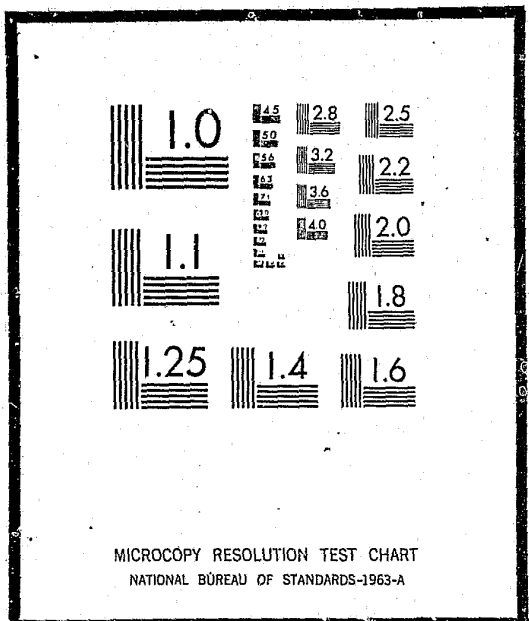


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THE DIAGNOSTIC AND BEHAVIOR CLINIC (NE-²⁵¹73A)

Final Evaluation Report

A FINAL EVALUATION REPORT
PREPARED FOR
THE LACKAWANNA COUNTY PRISON
AND
THE GOVERNOR'S JUSTICE COMMISSION

October, 1974

THE PENNSYLVANIA PRISON SOCIETY
311 South Juniper Street
Philadelphia, Pennsylvania 19107

26193
Evaluation

MAJOR EVALUATIONS UNDERWAY OR COMPLETED IN YOUR SPA *Wor ed*

Project or Program being Evaluated:

Grant Title: NE-251-73A Diagnostic & Behavior Clinic
(include grant number)

Grantee: Lackawanna County Prison

Brief Description: This project is intended to provide comprehensive correctional services to be provided at the county prison.
(both project and evaluation effort)

Scheduled date of final Evaluation Report: 10/4/74

Person to contact concerning the Evaluation:

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If completed, is Evaluation Report on file with NCJRS? yes x no

Please mail completed form to:

~~Keith Miles~~
Office of Evaluation
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Department of Justice
Washington, D.C. 20530

THE DIAGNOSTIC AND BEHAVIOR CLINIC: ^{251-73A} (NE-111-72A)

REPORT SUMMARY

This project provides for counseling, social and psychological services at the Lackawanna County Prison. These services are organized into the "Diagnostic and Behavior Clinic". Staffing for the Clinic, as well as most of the responsibility for project management, has been undertaken by the Marywood School of Social Work under subcontract. The staff is generally comprised of a director, 6-8 part-time counselors, and two clerical personnel.

The project laid out ambitious goals in four areas: direct service, training, community relations and management assistance. These goals were felt by the evaluators to be unrealistically broad.

Project results indicated that the direct service component of the Clinic was well carried out and generally well received. Moderately strong underlying support for the Clinic was found among both the guards and the prisoners. The prison administration also became increasingly supportive of the Clinic.

An analysis of the case records maintained by the Clinic suggested that there had been some lack of attention to the completeness of records, but that the overall quality of records had improved during the year.

The project failed to meet its goals in the area of correctional officer training, but was somewhat more successful in the area of community relations. The importance of community involvement within the prison, however, might be subordinated to the task of developing alternatives to current pre-trial detention practices.

In the area of technical assistance to management, the operation of the Clinic was uneven. The Clinic had far-reaching and positive influence on a number of correctional policies and procedures. At the same time, its own fiscal management was decidedly poor, and the project was not able to provide prison management with much assistance in non-correctional areas.

If the project's inflated goals are not taken too literally, then the project should be judged a success. It has been demonstrated that a social service component can be mobilized and instituted in a county jail where there had been little support or tradition favoring such a program. The recent decision of the County not to pursue further LEAA funding casts a cloud on the future of the program, although

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the alternative funding arrangements which have been made for the Clinic's continuation appear adequate over the near-term. To capitalize on available resources, the present Clinic staff should be consulted by other jurisdictions contemplating the development of prison social service programs.

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I. PROJECT BACKGROUND

The present project (NE-111-72A) provides for a broad range of counseling, social and psychological services at the Lackawanna County Prison. These services are organized into what is known as the Diagnostic and Behavior Clinic. Staffing for the Clinic has been provided through subcontract with the Marywood School of Social Work. A Director, 6-8 part-time counselors and two clerical personnel comprise the Clinic staff. The project is presently completing its second year of federal (LEAA) funding. A third year of support, at a reduced level, will be sought, but not from LEAA sources.

The setting for this project is a county jail with an average daily population of 50-60 persons, 95% of whom are male. Last year there were 730 commitments to the jail, half of whom (50.1%) were pre-trial detentions awaiting trial.

The length of stay at the jail is often short. Half of all the releases are within five (5) days of admission. Only five per cent of those committed are held for at least four months. As a result there is a greater need for short-term and crisis counseling than there is for extensive pre-release planning. Similarly, there are major obstacles in the way of developing skill acquisition programs.

Into this setting, two years ago came the Diagnostic and Behavior Clinic. Its underlying philosophy was clearly spelled out in the enabling grant proposal:

"The purpose of corrections is to prepare residents to reenter the free society better able to conduct themselves within the limits set by the law and societal expectation...

"The Lackawanna County Prison in particular has a responsibility to the community which dictates that the prison be a place where something happens which changes behavior...

"The focus of the Clinic is not merely on the resident or his/her family. For the correctional system to be effective the entire system must be coordinated. The Clinic is actually an attempt to bring about change in (this) system."

The stated goals of this project are all related specifically to this philosophy of corrections. These goals were:

I. "To establish a comprehensive diagnostic, evaluation, treatment and aftercare service and program for the residents of the prison.

II. "To establish and maintain an in-service training program for officers and staff of the prison and an active educational program for personnel in related fields.

III. "To establish a community relations and organizations capacity including coordination with local agencies, active involvement of volunteer citizens in the prison program, and an on-going effort directed at community education.

IV. "To improve prison policy planning, to reorganize the management functions in operational procedures, and to establish new administrative capabilities."

Before assessing the relative attainment of these goals, certain prefatory comments are in order. Although the four goals were judged to be consonant with the overriding philosophy of corrections described above, it nevertheless appeared

that the goals were more ambitious than necessary and more idealistic than practical. A similar comment has been leveled at last year's stated goals by another evaluator (Baldi, 1974). It should be noted, however, that this latter evaluation was published too late to effect the drafting of this year's goals.

Because the stated goals were too broad, there are a number of areas in which the project failed to meet its stated objectives. This relative lack of goal attainment should not be equated with project failure. A more realistic set of goals would have provided a much more equitable benchmark for evaluation.

The present evaluation should also be interpreted in the context of previous evaluation reports: an interim report by the Pennsylvania Prison Society (1974), the report by John Baldi, last year's evaluator (1974), and a set of recommendations issued by the Northeast Regional Planning Council staff (1973). For a thorough history of the project each of these sources, together with the grant proposals for the years 1972-1975 should be consulted. All of these materials are available at the Behavior Clinic as well as at the Northeast Regional Planning Council of the Governor's Justice Commission. The present report will occasionally summarize relevant findings of these reports, but it will strive not to be redundant.

II. EVALUATION DESIGN AND ACTIVITIES

The evaluation of the Clinic program was divided into two parts. First, there was an attempt to determine the

extent to which the project was successful in attaining its formal goals. Second, there was an effort to assess the overall impact of the project upon the Lackawanna County Prison.

To accomplish these objectives monthly site visits were conducted. Interviews were held with the warden, the deputy warden, the clinic director, some of the guards, most of the counselors, and a number of inmates.

Aware that the prison existed within a broader system, evaluation interviews were also held with the Public Defenders Office, the County Probation Department, Volunteers in Probation, Inc., and other persons familiar with the criminal justice system in Lackawanna County.

Several techniques supplemented the use of field interviews. The attitudes of the prison staff were deemed particularly important to project success. To tap these attitudes a Correctional Staff Questionnaire was adapted from one which had been used earlier in other county prisons. The revised instrument was administered to the guard force in January 1974 midway through the project year.

Finally, as an indirect check on the caliber of the direct services provided by the project, an extensive check was made of the clinic records by drawing a 15% sample of case records compiled over the previous eighteen months.

With regard to the overall impact of the project, two distinct areas were investigated. Reincarceration rates were calculated for a randomly drawn sample of 5% of those released during the past year. In addition, an overall measure of

prison functioning was secured with the use of the Correctional Institutions Environment Scale (CIES). This test measures key dimensions of an institution's social climate. It provides scores for nine subscales: involvement, support, expressiveness, autonomy, practical orientation, personal problem orientation, order and organization, clarity and staff control. These scale scores cluster along three dimensions: those referring to interpersonal relationships, those referring to the treatment program, and those pertaining to system maintenance functions. A copy of the test, together with definitions of the scales and descriptions of the three underlying dimensions, is included as Appendix A.

III. PROJECT RESULTS

A. Direct Services

From the outset the direct service components of the project were expected to overshadow the training, community relations, and management assistance aspects of the project. The evaluation design for direct services included a) an analysis of record keeping procedures; b) an assessment of staff reaction to the clinic; and c) an appraisal of inmate response to the clinic.

Current Procedures and Criteria For Record Keeping

Good administrative practice dictates that those records be kept which are necessary for accomplishing program goals. The Diagnostic and Behavior Clinic presently maintains files on the following:

- Intake questionnaires (LCP-F-1-1974) which are maintained in whole or in part on all new admissions;
- The MMPI and other psychological data on a smaller number of selected inmates;
- A log form detailing caseworker activity;
- Miscellaneous correspondence.

During the initial intake interview the "Admission Form" is completed for all new prisoners except Federal and State prisoners. These latter prisoners do not receive intake interviews although certain face sheet data are collected and recorded for future administrative purposes.

Psychological tests are administered on an as-needed basis. Earlier efforts at mass testing have been discontinued as unfeasible.

The storage procedures for clinic records are in the process of changing. Psychological and other sensitive data are to be segregated and stored separately, to ensure confidentiality. Intake forms are to be combined with the commitment papers housed at the front of the jail.

Most of the records relate in some way to the intake interview. These interviews are generally held only after the medical examination is held. This may range from one day to one week following admission. Clinic personnel state that the interview usually takes place about two days after admission. Our observation is that it usually takes somewhat more than three days. The interviews last for approximately fifty minutes.

Although there is no widely accepted standard for the maintenance of prison social service records, it is suggested that, at a minimum, the following four situations should be avoided.

- 1) where information is incompletely or inaccurately recorded;
- 2) where the record storage system precludes easy and economical retrieval;
- 3) where the use of the records permits a breach of confidentiality;
- 4) where the cost required to initiate, process and maintain the records exceeds the benefits of their present or future use.

The records kept by the Behavior Clinic were examined with each of these four potential pitfalls in mind.

Completeness of Records

To measure the completeness of records kept by the Clinic, the names of 134 prisoners were drawn from a master list of admissions records kept by the Clinic. These names were drawn nearly equally from the months: February, 1973; July, 1973; February, 1974; and July, 1974. This stratified approach permitted an analysis of any changes in accuracy over time as well as any differences occasioned by staffing differences during the summer vacation months.

The completeness of records was measured by a simple rating procedure under which:

- a completed Admission Form was given 3 points
- a partially complete Form was given 2 points
- a mostly incomplete Form was given 1 point

Results are presented in Table 1. During each of the time periods under examination only approximately 60% of the records were fully completed. There was, however, some substantial improvement in record-keeping over the course of the project. During 1973 average completeness was scored at 2.36; during 1974 it had risen to 2.65. There was also a slight tendency for the records to be more complete during the winter months. During the winter there were always 6-8 part-time student counselors, each with small caseloads. In the summer, by contrast, a fewer number of full-time counselors were employed with the result that caseload size was somewhat greater.

Table 1

Completeness of Clinic Records During Four Selected Time Periods

	Feb-73	Jly-73	Feb-74	Jly-74
Fully Complete	23	18	18	19
Partially Complete	2	7	2	13
Mostly Incomplete	10	7	1	1
Record Unavailable/missing	0	3	9	1
Average Scores	2.37	2.34	2.81	2.54
	$\bar{X}(1973)=2.36$		$\bar{X}(1974)=2.65$	

Accessibility of Records

After the 134 sample cases mentioned above had been selected for study, the Clinic secretary was asked by the project director to pull out the relevant case folders. The secretary, assisted by one of the counselors, took approximately 45 minutes to pull out the first 35 cases. Nearly as much time

was required for each of the three remaining batches of cases. This time delay was judged excessive; however, the informal nature of this test precludes any definitive judgment. It is noted that the new procedure for the central storage of records was only partially implemented at the time of this evaluation and that it is likely that this situation will resolve itself under the new procedures.

Confidentiality

No major breaches of confidentiality were observed. The inmate population, however, was more reluctant than most jail populations to reveal information. Reportedly, a number of inmates even refused intake interviews "on the advice of their attorney". The jail grapevine dictates that any information shared with the counselors will eventually find its way to other law enforcement agencies. The fact that the Clinic does assist in pre-sentence investigations provides some factual basis for this feeling.

Cost of Record Maintenance

The initial interview, when conducted, was approximately three quarters of an hour in length. The interview form is 7 pages long. Most of the information secured in the intake interview was judged to have high usefulness for administrative purposes, planning and research. It was judged to have only moderate usefulness for case management. In view of the Clinic's immediate past needs for planning data, the present information mix was felt to be adequate. If the Clinic is to continue, however, periodic review should be made of this

admission form with particular reference to the length of time it requires, the research and planning needs of the jail, and the volume and turnover among prison population. It may prove worthwhile, for example, to cut the length of the interview and the interview form, and to provide, instead, for interviews with State and Federal prisoners. Other trade-offs will undoubtedly suggest themselves.

Evaluation By Correctional Staff

In the interim evaluation report of the Pennsylvania Prison Society, findings were presented for a questionnaire administered to the correctional staff. The highlights of the results bear repeating. First, there exists substantial untapped support for the idea of a behavior clinic among the line staff. Second, officers who found their own jobs challenging and felt their own work to be appreciated were the backbone of the support for the clinic. Finally, virtually all of the guards felt that communication between the clinic and line staff could be improved. Certain structural recommendations for closing this gap were presented including reorganization of the clinic within the prison's normal chain of command and routine debriefing sessions held for guards and clinic members at the time of changes in the work shift. The first of these recommendations is currently being implemented.

Appraisal By Inmates

Inmate evaluation of the clinic was generally favorable. All of the inmates we questioned knew of the clinic and its general purposes. All had seen a counselor at least once.

Inmates saw the major function of the clinic to be facilitation in contacting the outside world--attorneys, family and friends. Pre-release planning and crisis intervention was not seen as the Clinic's major activity.

None of the inmates questioned had experienced lengthy delay in getting their requests to see a counselor answered. Indeed, we could document only one case in which there had been a substantial delay in answering an inmate's request to see a counselor.

There were a number of inmates, however, who first came in contact with the Clinic only after a lengthy delay. This was generally attributed to the delay in scheduling the intake medical physical, a persisting problem alluded to elsewhere in the report.

Negative valuation of the Clinic took two related directions. Some inmates felt that the counselors prepared pre-sentence investigations and undertook other official activity without knowing the inmates well enough. This complaint was usually coupled with the related request that there be more counseling, better understanding and more trusting relationships.

On balance, however, the thrust of the inmates' evaluation of the program was positive. The program merited retention in the eyes of the jail population.

B. Training

Program goals in the area of training were not reached this year. The nearly complete absence of training can be

attributed to the overriding focus on direct service delivery and on the problems attending the transition from maintaining the Clinic as a subcontracted service to running the Clinic as a direct arm of the jail. Long term problems in having Clinic members participate in guard training were noted in the interim evaluation report and should be re-emphasized here. Opportunities for the Clinic members to devise curricula and to instruct classes for guards should be countenanced only if parallel opportunities exist for the guard staff. Cooperative efforts between clinic and correctional staff in the establishment of an in-service training program can be viewed as a means toward reducing the rift between the two groups.

C. Clinic-Community Relationships

One of the clinic's major goals was to build relationships between the prison and various community groups and organizations. Underlying this effort was the assumption that rehabilitation or reintegration works best when the offender's community remains actively involved.

One way of doing this was to cooperate with other professional groups concerned with the offender. The project's close and continuing relationship with Volunteers in Probation (VIP) is highly commendable in this respect. It was also felt that the Clinic managed to establish a better relationship with the Probation Department during the past year. This effort also deserves commendation.

Other means of retaining or re-kindling the sense of community were mentioned in the interim report and included

liberalized visiting rules, increased use of volunteers, and the establishment of a work-release program. These are all worthwhile programs; however, piecemeal efforts to liberalize prison programs and rules were judged not likely to have much effect. We remain of the opinion that the prison would do better to support and foster community involvement in bail reform.

If ways can be found to provide some partial support and supervision for persons prior to trial--thereby keeping them on the streets out of trouble and out of jail--then the need for corrective measures at the prison level largely disappears. As long as the Lackawanna County Prison population is composed largely of pre-trial detentioners, we are suggesting that bail reform is an item of high priority and that community efforts should be geared in this direction rather than in devising programs which have the latent function of making extended detention more palatable. As a specific project recommendation, this means that part of the direct service thrust of the project should be aimed at facilitating procedures which will reduce pre-trial detention for non-dangerous offenders.

D. Management Assistance

The influence of the Clinic on prison policy and on day-to-day management procedures was judged to be generally favorable and of moderate strength. The Clinic director and staff brought new perspectives to bear on a number of issues. Particularly, we would single out changes in the formal disciplinary procedure as an example of the Clinic's influence on

an important dimension of prison life. The emerging role of a deputy warden for treatment is a most important structural change and it can also be traced to the impact of the project. Further, numerous day-to-day decisions were made--regarding matters ranging from contraband to medical services--only after the prison administration sought input from the Clinic. Finally, we would note that the idea of a Clinic is today more firmly supported by prison administration than ever before. There are still disagreements over structure, but there has emerged consensus over the ultimate goals and value of a Clinic program.

Although the Clinic played a positive technical assistance role in the area of program development, it was not able to provide the prison with the broader management assistance alluded to in the grant proposal. Ironically, the project itself was bedeviled by fiscal and accounting problems of some significance. Most of these problems seem to have been the result of poor communication between the County, the Governor's Justice Commission, and officials from Marywood College. Centralization of project fiscal responsibilities is strongly urged in any future specially funded projects.

E. Overall Impact

Recidivism

The first measure relevant to overall program impact was recidivism as measured here by reincarceration at the Lackawanna County Jail within a specified period of time. It should

be recognized that this measure is not an appropriate indicator of the effectiveness of this specific project. For one thing the records did not permit before-after comparison, thereby requiring that we rely only on the current recidivism rate. At best, such cross-sectional statistics can only measure the impact of the entire prison experience at a given point in time. Still, there were good reasons for taking recidivism into account: first, to determine whether the prison records were maintained in such a manner as to enable a future determination of recidivism; second, to set forth some benchmark data on recidivism for the Lackawanna County Prison population. The collection of such data at this time would permit more sophisticated studies, perhaps of a before-after design at some later date.

The results indicated that the records did permit a reasonably accurate and economical retrieval of data for recidivism research. Technical problems would occur, however, should other definitions of recidivism be employed. There are no currently available procedures for collecting arrest statistics, for example, from the many jurisdictions where persons released from the prison are likely to reside. Similarly, a thorough survey of the incarcerated lists of neighboring counties can be accomplished only with difficulty.

For the purposes of establishing benchmark data it was decided to calculate the proportion of persons returned to the Lackawanna County Jail within one year after release.

Based on a sampling of records, this proportion was estimated at the 95% confidence interval to be

$$p=44\% \pm 6\%$$

In effect, this means that the true one-year recidivism rate at the jail most likely falls within a range from 38% to 50%. Cumulative re-arrest figures one year after release would be still higher; reconviction figures would be substantially lower.

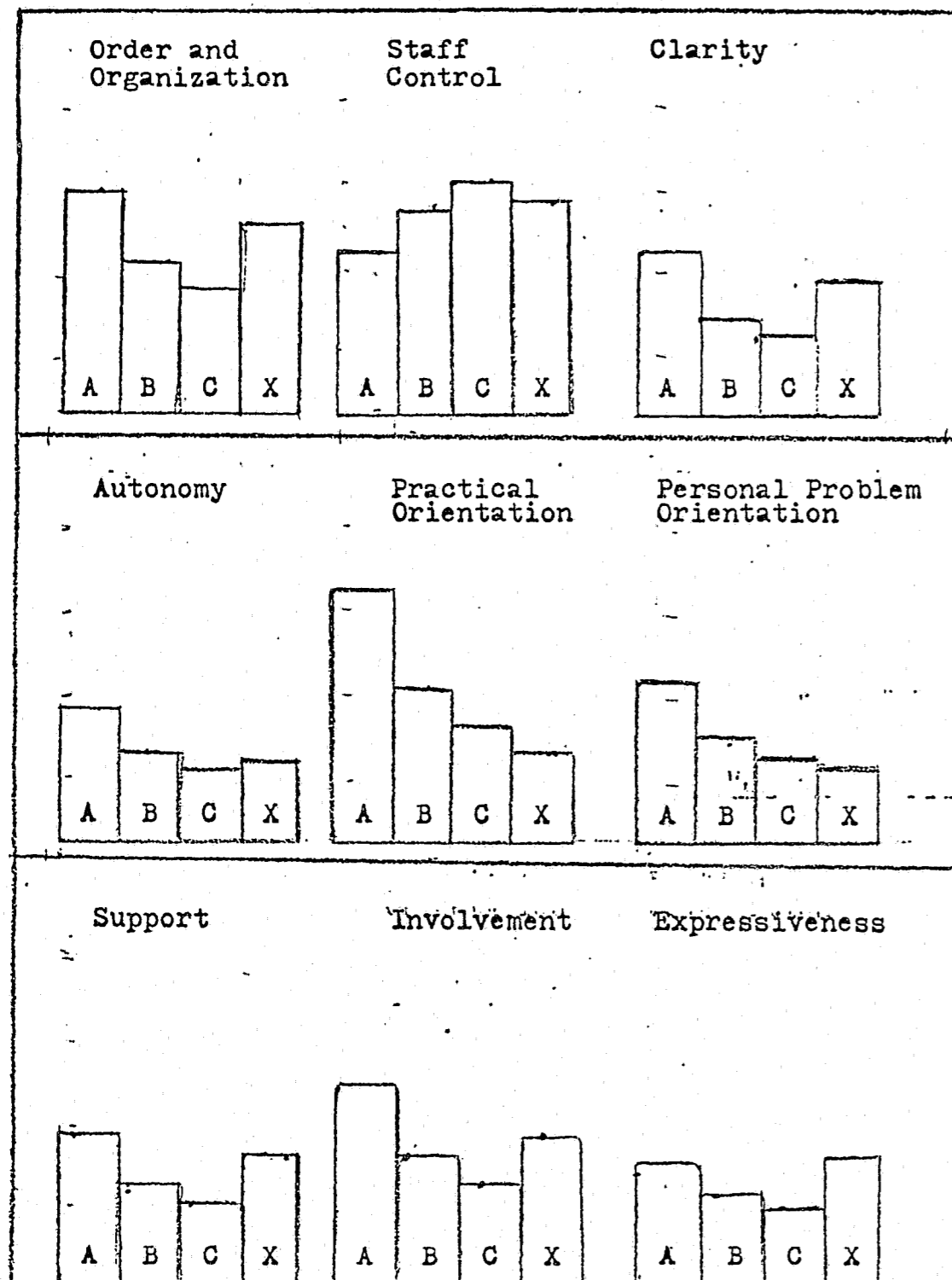
The Social Climate of the Jail

The scores from the CIES were used to interpret the overall impact of the project. To place these scores in perspective, they are arrayed relative to three reference points: 1) national norms for prison staff, 2) national norms for prisoners, and 3) national norms for institutions, i.e. both staff and prisoners. (See Appendix for derivation of norms.)

In analyzing scale scores, we consider as significant any score from Lackawanna County Prison which falls outside the range of scores included between the national norms for prisoners and staff. Scores which fall barely within these limits but still far above or below the presumed norms for institutions are considered as probably significant. Scores which cluster near the national norms for institutions are viewed as insignificant for the present purposes of distinguishing Lackawanna County Prison from other institutions.

Considering the three scales which form the system maintenance dimensions, we find that the prison is viewed by all as a highly organized ($\bar{x}_1=2.53$), considerably more so than the

Table 2



Key: A= national norms for prison staff
 B= national norms for institutions (assumed)
 C= national norms for inmates
 X= Lackawanna County Prison

typical institution. The degree of staff control over the institution is viewed as high but comparable to elsewhere, ($\bar{x}_2=3.02$). The degree of clarity--the extent to which the resident knows what to expect in the day-to-day routine--is also perceived to be very high ($\bar{x}_3=1.90$). Program rules and procedures are apparently known to all.

These perceptions confirm our independent impressions based on observations and interviews that the prison was very tightly run with a minimum of the usual confusion and sense of disorganization frequently found in correctional institutions.

Although high scores on order and organization might seem to inhibit spontaneity of expression and weaken staff support of residents, such is not the case in the Lackawanna County Prison. The staff does seem to be somewhat more supportive of residents than is the case in other institutions ($\bar{x}_4=1.64$). The inmates themselves appear quite typical in terms of their own levels of involvement. The degree to which they interact socially with one another, do things on their own initiative, and develop pride and group spirit appears to be quite similar to the patterns in other institutions ($\bar{x}_5=1.72$). Finally, the institution differs dramatically, in its tolerance for and encouragement of open expression of feelings. This positive approach toward ventilation of feelings is seen in a scale score which is significantly higher ($\bar{x}_6=1.66$) than national norms. Thus, the heavy emphasis on security has not had markedly negative impact on the inter-

personal sphere. We suggest that the Behavior Clinic may play an important role in this regard by tempering the effects of tight security through supportive intervention. Without data from the past years in which there was no Clinic, this conclusion must remain tentative although there is wide support among both staff and prisoners for the notion that the Clinic helps to humanize the prison.

Scores on the Treatment Programs dimension, on the other hand, indicate that the Clinic has a long way to go before it affects the prevailing view that the prison fails to provide adequate programming and fails to encourage self-reliance and independence.

Institutions with major programs in treatment or rehabilitation generally fall into one of two major types of orientations: a practical orientation marked by skill acquisition programs and pre-release planning or a personal problem orientation as indicated by an emphasis on guided group interaction, group counseling, or other similar treatment modes. The Behavior Clinic is set up to provide some services in both areas. The impact of the Clinic's efforts in these areas can be judged by scores on these last two scales of the CIES. Interestingly, the respondents gave the prison extremely low marks on both of these areas. That is, they viewed the prison as failing to provide either practical help or personal problem intervention.

The low scores on both of these dimensions must be taken as reflecting the failure of the Clinic to have its programs

viewed as major forces in the prison. Of course, the national norms undoubtedly include data from a large number of prisons where the length of stay permits a greater commitment to program. Still, the low scores should be taken as reminders that much more could be done.

IV. CONCLUSIONS

In its direct service role the present project has been relatively successful. It has demonstrated that a county jail can create and sustain a wide range of support services even where there was little initial support or favorable tradition. Interestingly, most of the opposition to the Clinic comes from outside the prison. Within the jail inmates, guards and prison administration tend to be favorably disposed toward the Clinic.

The willingness of the prison to take over the function of Clinic staffing from Marywood College augurs well for the Clinic. The new Clinic Director will become a Deputy Warden, thereby helping to integrate the Clinic into the prison's social structure and normal chain of command.

The decision not to pursue LEAA funding is more questionable. Specifically, it does away with the leverage for program change previously held by the Governor's Justice Commission and the outside evaluators retained by the Commission. It is important therefore that internal mechanisms for self-evaluation be set up immediately.

The Correctional Institutions Environment Scale

The short form of the CIES contains nine subscales which are pertinent to the functioning of an institution. These scales are listed and defined in Table 1.

TABLE 1

CIES Subscale Descriptions

- | | |
|---------------------------------|---|
| 1. Involvement | measures how active and energetic residents are in the day-to-day functioning of the program, i.e., interacting socially with other residents, doing things on their own initiative, and developing pride and group spirit in the program. |
| 2. Support | measures the extent to which residents are encouraged to be helpful and supportive towards other residents, and how supportive the staff is towards residents. |
| 3. Expressiveness | measures the extent to which the program encourages the open expression of feelings (including angry feelings) by residents and staff. |
| 4. Autonomy | assesses the extent to which residents are encouraged to take initiative in planning activities and take leadership in the unit. |
| 5. Practical Orientation | assesses the extent to which the resident's environment orients him towards preparing himself for release from the program. Such things as training for new kinds of jobs, looking to the future, and setting and working towards goals are considered. |
| 6. Personal Problem Orientation | measures the extent to which residents are encouraged to be concerned with their personal problems and feelings and to seek to understand them. |
| 7. Order and Organization | measures how important order and organization is in the program, in terms of residents (how they look), staff (what they do to encourage order) and the facility itself (how well it is kept). |
| 8. Clarity | measures the extent to which the resident knows what to expect in the day-to-day routine of his program and how explicit the program rules and procedures are. |
| 9. Staff Control | assesses the extent to which the staff use measures to keep residents under necessary controls, i.e., in the formulation of rules, the scheduling of activities, and |

These nine scales cluster along three important dimensions.

The Involvement, Support and Expressiveness subscales are conceptualized as measuring Relationship dimensions. These dimensions assess the extent to which residents tend to become involved in the unit, the extent to which residents are supported by staff and to which residents support each other, and the extent of spontaneity and free, open expression within all these relationships. The variables measure the type and intensity of personal relationships among residents, and between residents and staff which exist in the milieu.

The next three subscales, i.e., Autonomy, Practical Orientation and Personal Problem Orientation are conceptualized as personal development or Treatment Program dimensions. Each of these subscales assesses a dimension which is particularly relevant to the type of treatment orientation the unit has initiated and developed. Autonomy assesses the extent to which residents are encouraged to be self-sufficient, independent and responsible for their own decisions. This is clearly an important treatment program variable and reflects a major value orientation by staff. The subscales of Practical Orientation and Personal Problem Orientation reflect two of the major types of treatment orientations which are currently in use in correctional institutions. For example, some units emphasize practical preparation for the resident's release through academic and vocational training programs. Other units place great emphasis on a personal problem orientation and seek to increase the resident's self-understanding and insight. Some correctional units might of course emphasize both of these dimensions just as some may emphasize neither one.

In last three subscales of Order and Organization, Clarity, and Staff Control are conceptualized as assessing System Maintenance dimensions. These dimensions are system-oriented in that they all are related to keeping the correctional unit or institution functioning in an orderly, clear, organized and coherent manner. (Source-MOOS, 1973:4)

It was originally planned to administer the test separately to inmates, counselors and remaining staff and to com-

pare subgroup scores on the different scales with each other and with national norms. Technical problems precluded this approach. The test was administered on a pilot basis and without written instructions to most of the Behavior Clinic staff. Analysis of the results led us to include written instruction for the remainder of the test respondents. This change may have affected test scores and therefore makes it impossible to have complete faith in comparisons between the counselors and the other two groups. The scores are nevertheless felt to be sufficiently reliable for inclusion in this report.

A further problem occurred when test instruments from the inmate population were inadvertently mixed with those from the prison staff. Because the tests were anonymous, there was no way of separating out these two groups. Instead, an alternative procedure was used which compared the entire population of respondents (prisoners and guards) with comparable national norms derived from primary data provided by MOOS (1973). This procedure involved taking prisoner and staff national norms and weighting them in proportion to their presumed presence in the prison population. The tendency for most institutions to carry a 3:1 inmate/staff ratio suggested that these weights might realistically be used. This procedure created a single score for the typical institution. This permitted the Lackawanna County Prison to be compared with other institutions across the country on a number of salient dimensions.

A copy of the Short Form of the CIES follows:

There are 36 statements on these two pages. They are statements about correctional units. You are to decide which statements are true of your unit - the Lackawanna County Prison.

True- Circle the T when you think the statement is true or mostly true of your unit.

False - Circle the F when you think the statement is false of your unit.

Please be sure to answer every statement.

- | | | |
|---|---|---|
| T | F | 1. Staff have very little time to encourage residents. |
| T | F | 2. The staff make sure that the unit is always neat. |
| T | F | 3. Once a schedule is arranged for a resident, he must follow it. |
| T | F | 4. The day room is often messy. |
| T | F | 5. Residents are expected to share their personal problems with each other. |
| T | F | 6. The staff act on residents' suggestions. |
| T | F | 7. Residents rarely talk about their personal problems with other residents. |
| T | F | 8. Residents will be transferred from this unit if they don't obey the rules. |
| T | F | 9. Staff are interested in following up residents once they leave. |
| T | F | 10. There is very little emphasis on making plans for getting out of the institution. |
| T | F | 11. The staff help new residents get acquainted on the unit. |
| T | F | 12. Staff sometime argue with each other. |
| T | F | 13. If a resident's program is changed, someone on the staff always tells him why. |
| T | F | 14. Residents are expected to take leadership on the unit. |
| T | F | 15. Residents are encouraged to show their feelings. |
| T | F | 16. Residents are encouraged to plan for the future. |
| T | F | 17. The residents are proud of this unit. |
| T | F | 18. All decisions about the unit are made by the staff and not by the residents. |
| T | F | 19. The more mature residents on this unit help take care of the less mature ones. |
| T | F | 20. The unit usually looks a little messy. |

- T F 21. Personal problems are openly talked about.
- T F 22. Residents may criticize staff members to their faces.
- T F 23. Staff and residents say how they feel about each other.
- T F 24. The staff give residents very little responsibility.
- T F 25. There is very little emphasis on what residents will be doing after they leave the unit.
- T F 26. People say what they really think around here.
- T F 27. Residents are encouraged to learn new ways of doing things.
- T F 28. This is a very well organized unit.
- T F 29. Residents here really try to improve and get better.
- T F 30. Staff are always changing their minds here.
- T F 31. Residents tend to hide their feelings from the staff.
- T F 32. Residents on this unit care about each other.
- T F 33. Discussions on the unit emphasize understanding personal problems.
- T F 34. When residents first arrive on the unit, someone shows them around and explains how the unit operates.
- T F 35. There is very little group spirit on this unit.
- T F 36. Residents have a say about what goes on here.

THE DIAGNOSTIC AND BEHAVIOR CLINIC: (NE-111-72A)

AN INTERIM EVALUATION

PREPARED FOR

THE LACKAWANNA COUNTY PRISON

May, 1974

THE PENNSYLVANIA PRISON SOCIETY
311 South Juniper Street
Philadelphia, Pennsylvania 19107

LACKAWANNA COUNTY PRISON
DIAGNOSTIC AND BEHAVIOR CLINIC
INTERIM REPORT

I. Project Background

The Diagnostic and Behavior Clinic at the Lackawanna County Prison was re-funded in December, 1973, for a second year of operation under an LEAA grant (NE-111-72A). The project has been fully operational throughout the project year and has not experienced heavy start-up or learning costs.

The Clinic is operated under subcontract by the Marywood College School of Social Work. The school provides the Clinic staff which is composed of a full-time Director, up to eight part-time social work graduate students, and two clerical personnel. This staff provides social and counselling services to prisoners five days a week. Some clerical work is done on weekends and the Director considers himself to be on call at all times. The school also provides a range of consulting services, principally in the areas of training and administrative services.

The early history of the project is included in their Interim Report covering the period September, 1972-February, 1973. A final report from the project's data consultant, John Baldi, is also now available. Further information on project history is contained in the proposal for refunding.

In late 1973 an evaluation report on the first year of the project was prepared by regional representatives of the

Governor's Justice Commission. This evaluation contained eight recommendations. At the time of re-funding it was stipulated that the project director would detail in writing within 90 days project efforts to comply with these recommendations. On February 27, 1974 the project director submitted such a letter. It seems appropriate that this Interim Evaluation Report review the original recommendations, assess project compliance with the recommendations, and make further recommendations for appropriate action on the part of the project and the Governor's Justice Commission. Each of the eight original recommendations is therefore discussed. The original recommendations are appended to the present report for reference.

In addition, as noted in our previously approved evaluation design, there were three broad areas of Clinic activity which The Pennsylvania Prison Society felt merited different evaluative approaches. a) the direct service to prisoners provided by the Clinic, b) the Clinic program for training of correctional personnel, c) the Clinic's developing relationship with the community.

For this Interim Report we would like to comment briefly on each of these areas and then to discuss the project's progress in meeting those recommendations made earlier by the Governor's Justice Commission.

II. Evaluation Activities

The Chief Evaluator has made a number of site visits on which occasions interviews have been held with the project director, the warden, the deputy warden, and a number of the

guards and counsellors. In addition, brief interviews were held with the Public Defender, the Director of Volunteers in Probation (VIP), one of the two County probation officers, and one of the prison's educational instructors. All interviews were geared toward ascertaining the relationship of the respondent's organization to the Behavior Clinic and toward soliciting evaluative comments on the Clinic.

In addition, a three-page Questionnaire regarding the Clinic was prepared by the Prison Society and distributed to the staff through the Deputy Warden. Nearly half (42%) of these questionnaires were returned through the mails to us.

Finally, on a pilot basis the short form of the Correctional Institutions Environment Scale (CIES) was administered to most of the counsellors. This instrument measures key dimensions of a prison's social climate. Extensive literature on the test's validity has been accumulated (Moos, 1973) and national test norms have been established.

Our schedule for further evaluation activities includes administration of the CIES to staff and inmates. In addition, we look forward to discussing the project with members of the Prison Board and in soliciting additional inmate reaction to the project.

III. Project Results

A. Direct Service

Our amended evaluation plan anticipated using several kinds of techniques to evaluate the project's provision of direct services. These included:

- Documentation of program delivery and analysis of client selection criteria.
- evaluation by staff.
- evaluation by inmates.

To the present we have focused on the first two of these areas.

Documentation of Program Delivery:

This includes the extent to which Marywood School has provided the services called for in the proposal. In particular, it consists of the time spent by 1) the Clinic director and 2) the eight counsellors. It also includes the time spent by 3) Center staff in training, and the time spent in both 4) administrative consulting and 5) research. To this point the evaluation team is satisfied with service delivery in the first, second, and fifth of these areas. We can not attest to Center time spent on training and administrative and program consultation. We shall consider documentation of manpower delivery in these areas a high priority in the next month.

Staff Evaluation of the Clinic:

Findings from the staff questionnaire should be viewed with extreme caution because of the small number of persons involved; nevertheless, the following results merit discussion.

- 1) The correctional officers tended to view the clinic favorably. Four officers rated it "excellent or pretty good", three rated it as "only fair". None rated it as "poor".

Further, most of the correctional officers' recommendations for specific program change evidenced an

underlying support for the program. Thus, most of the officers felt that more money was needed to expand clinic operations, and that clinic hours should be extended to include weekends. This latter recommendation may be tinged by jealousy regarding working hours, but it is nevertheless notable.

- 2) Those officers who rated the clinic favorably were also the same officers who felt that their own work was appreciated by prison administration and who felt that they could influence particular prison policy if they had a worthwhile idea.
- 3) One source of program support among correctional officers appears to be the perception that the counsellors are more similar or attuned to inmate thinking. There is demographic evidence for this view. The correctional officers are highly homogeneous with respect to age, marital and employment status. Most are from 40 to 60 years old, most are married, and, of course, most are employed at least full-time. The counsellors, on the other hand, share with the inmates a different modal picture. Most are young, single, and employed less than full-time. In addition, the average counsellor and inmate have both been at the prison far less time than the average guard.
- 4) Although the clinic was favorably defined, there was also strong support for the proposition that clinic-staff relationships needed to be improved.

Our interviews confirmed this finding. As evidence of the current gulf we would note that few of the counsellors know the names of the guards and vice versa. In an institution as small as Lackawanna County Prison, this gap could be rectified.

We suggest that there are two main reasons for the present breach. First, there is a traditional division of labor in the assignment of job tasks such that the positions tend to involve mutually exclusive tasks. Second, there is a spatial barrier separating the counsellors from the correctional officers. Correctional officers are assigned to the kitchen area, the housing wings and the diamond. All counselling, however, takes place in the back jail. Except for the Director, none of the counsellors are routinely allowed on the housing blocks and none are allowed to eat lunch on the premises. An obvious result is to insulate the counsellor from the line staff. Steps should be taken to rectify this situation over the next few months. One positive step in this regard would be to require a short debriefing session when shifts change. At this session one of the counsellors (selected on a rotating basis) would be required to be present and to mention any developments brought to the clinic's attention that day which might have administrative

or security implications. Requiring a short, but formal, changing of the guard would also help to increase the communication within and between shifts. We have observed substantial laxity in this procedure on those occasions on which we were present.

B. Training of Correctional Personnel

There has not been any training provided by Marywood College thus far in the current project year. Discussions with staff suggest that last year's training was generally beneficial, although there were some dissenting opinions. It is our judgment that over the larger run, there is more to be gained by sharply separating the functions of training and social service. The traditional cleavage between security and treatment personnel can be lessened, but it is unlikely that it can be eliminated. There will consequently always be some degree of staff resentment toward treatment persons. If training is given by the same persons who provide treatment services, there is a high risk that the credibility of the trainers will be undercut. It is preferable, we feel, to retain a third party to provide training. The content of training should be broad enough to include both security and program perspectives. Both correctional staff and counsellors should participate in such training, thereby helping to reduce the social and cognitive distance between these two groups. Consequently, we would recommend that the present project gradually extricate itself from the training responsibility.

C. Clinic-Community Relationships

One of the clinic's expressed goals has been to build relationships between the prison and various community groups and organizations. Underlying this effort is the assumption that rehabilitation or reintegration works best when the offender's community remains actively involved. The project's increasing involvement with Volunteers in Probation (VIP) is highly commendable in this respect.

Other means of retaining or re-kindling the sense of community include liberalized visiting rules, increased use of volunteers, and the establishment of a work-release program. These are all worthwhile programs; however, piecemeal efforts to liberalize prison programs and rules are unlikely to have much effect. It is in the better interest of the prison to support and foster community involvement in bail reform. If ways can be found to provide some partial support and supervision for persons prior to trial, thereby keeping them on the streets out of trouble and out of jail - then the need for corrective measures at the prison level largely disappears. As long as the Lackawanna County Prison population is composed largely of pre-trial detentioners, we are suggesting that bail reform is an item of high priority and that community efforts should be geared in this direction rather than in devising programs which have the latent function of making extended detention more palatable. As a specific project recommendation, this means only that the primary thrust of the project should be to provide high quality direct service to prisoners. Ancillary efforts to change community attitudes

or mobilize community support should be focused at the broader level of systemic reform.

IV. Compliance with Previous Recommendations

Each of the recommendations previously made by the Governor's Justice Commission will be briefly paraphrased here. (The original recommendations are appended in full.) Following each recommendation is a brief discussion.

Recommendation #1

- a) That the Project Research Staff should produce a quarterly report ... concerning data of the "Personal Record" questionnaire.
- b) That Staff maintain a current account of what activity takes place.

This recommendation is worthwhile. In his letter of February 27, the Project Director indicated compliance with #1b and progress toward developing the capability mentioned in #1a. "On our site visit in late March, work was still not complete on this area and we urged the project staff to work overtime to gain compliance with the recommendation. Staff has worked overtime in the interim, but there is still a backlog of "Personal Record" questionnaires from 1973 which have yet to be coded and placed on punch cards. Staff must redouble its efforts to catch up in this area.

Recommendation #2

Counselling services should be provided on weeknights and weekends.

Discussion of this suggestion is combined with that for Recommendation #6.

Recommendation #3

That greater cooperation be sought between the Clinic and the Public Defender's office and, further, that the Defender give more active attention to purported legal problems of inmates.

Our impression was of a fairly typical small county Defender's office - one which was undermanned and which suffered in prestige and pay relative to the District Attorney's office.

The office has adopted a fairly conservative posture toward prisoners' rights, and particularly toward class action suits. Because the office is organizationally and physically embedded within the local court system, it has little independent sources of power and is unlikely to become a spearhead in any moves toward prison or bail reform. There is little doubt, however, that certain kinds of prison or bail reform would substantially lighten the burdens currently placed on the Defender's office. The stated position of the Chief Defender is that there is no necessary relationship between his office and the prison administration, because his office owes first allegiance to individual clients. The Defender was not well acquainted with the work of Clinic but expressed interest in its functioning. We are not in a position to judge whether the Defender should give more attention to inmate's legal problems, but would agree that greater routine communication between the Defender and the Clinic would be

beneficial.

Recommendation #4

That there be continuous dialogue between the Clinic, the prison board and the warden.

There has been good communication of late between these three groups. The Clinic Director has been an able and articulate spokesman for the clinic. There is fragmentary but persuasive evidence that the clinic has had an increasing effect on decisions made by these latter bodies.

Recommendation #5

An extensive program of after-care should be set up involving VIP, county and state probation personnel, and other community groups.

The Clinic falls short in its efforts to provide adequate pre-release counselling and parole plans. Part of the reason is that the county parole office is heavily geared to pre-sentence investigations and does not have sufficient resources to offer extensive field supervision. The VIP program can take up only some of the slack. A further stumbling block in Clinic efforts to prepare a prisoner for release is the policy of the county probation department to initiate and expedite procedures relating to judicial parole without telling the prisoner or his counsellor that such work is underway. The stated rationale for secrecy is that it prevents outbursts from prisoners whose parole is turned down. If the clinic is to meet its obligations and fully use its expertise in readying an inmate for release, this policy must be reviewed.

Recommendation #6

A group counselling program should be started.

Group counselling is indicated whenever counselling resources are scarce, or whenever group process is deemed an essential ingredient in planned intervention. The project is heavily staffed and therefore need not resort to group methods as an economy measure. As a method of choice it might be used, however, in dealing with minor drug or alcoholic-related offenders. In connection with Recommendation #2 (above), it would be fitting for such sessions to be held on Saturday mornings. It should be the warden's prerogative to request such service. In any future grant renewal the prison administration should consider requiring such a program on a pilot basis. Notably, there is not much resistance to this kind of weekend program on the part of either the counsellors or the security staff.

Recommendation #7

A program of contact visits should be started.

The Clinic Director points out that the present visiting facilities are not conclusive to such a plan at the present time. We concur.

Recommendation #8

To provide better balance the project should give increasing priority to work-release, vocational education and basic education programs to go along with the existing services in counselling.

Presently, the responsibility for all of these proposed activities falls directly under the Warden. None of these activities is considered to fall under the umbrella of the project; although on some occasions it is assumed that the G.E.D. program is tied to the clinic. We do feel that the lines of responsibility for the G.E.D. program should be clarified.

V. Conclusions

Midway through the year, the project is operating satisfactorily. There are currently some plans to cut the size of the project in the forthcoming year and to fill the clinic positions with regular full-time employees. We feel that Marywood College has adequately demonstrated the viability of a Behavior Clinic at the Lackawanna County jail. That the County should now take over and run such a clinic itself is both reasonable and commendable.

RECOMMENDATION #1

- a. The Project Research Staff should produce a quarterly report of computer programming concerning the compilation of data of the "Personal Record" questionnaire. This report could be extremely useful to the Project Director to change duties of staff, adjust record keeping procedures, etc.
- b. A chart should be developed by the staff to keep a current account of what takes place by the month. This chart should include the most important data, including the number of clients seen in a day, what results, and what probation officer has been assigned to an inmate once he or she is released from prison.

RECOMMENDATION #2

There is sufficient counseling manpower in the program to provide services during weekday evenings and Saturdays as a rotating duty basis would not inhibit anyone once every eight weeks. The present usage of first year graduate students for in-take questioning should be continued; second year students should work with inmates on a counseling and follow-up basis as much as is possible. There should be a counselor on call at all times.

RECOMMENDATION #3

More active attention to the purported legal problems of residents by public defenders would allow counselors to work more so in diagnostic services. Cooperation should be sought between the clinic and the Public Defender's Office regarding this situation.

RECOMMENDATION #4

There should be continuous dialogue and cooperation among the clinic personnel, the prison board and the warden in order to achieve the many goals of the project. The purposes and methodology of counseling techniques should be discussed clearly so that misunderstandings can be minimized. The warden should be advised as to who is selected from the college to be counselors in the prison.

RECOMMENDATION #5

Continuity of program requires that after-care services be continued for ex-residents with an outreach office in an accessible area. At this point of an inmate's progress, family counseling should be initiated to reinforce positive ties. An extensive program should be planned where Volunteers in Probation (VIP), county and state probation personnel and community groups become involved with a man or woman's flow into society again.

RECOMMENDATION #6

A group counseling program should be presented to the Prison Board for approval to conduct the program, and the sessions should commence immediately.

RECOMMENDATION #7

Clinic Personnel should work with the warden towards the development of a thorough and secure plan so that prisoners can have/benefit from contact visits. The Prison Board also should be advised of this program prior to implementation.

RECOMMENDATION #8

The project should give increasing priority to work-release, vocational-education, and basic education programs in order to produce a better balance with psychological counseling in the direct services program. Steps should be taken to enable a larger number of residents to participate in the General Education Degree (G.E.D.) course.

END