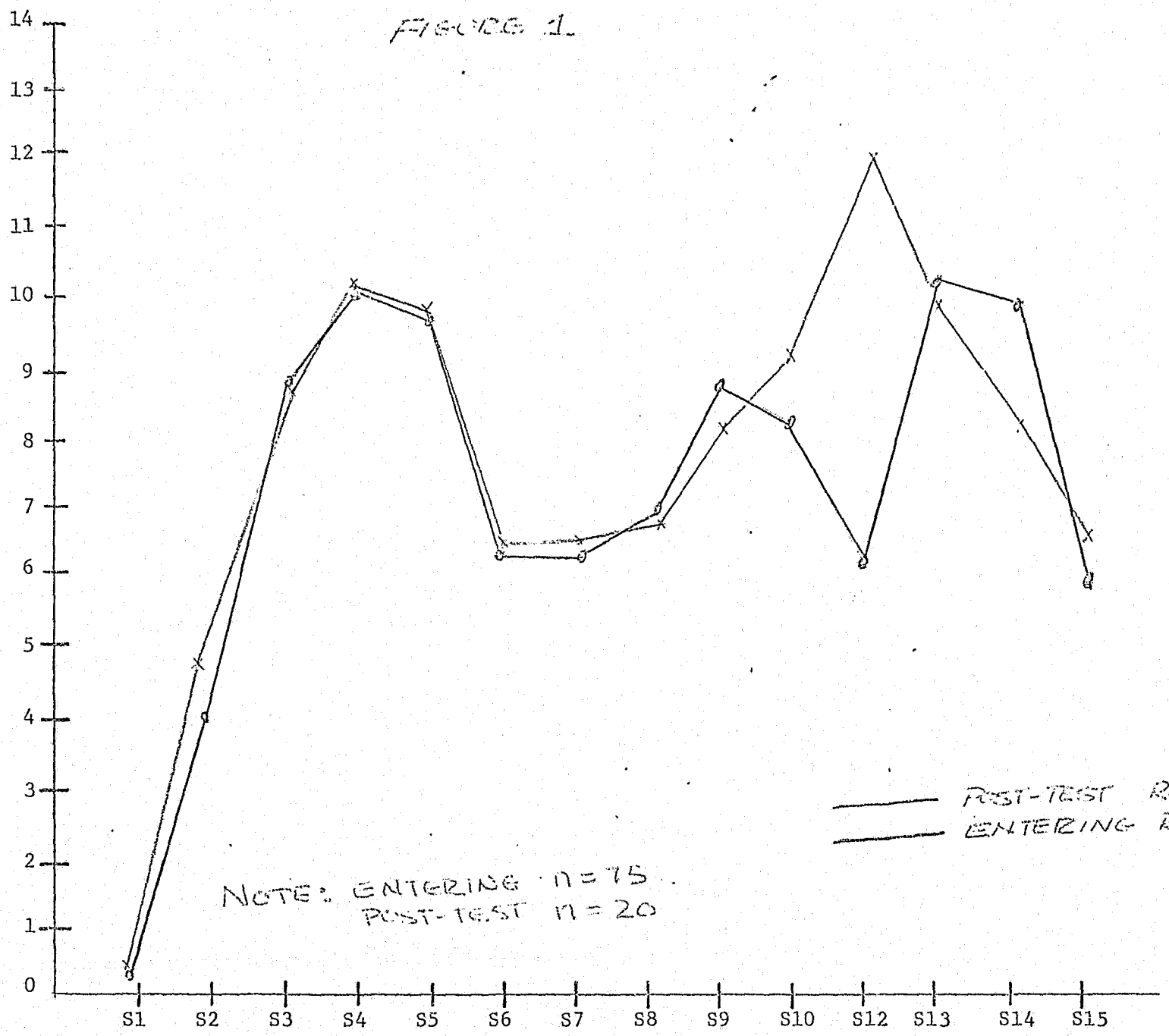
Table 12. Post-Test Profile by Location

Location	Scale													
	PS1	PS2	PS3	PS4	PS5	PS6	PS7	PS8	PS9	PS10	PS12	PS13	PS14	PS15
Upper	.33	7.00	8.00	10.00	10.66	7.00	6.33	6.33	7.33	12.66	8.66	9.33	6.00	5.00
Main	.12	3.62	9.62	9.75	10.62	7.25	6.12	7.00	11.75	9.00	11.75	9.12	9.75	5.00
Lower	.44	3.44	8.55	10.44	8.55	5.33	6.11	6.77	7.11	6.88	14.22	11.33	11.22	7.00
Overall	.30	4.05	8.90	10.10	9.70	6.35	6.15	6.80	9.00	8.60	12.40	10.15	9.85	5.90

In order to gain parsimony from the preceding tables a one-way analysis of variance was performed on each BPI subtest using the demographic variables as categories. There were essentially no statistically significant differences. This means that the race of the inmates did not influence the respondents' choices, nor did the age, offense or location. This finding may appear counter-intuitive when the literature of violent crime personalities, victimless crimes personalities and drug related crime personalities are reviewed. Nevertheless, the data was rechecked and the conclusion holds. The summary scores then can be the overall entering profile and the overall post-testing profile. This is presented in Figure 1. Table 13 shows the result in tabular form. The table, however, is in some need of explanation. The entering mean is based on seventy-five (75) respondents whereas the post-test is based on twenty (20) respondents. This unfortunately does not permit a direct column by column comparison. It does, however, give a feel for the average response. Since the Invalidity scale and Lie scale are below the 80th centile norm the results are deemed valid. The Average Change is based on twenty (20) observations or those that were both pre and post tested. This score shows the apparent magnitude and direction the respondents tended to go on each scale from the start of their rehabilitation experience and the post test period. A t-test was run on each scale to determine if in fact this change was significantly different from 0; that is to say, if there was really a difference or if the change can be more precisely read as no change (indicated as "none" in the Actual Change column). There were only two real changes that occurred: the Psychic Pain - Psychic Comfort scale and the Depression - Optimism scale. The other scales detected essentially no difference between pre and post tests. These

FIGURE 1

MEAN RESPONSE



NOTE: ENTERING n = 75
POST-TEST n = 20

— x — POST-TEST RESPONSE
— o — ENTERING RESPONSE

SCALE

Table 13. Summary of Findings

Scale	Entering Mean n=75	Post Test Mean n=20	Average Change n=20	Desired Change	Actual Change
Invalid - Valid	.33	.30	-.05	lower	none
Lie - Honest	4.86	4.05	-.60	lower	none
Defensive - Open	8.65	8.90	.45	increase	none
Psychic Pain - Psychic Comfort	9.96	10.10	-1.70*	lower	lower
Depression - Optimism	9.73	9.70	-1.75*	lower	lower
Self Degradation - Self Esteem	6.53	6.35	-1.40	lower	none
Dependency - Self Sufficiency	6.60	6.15	-.65	lower	none
Unmotivated - Achieving	6.77	6.80	.10	increase	none
Social Withdrawal - Gregariousness	8.18	9.00	-.45	increase	none
Family Discord - Family Harmony	9.14	8.60	-1.25	lower	none
Social Deviancy - Social Conformity	12.38	12.40	-.25	lower	none
Impulsiveness - Self Control	9.76	10.15	-.10	lower	none
Hostility - Kindness	8.06	9.85	.95	middle	none
Insensitivity - Empathy	6.53	5.90	-1.15	lower	none

*Significant at $p < .05$

results can be interpreted as the inmate becoming more content and displaying a greater degree of optimism as a result of the educational experience. This change is independent of Race, Offense, Location or Age of the respondent. This finding is significant, and it is in the direction desired. One can further see that although the differences on the other scales are not statistically significant they are, in the main, in the right direction. A minus sign indicates that the score is decreasing or is lower on the post test. This should be encouraging to the Rehabilitation Program and there is indication that as the number of participants enter the data pool there can be increasing success. However, it should be noted that the Social Withdrawal scale and Hostility scale are not tending in the direction posited. Further investigation is indicated.

I would now like to make recommendations for evaluation programs in the future. It was mentioned at the beginning of this report that the evaluation section and scope are limited. It is limited because of the desire to evaluate the program as a whole, and to look at the program as more than just the sum of its parts. It becomes clear, however, that assessment of praise or blame for meeting expectations relative to the program as a whole is not available when the scope of the evaluation is put in this context. I therefore recommend that in the future evaluation studies be conducted to assess the constituent parts of the program. This is not to say that studies like this have not been done, indeed a perusal of the quarterly reports submitted to the director clearly shows that mechanisms do in fact exist which will take a look at the constituent parts. I am suggesting a slightly different context in which these evaluations are to be conducted. The context should be one

of group generated goals for the program as a whole. Then these goals should be parceled out to the constituent parts and/or a determination made as to how each constituent part contributes to each goal. This should be done at a joint meeting. Secondly, that the evaluation should be done by members of the rehabilitation staff itself and not by an outside agency.

An outside agency should be called in as auditor as opposed to an evaluator. The distinction is important for two reasons: 1) as an outside evaluation agency, the rehabilitation staff has a tendency to look upon the agency as some sort of intruder. The attitude that this generates is not wholesome; 2) that once the outside agency disappears, i.e., the evaluation is completed, then there is no one left to carry on the evaluation functions. It should be clear that I am suggesting that evaluation be a continuous task not just a series of check points. Consequently, with group generated goals, and with the rehabilitation staff participating in the evaluation, the evaluation has a high probability of being continued on and will not stop at quarterly or final reports. Thirdly, with the group observing, participating, and generating group goals there cannot be a charge made that non-expert advice has determined what is or ought to be considered important from the Ingham County Rehabilitation Program standpoint.

I would also suggest that evaluation be carried on for a second purpose. This purpose is one of program evaluation as opposed to program effectiveness. The earlier remarks as well as the focus of the evaluation conducted heretofore has been to look at the impact of the program on the prisoners. I am now directing attention to the need for evaluation of the program as an internal organizer. Indeed, an evaluation has to

be conducted that stresses the coordination and cooperation between the various aspects of the rehabilitation program and it should be done in a formalized context.

For upon observation, it is not clear that the organizational framework as it is presently functioning, facilitates an easy flow of information between and within constituent parts of the rehabilitation program. I would therefore see it as a necessary step that consultants be brought in to work with the director of the program and the associated constituent heads to investigate the organizational structure and its effect on lines of communication and/or lines of authority in its relationship to informational flow.

The associated investigation should focus upon communications and informational flow. I would now wish to separate the concept of communication from the concept of information flow. In one sense of course, information is part of communication, but what I am purporting to speak to now is the actual transfer of documents and information between and within constituent departments of the rehabilitation program. This is not to say that efforts to this end have not been undertaken before. Reading the minutes one can find a letter dated October 4, 1971, addressed to Mr. Bill Eardley also of criminal justice program in Lansing which indicates on page 8 a flow chart that interrelates the various aspects of the rehabilitation program to and through the intake referral coordinator. I wish to underscore that I am directing my remarks to the functioning of the program as it is in 1973 and not the initial design of the program as has evolved over time. Indeed I would commend the organizational framework for attempting to address this task. What

I am suggesting now is an evaluation program to go along with this planning to make sure that the design is in fact implemented.

Furthermore, in the intake referral coordinator's report for April 1972, page 2, the last paragraph addresses this problem by stating "the intake-referral position is now seen, essentially, as one through which a great number of supportive services can be offered to component parts of the rehabilitation program. Resembling a service organization, the intake referral office will provide upon demand the most complete, diagnostic and prognostic information available, contingent upon intake resources." (Emphasis supplied by H. S. Teitelbaum)

So the concept of a central filing system which contains recommendations and anecdotal records supplied by constituent members with which an inmate is associated has been attempted and centers itself in the rehabilitation office. However, in conducting the current evaluation I have tried to observe these mechanisms and it is questionable as to their effectiveness. There seems to be a reluctance on the part of various constituent departments to submit relevant information to the central pool. Consequently, I recommend consultation and/or evaluation be brought in to help in fact deliver organizational information and communication to a central repository. This is not at all to undermine privacy and privileged communication between inmates and rehabilitation personnel which should in no way be violated. It is to recommend investigations as to the possibility of consolidating the information in a way that convinces various departments or aspects of the rehabilitation program to see the need to centralize the information and to cooperate with differing areas of the rehabilitation program. The major objectives of this consolidation are three in number: 1) that the consolidation

will provide a check as to the progress of an inmate through all areas and that coordination will in fact be facilitated between associated aspects of the rehabilitation program; 2) that progress or incidences noted in one particular area can be funneled efficiently to another area to enable joint efforts to aid the inmate in overcoming any incidence or crisis; 3) that information retrieved can be done in a systematic way and consequently should encourage the use of joint information.

It is therefore my recommendation that evaluation be made a formalized part of the rehabilitation program in the sense that there are long-range programatic goals which must be investigated over time--continuously and not episodically. The areas of evaluation should not be looked on strictly as inmate progress and proficiency but also as organizational progress and efficiency. Whether or not this means that an evaluation person be added to the staff or whether or not there will be a long range program developed which will in essence do the same thing as an evaluation officer is something that must be debated at the director's level. But I would emphasize that without some sort of systematic program evaluation it will be impossible to pinpoint areas of strength and weakness over time. I would further like to emphasize that the planning and thought that has gone into the overall organization of the Ingham County Rehabilitation Program is indeed laudatory and includes several basic principles of organizational management and efficiency. Nevertheless a check should be made to find out if in fact these plans are working and are working efficiently. In order to do this the role of the program director must be expanded to include a systematic program evaluation, or aid supplied to the director for such a purpose.

END