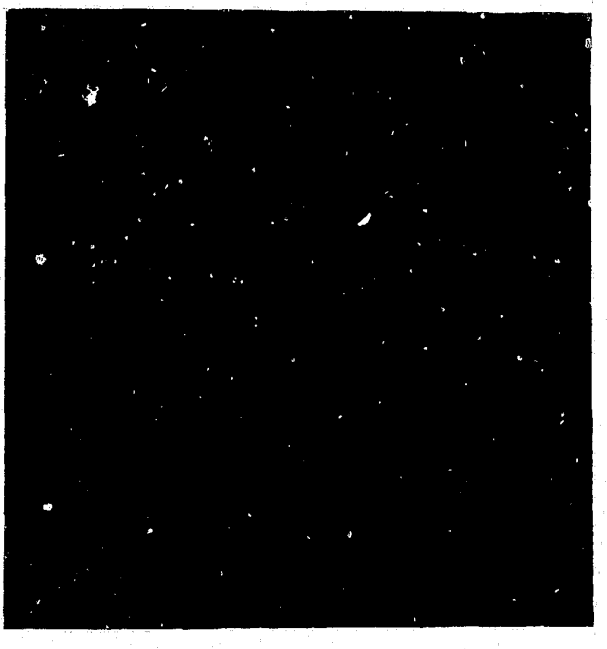

Graduate School of Management

Rochester Monroe County

Criminal Justice Pilot City Program

University of Rochester

REHABILITATION INTERVENTION PROGRAM FOR SENTENCED PRISONERS

EXPERIMENTAL ACTION PROGRAM

Prepared for the County of Monroe
and the
Monroe County Sheriff's Department

ROCHESTER-MONROE COUNTY CRIMINAL JUSTICE PILOT CITY PROGRAM
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ABSTRACT

Development of the Rehabilitation Intervention Program for Sentenced Prisoners was a collaborative effort of members of the Monroe County Sheriff's Department, the Department of Psychiatry at the University of Rochester, and the Pilot City Program. In June, 1973, the Law Enforcement Assistance Administration awarded $61,454 in discretionary funds to Monroe County for carrying out the project. The project began in September, 1973, and is scheduled to run for 18 months.

The Rehabilitation Intervention Program for Sentenced Prisoners involves a three-pronged effort with the sentenced population of the County Jail geared toward (1) early identification of problems which impair the social functioning of the offender, (2) the development of a treatment plan for the individual inmate, including group and individual counseling, and (3) a program of after-care treatment and follow-up. The service team will include mental health professionals and para-professionals. Jail guards will participate in the program and will receive seminars on managing the acutely disturbed and ways of effectively using mental health services available.

An active effort will be made to contact and work with others critical in the rehabilitative effort, such as family members, employers, etc. The program will be placed in an experimental setting and evaluated on measures of recidivism, job stability, and social funtioning of the inmate one year after discharge from the jail.

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Special appreciation is extended to those who collaborated in developing the project:

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Dr. David J. Barry and Dr. Dean Harper, the authors of this report, had major responsibility for developing the project. The Pilot City staff participant in this project was Elizabeth Benz Croft, Director.

I. Goals

The ultimate goal of this project is to examine the feasibility of reducing the recidivism of convicted misdemeanants by providing them with mental health services while they are in the jail. All who deal with jail inmates comment on the psychopathology they see in inmates. This psychopathology is one or both of two kinds. One kind is the psychopathology that antedated the misdemeanant's criminal activity and which may be intimately connected with the crime he has committed. The second kind of psychopathology is that induced by the experience of incarceration -- a psychopathology which nearly everyone, criminal or not, would experience if jailed. This occurs despite the humane and modern conditions of the Monroe County Jail.

This project is directed to reducing the first kind of psychopathology. We will be concerned with the second king but we believe that a focus on the first is necessary if we are to reduce crime rates.

One of the proposed program participants -- the Director of the Monroe County Mental Health Clinic for Courts and Probation Departments -- has worked in a court clinic over the past five years providing consultative, diagnostic and treatment services to all areas in the criminal justice system. Services to sentenced misdemeanants have been restricted to brief, crisis oriented treatment of highly visible and acute psychiatric conditions, such as overt psychotic

reactions, depression with suicidal attempts, and the like. From this experience it has become apparent that a far greater number of inmates than those treated have suffered from less visible, but equally handicapping, disabilities.

These include the large number of those sentenced for alcohol and drug related crimes. Approximately half of the sentenced population at any time is serving a fifteen day term for public intoxication. A number of others are serving sentences for alcohol related crimes such as simple assault while intoxicated, driving while intoxicated, and even burglary and grand larceny committed while intoxicated. In addition, a number of heroin abusers and addicts are sentenced to the jail for drug related crimes ranging from possession of drugs or instruments, theft perpetrated in support of addiction, and various other illegal acts associated with the abusers' life styles. And a smaller number of people are sentenced for crimes directly connected with or committed while under the influence of various other drugs, particularly the hallucinogens and amphetamines. While these inmates are serving their time, no attempt is made to strike at the root cause of their criminal behavior, viz., their propensity to abuse alcohol, narcotics, or other drugs.

There are inmates who remain quietly psychotic during their sentence. They receive no treatment because their behavior is not sufficiently disruptive to evoke referral from the jail staff. In some instances their chronic illnesses are hidden because of the use of alcohol or drugs. In other instances their behavior prior to and during incarceration was sufficiently deviant to have them labeled as "odd", but not deviant enough to bring them into involuntary evaluation and treatment. For some, their behavior leading to their arrest

is so intertwined with psychotic behavior as to be indistinguishable. Despite this, they are rarely removed to the mental health system by either of the traditional routes of incompetency or lack of criminal responsibility.

There is still another group of sentenced prisoners who do not suffer from an addictive or psychotic illness but whose particular antisocial behavior shows a repetitive, self-destructive quality that resembles the behavior seen in neurotic outpatients. An example of this is the case of A.E.:

A.E. is a 19 year old, single, black male referred by the courts for psychiatric evaluation at the request of his mother and a detective of the Rochester Police Department, auto larceny squad. A.E. was recently arrested for the sixth time for unauthorized use of a motor vehicle. He was first charged with this crime in 1970 and he was referred to the Court Clinic for psychiatric evaluation then and once during the following year, when he was again apprehended. At both evaluations he was found to be free of serious mental disorder, i.e., psychosis, and was returned to the court as competent to stand trial. He was adjudicated a youthful offender in 1971 and remanded to the Elmira Reception Center in Elmira, New York. In 1972 he served three months in Monroe County Jail again for the same charge. His current arrest came about as a result of his mother's determination to try once more to find some effective way of helping her son alter his now well entrenched, self-destructive behavior pattern.

A.E. says that he does not understand why he steals cars. He has never damaged the cars in any way, nor has he removed any of the equipment for resale. Each time, he has kept the car for two or three days to drive around, taking care to park it at some distance from his home. He has given friends rides and has told them that another friend has given him the use of his car for a

few days. He reports no unusual thoughts or emotions at the time of the thefts. He says that his mother has a car and has often said that she wishes she did not have to drive all the time. He feels that she would let him drive if he had a license. His older brother and two older sisters all have their licenses. Although he feels he would have no difficulty in passing the examination, and has frequently resolved to get his license, for reasons he does not understand he has never actually made out an application.

A.E. has held a number of jobs over the past few years; he has worked various unskilled jobs and was employed for one summer by the Rochester Police Department in their TEENS on PATROL Program. While working as a helper on a construction project, he rode to and from work each day with his boss. When the boss decided to move to the town where the construction project was located, he offered to have A.E. move in with his family. A.E. felt a strong attachment to his boss, who was white and was showing him such kindness. However, he turned down the offer because the move would have left his mother alone and, since his father is dead, he sees himself as the "man of the house". He left the construction job to return to work for another company that had employed him previously. He quit that job about three months prior to his most recent arrest because of a series of arguments with a coworker. The main reason he offers for being out of work since then is his lack of transportation. Currently he lives with his mother and two sisters, ages seven and fifteen. An older brother and two older sisters live in homes of their own.

A.E.'s father died in 1963 when he was nine. While driving to Florida, his father began to complain to his mother of a pain in his chest. His mother minimized his complaint at first but when they arrived in Florida she called an ambulance. His father was hospitalized for a short time in Florida and then transferred back to a hospital in Rochester where he died. When asked for

his memories of his father, A.E. produced only one recollection: The happy memory of his father allowing him to sit on his lap while driving and to pretend he was driving by grasping the steering wheel.

Our interpretation of the factors involved in precipitating the repetitive, self-destructive behavior is as follows: A.E. sees himself as the man of the house and associates driving very strongly with the adult male role. He recalls his dead father specifically in connection with the activity of driving an automobile, an activity associated with both happy and painful memories. To secure an operator's license would be tantamount to taking father's place and to run the risk of sudden and unexpected death. In response to his repetitive stealing of cars, his mother has said on several occasions, "If you keep this up I am going to have a heart attack". The stealing thus affords A.E. a way of expressing his anger with his mother for failing to come to his father's aid immediately when he announced the pain in his chest. Though no candidate for intensive, long term therapy, A.E. may respond well to a brief therapy based on knowledge of the above dynamics coupled with support in obtaining his operator's license.

We cannot estimate what proportion of the sentenced population has debilitating psychopathology. However, from working with the staff of the Jail and from contacts with inmates, we are persuaded that there is a considerable amount of psychopathology, that its forms are varied, and that in many instances the psychopathology is related to the behavior that led to the inmate's arrest and incarceration. During the initial phase of this project we will attempt to assess the amount of and type of psychopathology by giving psychiatric interviews to a random sample of sentenced inmates.

We should emphasize that, although we believe that there is an unknown but substantial percent of inmates who exhibit one or another form of psychopathology, we do not by any means believe that all sentenced inmates are "psychiatrically ill". We are not proposing that a "criminal" model be replaced with a "sick" model. Our project is directed towards those inmates (i) whose criminal behavior may be a manifestation of some basic underlying psychological problem, (ii) who wish some help in dealing with that problem, and (iii) who can be helped, we believe, by psychiatrically trained personnel.

II. Impact and Results

If this project is successful, then there should be a reduction in the amount of recidivism. In the best of worlds, we would expect that many who had been jailed for a crime could be turned from a criminal career to that of a law abiding citizen. If this is successful, then obviously the Courts and the police and correctional agencies will be benefited.

At the same time we would anticipate some secondary salutary effects. Those criminals who have been helped to live a stable and lawful life should be better citizens and parents. If they can maintain stable employment they will contribute to the community welfare, rather than being a drain on it. If an ex-prisoner can be helped to live a stable family life, then this will have a beneficial effect on his family, reducing some of the family problems consequent to his instability. For example, if A.E. could be helped to give up stealing cars and could be aided to find stable employment, then the gains to the community would be considerable.

In 1971, 753 people were imprisoned for offenses. Fifty-five percent, or 410 of these, were repeated offenders. If our program were successful with,

say even 10% of these repeated offenders, that would be a significant result for the community. At an average daily cost of $27.16 of jailing each prisoner and an average term of 30 days, a successful program will save the community $32,600 each year. And, since the costs of apprehending and trying these repeated offenders would be foregone, the savings would be even greater.

The project is structured not only to provide direct services to inmates but to also instruct and involve the jail guard staff. Thus, it is anticipated that a corollary result of this project will be the upgrading and strengthening of jail guard skills in both identifying and dealing with the inmate who shows some form of psychopathology. We would anticipate an increase in jail guard professionalism in the sense that they would have a greater understanding of the psychological problems of some inmates; this should increase their skills and resources in dealing successfully with the acting out or violent inmate.

Since the project involves community participation of relevant individuals as well as a strong follow up component with community agencies, we anticipate that another possible impact of the project would be the strengthening of community awareness of offenders' problems. And we would expect that these community agencies would become more involved in on-going remedial programs.

If this project is successful, then two additional possible results would be: (1) to provide documented information indicating the "ideal" period of time required for brief psychotherapy for certain types of prisoners that have the potential for leading to reduced recidivism, and (2) to expand the program to provide services to all who could benefit from it.

III. Methods and Time Table

Four different activities will be conducted: (i) assessing the amount of psychopathology among the sentenced population, (ii) education for the guards, (iii) group and individual therapy for selected inmates, and (iv) "follow-up" procedures with selected inmates.

Assessing the Amount of Psychopathology. Although our work in the courts and the Jail has led us to discern psychopathology in a number of sentenced offenders, there are many jail inmates with whom we have no contact, and who may or may not have serious psychological problems. Thus, during the first three months we plan to give psychiatric interviews to a random sample of inmates. This will give us an indication of amount and type of psychiatric services that could be provided in the Jail. One of the possible outcomes of this assessment, but one which we consider quite unlikely given our experience to this point, is that there is a minimal amount of psychopathology in the inmates. A minimal amount would be 5%. We would estimate that at least thirty to forty percent of the population has a treatable problem, but the proportion could be much higher. Thus, our survey will be directed to obtaining a precise estimate.

Guard Education. Two members of the Treatment Team, one a psychiatrist and one holding a masters degree in health education have, with the help of the undersheriff, solicited the opinions of the sixty or so guards in the Jail concerning what they feel should be taught in an in-service training program. We plan to conduct a brief series of seminars for the Jail staff. The specific content of these seminars will be determined by their perceived needs but also by our judgement of what they should know. Among other things, we will provide information on managing the acutely disturbed, ways of effectively using mental health services available to the Jail, and sufficient background information

on the rationale of mental health intervention to enable the guards to appreciate and cooperate with the Treatment Team's efforts.

Therapy for Inmates. The second focus of our efforts will be on group and individual therapy for a portion of those inmates who are interested and who we judge can benefit from therapy. Those who have more than two months of their sentence remaining, and are qualified, will enter group therapy; all inmates with less than two months remaining (at the time of the referral) will be started in individual therapy. Each inmate referred to our Team will be interviewed and from this interview we will judge whether or not the inmate can benefit from psychiatric treatment. Referrals will come from the Jail staff.

The group therapy will be conducted in two open-ended groups which will meet weekly for an hour and a quarter and will be conducted by a professional therapist and cotherapist. The inmate will continue in this program until he is discharged. At any time, we anticipate that there will be six to twelve inmates in each of these groups. These sessions will be directed to a frank discussion of the problem of each inmate that led to his crime and his imprisonment. Obviously, this cannot be long term psychotherapy, devoted to a detailed examination of all of the psychic problems of each inmate. However, if inmates spent some time discussing, say A.E.'s problem, they might help him to better understand his behavior, and they might gain some insight into their own problems.

Since group therapy, to be effective, must be continued for a number of sessions, inmates with a short sentence cannot be expected to profit from group therapy. Thus, those with a sentence of less than two months will be given individual therapy. As with group therapy, the individual therapy will

be directed to the inmates' problems which led to his incarceration. In effect this will be group therapy, but it will be a two person group with one of the two members being the therapist.

We want to emphasize again that this will not be psychotherapy as it is traditionally practiced. In-depth therapy, directed to knowledge of the putative psychodynamic mechanisms, is a luxury that cannot be afforded in such a population. Rather, we will try to direct the prisoner's conscious attention to his immediate problems, to thinking about them, and to thinking rationally about how to deal with those problems.

"Follow-up" Procedures. Near the time of discharge from the Jail, one of the staff members will talk with the inmate and arrange to help that inmate make contact with community agencies that can aid him when he is discharged. Attempts will be made to bring representatives from these community agencies into the Jail in order to deal directly with the inmate prior to his discharge. These agencies include the Department of Social Services, the Office of Vocational Rehabilitation, and the Rochester Community Mental Health Center. Families and employers may also be interviewed in order to make the best informed plans for release. Once the contact has been made, the staff will "follow-up" for two to three months after discharge to help and encourage the discharged prisoner to continue with those contacts. That is, the ex-prisoner will not be "paroled" to some agency, but we will attempt to help him re-enter the community and to develop and maintain bonds with agencies that can contribute to his living an orderly and crime free life.

In all instances, an active effort will be made to contact and work with others in the community who are critical to the rehabilitation effort. These will include family members and relatives, employers and potential employers,

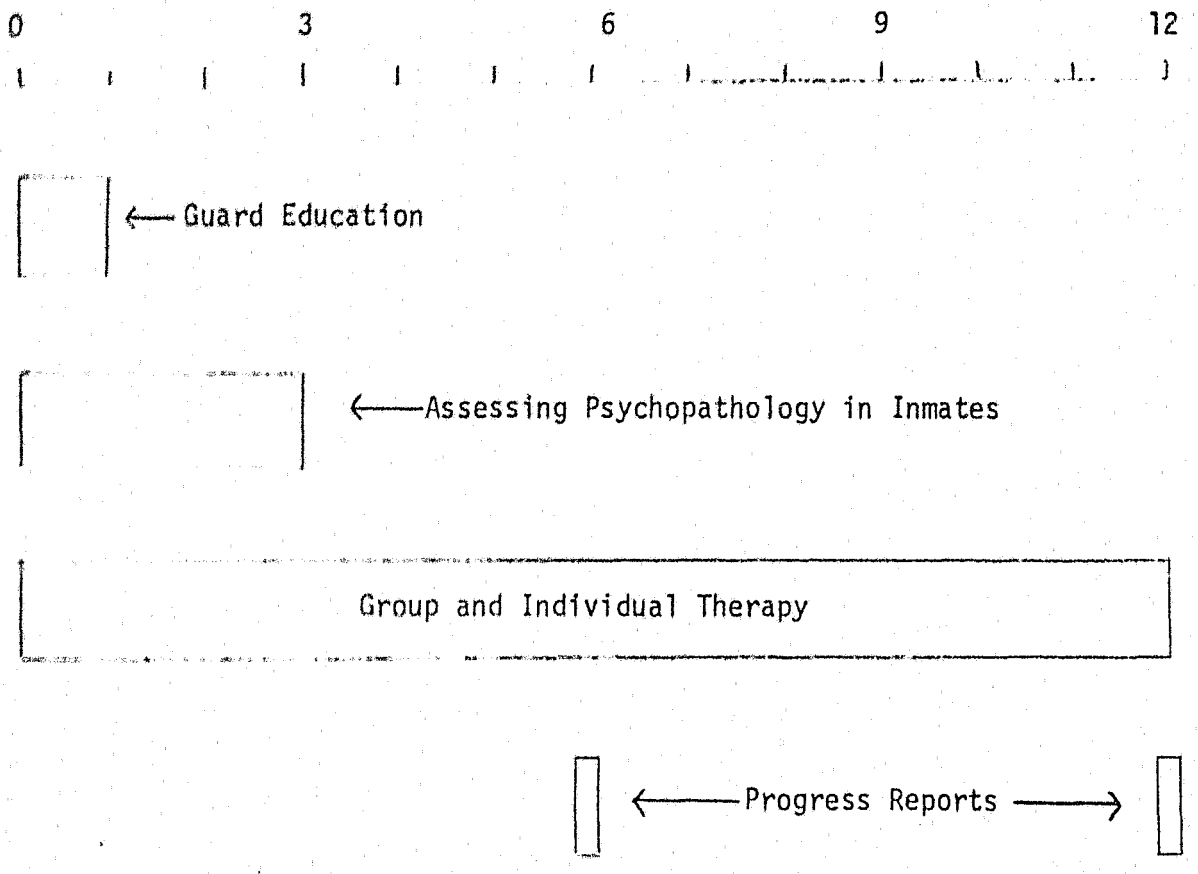
workers from Social Services and other welfare agencies, ministers or priests, and any others who have or may have some affiliation with the inmate.

Time Table. The operational part of this project will run for twelve months. The research and evaluation component, to be discussed below, will run for an additional six months, or a total of eighteen months. The guard education will be given during the first month of the project. Psychiatric interviews will be given to a sample of 150 inmates during the first three months. Those inmates selected for psychiatric treatment will enter into the therapy groups, joining others who have been in the groups for varying periods of time; and each will leave the group at the termination of his Jail sentence. Thus, group therapy will be a continuing activity, but the group will have a frequent turn-over of membership. The individual therapy sessions will also be a continuous activity, but, as in an outpatient clinic of a hospital, there will be a continuing change of those in individual therapy.

The "follow-up" procedures will be conducted during the entire project. Thus, the time table of these activities, as with the evaluation to be discussed below, will be determined by the individual time-tables of the inmates. Although the evaluation will be conducted as the above activities occur, at the end of the eighteen months we plan to meet with all of those having anything to do with prisoners; at that meeting we will draw conclusions about this effort and make recommendations for future activities. At this point, we tentatively plan a one-day meeting with representatives of the courts and the sheriff's department, and including our own staff, to discuss the project and the results from it.

Diagram I shows the time table for these different activities. Progress reports will be submitted every six months.

Diagram I: Time Table of Activities in Program
(1 month intervals; 1/2 inch = 1 month)



IV. Evaluation

As indicated above, those prisoners who are referred to the program will be interviewed in order to select those who may benefit from the program. Then, from this pool, inmates will be randomly assigned to one of the following four categories:

(1) those in both therapy and follow-up,

(2) those in follow-up but no therapy,

(3) those in therapy but no follow-up,

(4) those in neither part of the program.

In the jargon of the experimental statistician, this is a "2 x 2 factorial experiment". There are two factors (therapy, follow-up) which are applied at two levels (present or absent). Each possible combination of the two factors results in four "treatments" and four "treatment groups". The purpose of this design is to investigate the effects of each of these factors singly and in combination. It might be the case that no therapy of any sort is effective with a prisoner population, but the follow-up procedures are. Or the therapy might be effective, but the follow-up procedures not. And still another possibility is that the effects of the two together may be greater than the "sum" of the individual effects.

There will be three measures of outcome:

(1) recidivism

(2) job stability

(3) social functioning

We will not attempt to assess these individuals for any deep psychological changes that might presumably result from psychotherapy. However, we will attempt to follow each discharged inmate for one year and at the end of that

time determine: (1) if he has been found guilty and sentenced for any crime, (2) if he has been and is working, and (3) how well he is functioning socially. In order to gather the last two pieces of information, we will attempt to locate and briefly interview each former inmate. We will inquire whether he is working and how long he has been working. Additionally we will devise a brief series of questions dealing with social functioning, e.g., is he married and if so, is his marriage stable? What kinds of activities does he engage in, do his children have problems in school? and the like.

In analyzing the data we might anticipate results like the following:

	Therapy & Follow-up	Only Therapy	Only Follow-up	No Treatment
Percent Recidivism	4%	7%	9%	25%
Percent Job Stability	50%	30%	40%	20%
Percent Good Social Functioning	70%	58%	54%	40%
Number in Each Category	(75)	(75)	(75)	(75)

(Note: These percentages do not add up to 100% because they represent three different measures of outcome; for each measure, one outcome has been omitted. Thus, if 25 percent of those receiving no treatment are recidivists, then the remaining 75 percent are not recidivists.)

For results like the above, we would conclude: (1) either therapy or "follow-up" alone had an impact in reducing recidivism, in increasing job stability, and in generating good social functioning; (2) one form of inmate treatment was not generally more effective than the other, (3) both therapy and "follow-up" together were more effective than either one alone. It is not

by any means a foregone conclusion what the results will be. However, we will array them in a format like the above and examine them for significant differences.

In addition, a sample of the group therapy sessions and of the individual therapy sessions will be observed in order to gain information on the details of the therapy. In these observations we will look for experiences, i.e., exchange between the inmates and therapist and the like, which seem effective and those which seem ineffective. For example, if we found that a particular prisoner was successfully rehabilitated then we will examine the notes we kept of our observations to discern what went on in the therapy sessions that might be related to this prisoner's success.

Some of the group therapy sessions will be videotaped both for the purposes of temporarily preserving observations of the sessions for later evaluation and for the staff to study and use on an on-going basis for making changes in the therapy sessions. No inmate will be videotaped without his written permission, and all inmates in such sessions will be given an opportunity, with no duress of any kind, to not participate in these videotaped sessions.

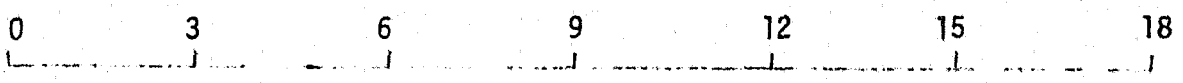
And, we will briefly interview each prisoner, or each in a sample of prisoners, who participated in the program. The evaluation will be directed to their perceptions of and reactions to the therapy sessions. Did it meet their needs? Did they feel they gained anything from them? What did they gain? How could these sessions be made more effective? These are some of the questions we will raise.

Since the guards will be given in-training education, we will assess the effectiveness of this effort by giving the guards a "before" and "after" survey of their knowledge and attitudes about psychotherapy. This will consist of a series of descriptions of inmate problems; we will ask the guards for their judgments about those problems and how to deal with them.

We do not anticipate that the conclusions we derive from the evaluation to be either "the program is worthless" or "the program is completely successful". Rather, we anticipate that the program will be successful to some unknown degree. Our task will be to determine the degree of success, but also to determine what is effective and what is not. That is, the evaluation will result in statements such as, "practices x, y, and z are particularly effective and should be continued, where as practices t, u, and v are not effective and should be altered." We view the function of the evaluation to be an independent assessment of the effectiveness of the program; this assessment is directed to help improve the program and neither to condemn it nor to praise it. But at the same time we will make conclusions about the general usefulness of this type of program and recommendations about future programs. To do this, we will attempt to estimate the benefits derived from the program and the costs of such a program. If the benefits exceed the costs, then we would recommend that it be continued. And, we will compare benefits and costs of each type of activity, which might lead to the recommendation that one activity be continued but not another.

Diagram II shows a time table of the evaluation activities.

Diagram II: Time Table of Evaluation Activities
(3 month intervals; 1 inch = 3 months)



Interview-ing Guards

Observing the Therapy Sessions

Interviewing the Inmates at Discharge

Searching various court, welfare records, re: ex-prisoners

Interviewing inmates 1 year after discharge

Preparation of Final Report →