

NOT FOR PUBLICATION

A FOLLOW-UP STUDY OF THE WALPOLE MENTAL HEALTH PROGRAM

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## INTRODUCTION

The present study was undertaken to determine the characteristics of the group of inmates undergoing psychotherapy at M.C.I.-Walpole in February 1969. The assumption is made that the list of men for that month is representative of the yearly sample of men.

The 1967 study, "An Evaluation of a Mental Health Program in a Maximum Security Correctional Institution" showed that psychotherapy in a correctional setting was highly beneficial to some groups of inmates and ineffective, or even detrimental, to other groups. The recidivism rate of the subjects was used as a measure of the effectiveness of the program. Therapy was most highly correlated with a reduction in recidivism among subjects with short records (five or fewer prior arrests) and those who were older (34 or older at the present incarceration) with longer records. It was detrimental to those inmates who were 33 or younger at the present incarceration and had six or more prior arrests. For this group, the recidivism risk increased as the time in therapy increased.

The implications of that study add weight to a differential treatment model for corrections. No program works equally well with all types of inmates. The counseling service at M.C.I.-Walpole has limited staff and resources. It would seem prudent, therefore, that the selection procedure for channeling inmates into psychotherapy would concentrate on the inmates with the "impact" characteristics of the 1967 study, and attempt at the same time to discourage the "no-impact" group from therapy. The need now is to determine what programs would prove more effective.

## METHOD

Four samples are compared here. The 1967 psychotherapy sample (Rx1) consisted of all inmates in therapy 25 weeks or longer who were released to the community prior to March 1, 1963. The group used for comparison, the non-psychotherapy sample (non-Rx1), consisted of all inmates released to the community from M.C.I.-Walpole in 1960 who were not involved in psychotherapy. The present follow-up samples are all those men in psychotherapy in February 1969 (Rx2) compared to the men released from Walpole in 1966 (non-Rx2). Recidivism data collected for the 1966 Walpole releasees are soon to be published as the latest base expectancy categories. Thus we have a therapy and non-therapy sample for both the early sixties and the late sixties.

Data for the four groups will be presented simultaneously. In the previous study, the therapy (Rx1) and non-therapy (non-Rx1) groups were compared on background factors, criminal history, and factors related to the present offense. The data for the next two groups will focus on the same variables in order to determine if the nature of the therapy group has changed in any way and, if those results are affected by a change in the Walpole population as a whole. The second control group is important. A difference between the Rx1 and Rx2 groups may reflect either a change in the method of selecting men for therapy or a change in the Walpole population, or both.

Disciplinary reports are considered here as an indicant of institutional behavior. In the previous study, data on good conduct days withheld were used. Here, data were collected on reports

incurred both before and after the onset of therapy. The number of offenses incurred both before and after the onset of therapy was divided by the number of weeks spent incarcerated during each segment of time. The resulting ratio indicates the rate of disciplinary offenses.

#### FINDINGS (Refer to tables in Appendix 1)

##### Background Factors:

##### Age at Present Incarceration:

The original therapy group was significantly younger at the present incarceration than the original non-therapy sample. This result is now still more pronounced: the current therapy group is much younger at commitment. Nearly two-thirds of the therapy group were 25 or younger at commitment, while less than one-third of the general population fell in this range. Few of the older inmates are represented in the treatment group. Those committed above the age of 35 make up 29% of the non-Rx group and only 5.3% of the treatment sample.

##### Race:

The original study found a significantly lower proportion of non-whites in the treatment group than in the non-treatment group. This difference has decreased but still remains. The percentage of the therapy sample that is non-white has decreased from 14.8% to 12.0%, while the percentage of the overall Walpole population that is non-white has decreased from 34.8% to 26.3%.

Thus, the gap between the proportion of non-whites in the Walpole population, and in the therapy group, has grown smaller.

#### Education:

The 1967 finding that the therapy group achieved a significantly higher educational level than the non-therapy group is now more pronounced. The percentage of subjects in the non-therapy group with above an 8th grade education has remained steady -- 31.9% in 1960, 31.4% in 1966. The early therapy sample was a more highly educated group than the non-therapy sample -- 43.4% had reached at least the ninth grade. By 1969 that percentage had increased to 59.9%. Another noticeable difference is the widening spread of the percentage of the least-educated group in the therapy sample vs. the non-therapy group. Those with a sixth grade or less education made up 34.1% of the 1960 non-Rx group and 27.8% of the 1966 non-Rx group. However, they comprised 19.1% of Rx1 and only 5.3% of Rx2. The general inmate population is becoming somewhat better educated as the figures in the non-therapy samples show. Nevertheless, the current therapy group is very significantly a select one in terms of the educational achievements of its members. This selectivity has grown more pronounced since the earlier study.

#### Criminal History:

##### Prior Arrests:

In the 1967 study the therapy sample had significantly fewer prior arrests than did the non-therapy sample. This variable has become more significant in the current group. In

the earlier study, 46.4% of the Walpole general population sample and 30.4% of the therapy group had eleven or more prior arrests. Now 44.8% of the Walpole general population and 28.0% of the therapy sample have had eleven or more prior arrests.

Most of the current therapy sample falls in the middle range of six-to-ten prior arrests; most of the current non-therapy sample falls in the high "11 or more" range.

#### Age at First Arrest:

As in the earlier study (on age at first arrest and on prior incarcerations) the differences found between the Rx and non-Rx groups were not statistically significant. It is interesting, however, to note some differences in the current treatment sample. The percentage of those 20 or older at first arrest has decreased in the therapy sample but remained constant in the general Walpole population. The percentage of those 14 or younger at first arrest has remained constant in the therapy sample but increased in the general Walpole population. This is another example of how the population itself of Walpole has been changing, in addition to any noticeable differences between psychotherapy treatment groups.

#### Prior Incarcerations:

The presence of prior incarceration did not significantly distinguish between the therapy and non-therapy samples, whether in the 1967 study or now. More men in therapy now have no prior State, Federal or House of Correction incarcerations, but the Walpole population has changed in the same direction to the same

extent. While in the 1960 Walpole non-Rx sample, 15.2% had not served a prior prison term, the corresponding group in 1966 who had never served a prior prison term jumped to 27.3%. The size of this difference appears to indicate that it is becoming more usual to route an offender directly to Walpole, and to use fewer of the intermediate steps before incarceration that may have been used in the past. It is possible that the increasing concentration on "law and order" may have something to do with this finding.

#### Present Incarceration:

#### Type of Offense: -----

Perhaps the most interesting result relates to type of offense. This variable did not prove to be significant in the earlier study. In the current group comparison, however, this variable is significant at the .001 level.

More sex offenders were present in the Rx1 sample than in the non-Rx1 group. The Rx2 and non-Rx2 groups are similar in number of sex offenders. Thus sex offenders were at one time highly represented in the treatment group. This is no longer true. Previously, narcotic offenders were under-represented in the therapy group. Now, they have disappeared from the treatment sample. This may be explained, in part, by the growth of the SNAP program, begun in December, 1962.

While property offenders now make up over 35% of the prison population as compared to 26.1% in 1960, the percentage of such offenders in the treatment group has dropped from 25% to 8%.

The person offender has come to the fore as being the most common type of member of the therapy group. The person offender comprised 36.5% of the Rx1 group and 70.7% of the Rx2 group. In the control samples, the percentage of offenders vs. the person has risen only slightly -- from 34.8 to 40.7%.

Thus, while the population of the institution is changing somewhat in terms of emphasis on person vs. property offenders and a deemphasis on narcotic and sex offenders, the extreme overrepresentation of person offenders in the mental health program cannot be attributed to chance. Selective factors appear to be at work in favor of this difference.

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The importance of a follow-up study is demonstrated by the fact that, while recognized as valuable, has not been implemented in the selection procedures of the counseling program. The men with whom psychotherapy procedures were shown to be most effective now make up a smaller percentage of the psychotherapy group than they did before the study was undertaken.

In the previous study, those inmates who did not benefit from psychotherapy (33 or younger, 6 or more prior arrests) made up 43.5% of the sample under treatment. Today, the no-impact group makes up 57.2% of the treatment sample. The implication is that, to an increasing extent, therapy is not being routed to the men who will most benefit from it. Psychotherapy has been shown to be detrimental to the post-release adjustment of a cer-



tain group of inmates, and the dominance of that group is present in the current therapy sample. Not only has the per cent of no-impact characteristic subjects increased, but the proportion of those offenders with whom psychotherapy was least effective -- the person offender -- has more than doubled, from 36.5% in Rx1 to 70.7% in Rx2.

The effect of this selectivity in the choosing of the treatment sample has worked to the detriment of those for whom the mental health program was most helpful -- the sex offender. The sex offender benefitted a great deal from therapy in the earlier study, and now the sex offender is less frequently a part of the treatment group. The percentage dropped from 29.6% for Rx1 to 13.3% for Rx2. Another interesting sidelight is that the sex offenders as a group have had to wait longer than all other offenders before they became part of the treatment program after entering prison, as the data in Appendix 2 shows. After nearly a year of incarceration, 60.4% of the person offenders, 66.7% of the property offenders, but only 30% of the sex offender group had begun therapy.

#### The Length of Time in Psychotherapy

The 1967 study showed that the length of time in therapy was related to recidivism. The recidivism rate of the impact group decreased as length of time in therapy increased, while the recidivism rate of the non-impact group increased as the length of time in therapy increased.

Length of Time in Therapy for the Impact and  
No-Impact Groups

<u>weeks in therapy</u>	<u>ImpRx1</u>	<u>No-ImpRx1</u>	<u>ImpRx2</u>	<u>No-ImpRx2</u>
less than 25	--	--	13(40.6)	13(30.2)
25-44 wks.	23(35.4)	15(30.0)	9(28.1)	11(25.6)
45-79 wks.	21(32.3)	18(36.0)	3(9.4)	10(23.3)
80 or more wks.	21(32.3)	17(34.0)	7(21.9)	9(20.9)
TOTAL	65(100.0)	50(100.0)	32(100.0)	43(100.0)

The figures in the above table indicate that those men with the characteristics of the no-impact group have been in therapy a longer time, on the average, than the impact group. In the earlier study, both groups had been in therapy about the same period of time.

Since recidivism was found to be correlated with length of time in therapy, the current no-impact group has less chance to benefit from therapy than they had earlier. The no-impact subjects have been in treatment a longer period of time, a fact which will not improve their risk of becoming recidivists. This does not preclude, however, the possibility that while psychotherapy for the no-impact group may not be helpful in post-release adjustment, it may be beneficial in adjustment to the prison.

#### Disciplinary Reports:

In the earlier study, the therapy sample was involved in more disciplinary action than the non-therapy sample, during the time incarcerated. Although this finding was not statistically significant, it does bring up some interesting questions.

Could the greater percentage of good conduct time withheld from the therapy sample (Rx1) be due to the no-impact group? That is, if therapy does not contribute to reducing recidivism for no-impact subjects, could it be helpful in the institutional adjustment of these inmates? Data on disciplinary offenses incurred were collected for all inmates in the Rx2 sample. One disciplinary report could be counted twice, since each offense described in the title of the disciplinary report was counted. Thus, a report labeled "carrying a dangerous weapon, under the influence" was counted twice. The topics of classification are these: threats & assault; disturbance; damage to state property; disobedience, profanity, or insolence; carrying a dangerous weapon; under the influence, or drug contraband; other contraband.

The intervention of a psychotherapy program changed the disciplinary records of both the impact and no-impact current therapy group. The ratio of disciplinary offenses to weeks spent both before and after therapy increased from .415 to .516 for the impact group. For the no-impact group it decreased from 2.12 to 1.69, a significant difference. Considering disciplinary offenses as an indicant of (mal)adjustment to incarceration, it appears that the intervention of therapy lessened the disciplinary offense ratio for the no-impact group, and improved that group's adjustment to incarceration.

This result becomes important when we consider the parole eligibility dates for the impact and no-impact groups. Nearly half of the no-impact group comes up for parole within 10 months vs. only one-fourth of the impact group.

Parole Eligibility Dates of Impact and No-Impact Groups, Rx2

<u>Parole elig. date</u>	<u>Impact</u>	<u>No-Impact</u>
during 1969	8(25.0)	21(48.9)
beyond 1969	24(75.0)	22(51.1)
TOTAL	32 (100.0)	43(100.0)

$$x^2=4.4, df=1, p<.05$$

This might be an important finding considering that the inmates with non-impact characteristics are greater recidivism risks than those with impact characteristics. There is a good chance, then, that they will be returning to prison more often than the no-impact group. Whether or not this "prisonization" benefits the inmate, in addition to aiding the authorities, is a debatable point.

TYPE OF THERAPIST

With the advent of new types of psychotherapy at L.C.I.-Walpole, an attempt was made to determine the distribution of impact and no-impact subjects among the various therapists. The data is represented here:

	<u>Mrs. Cuzzi</u>	<u>Mr. Forglone</u>	<u>Others</u>	
	<u>N</u> <u>%</u>	<u>N</u> <u>%</u>	<u>N</u> <u>%</u>	
Impact Group	7 (30.4)	8 (38.1)	17 (50.0)	
No-Impact Group	16 (69.6)	13 (61.9)	17 (50.0)	
TOTAL	23	21	34	78

The overall total is more than 75 because some patients were seen by more than one therapist.

The above table presents the proportion of patients in the impact and no-impact categories for those therapists having 20

or more clients. This table indicates that the proportion of no-impact patients has increased for all therapists when compared to the proportion in the earlier study (i.e. 43.5%). It is also clear that the overall increase in the proportion of no-impact patients is not randomly distributed among the therapists.

#### SUMMARY

This paper has inspected the current sample of men in the counseling service at M.C.I.-Walpole. The relation of the results of the previous study to the selection of men in the treatment program today was discussed. An issue that has come to light is the somewhat tenuous relationship between correctional research and correctional decision-making.

# APPENDIX 1

Rx1      1960Walpole

Rx2      1966Walpole

## A. BACKGROUND FACTORS

### 1. Age at Present Incarceration

25 or younger	40(34.8)	33(23.9)	46(61.3)	62(31.9)
26 - 35	55(47.8)	59(42.8)	25(33.3)	75(38.7)
36 or more	20(17.4)	46(33.3)	4(.5.3)	57(29.4)

$$\chi^2 = 9.03, df=2, p<.02$$

$$\chi^2 = 25.8, df=2, p<.001$$

### 2. Race

White	98(85.2)	90(65.2)	66(88.0)	143(73.7)
Non-White	17(14.8)	48(34.8)	9(12.0)	51(26.3)

$$\chi^2 = 13.14, df=1, p<.001$$

$$\chi^2 = 6.4, df=1, p<.02$$

### 3. Education

6th grade or less (including spec.cl.)	22(19.1)	47(34.1)	4(.5.33)	54(27.8)
7th-8th grade	43(34.4)	47(34.1)	26(34.66)	79(40.7)
9th-11th grade	31(26.9)	39(28.3)	32(42.66)	48(24.7)
High Schl.grad.up	19(16.5)	5(.3.6)	13(17.33)	13(6.7)

$$\chi^2 = 16.43, df=3, p<.001$$

$$\chi^2 = 26.9, df=3, p<.001$$

### 4. Marital Status

Single	53(46.1)	no	36(48.0)	96(50.5)
Married	43(37.4)	data available	22(29.3)	48(25.5)
Div., Sep., Wid.	19(16.5)		17(22.6)	50(26.3)

## B. CRIMINAL HISTORY

### 1. Number of Prior Arrests

5 or less	42(36.5)	27(19.6)	23(30.7)	36(18.6)
6 - 10	38(33.0)	47(34.1)	31(41.3)	71(36.6)
11 or more	35(30.4)	64(46.4)	21(28.0)	87(44.8)

$$\chi^2 = 10.66, df=2, p<.01$$

$$\chi^2 = 6.5, df=2, p<.05$$

### 2. Age at First Arrest

14 or younger	52(45.2)	48(34.8)	33(44.0)	85(43.8)
15 - 19	36(31.3)	52(37.7)	30(40.0)	58(29.9)
20 or older	27(23.5)	38(27.5)	12(16.0)	51(26.3)

$$\chi^2 = 2.83, df=2, .20 < p < .30$$

$$\chi^2 = 4.1, df=2, .10 < p < .20$$

	<u>Rx1</u>	<u>1960Walpole</u>	<u>Rx2</u>	<u>1966Walpole</u>
3. Prior Incarcerations				
No State, Federal or House of Corr.	26(22.6)	21(15.2)	26(34.6)	53(27.3)
State, Federal, H.C.	89(77.4)	117(84.8)	49(65.3)	141(72.7)
	$\chi^2=2.27$ , df=1, $.10 < p < .20$		$\chi^2=1.41$ , df=1, $.30 < p < .20$	

#### PRESENT INCARCERATION

##### 1. Type of Offense

vs. Person	42(36.5)	48(34.8)	53(70.7)	79(40.7)
Sex Offenses	34(29.6)	26(18.8)	10(13.3)	27(13.9)
vs. Property	29(25.2)	36(26.1)	6( 8.0)	68(35.1)
Narcotic Offenses	9( 7.8)	24(17.4)	0( 0.0)	11( 5.7)
Other	1( 0.9)	4( 2.9)	6( 8.0)	9( 4.6)
	$\chi^2=8.85$ , df=4, $p < .10$		$\chi^2=30.6$ , df=4, $p < .001$	

#### APPENDIX 2

##### TIME BETWEEN ADMISSION TO PRISON AND ADMISSION TO THERAPY

(Rx2 Group)

seen within 9 weeks	Person offenders	20.8%
	Property & other	58.3%
	Sex offenders	10.0%
seen within 19 weeks	Person offenders	32.1%
	Property & other	66.7%
	Sex offenders	10.0%
seen within 49 weeks	Person offenders	60.4%
	Property & other	66.7%
	Sex offenders	30.0%

DISTRIBUTION OF SUBJECTS IN THERAPY AND NON-THERAPY SAMPLES, IN BASE EXPECTANCY CATEGORIES

Category	Rx1 sample		1960 Walpole sample		Rx2 sample		1965 Walpole sample	
	N	%	N	%	N	%	N	%
IMPACT GROUP								
5 or fewer prior arrests	42	(36.5)	27	(19.6)	24	(32.0)	36	(18.6)
6 or more prior arrests, 33 or older at present incarceration	23	(20.0)	47	(34.1)	8	(10.7)	60	(30.9)
Sub-totals	65	(56.5)	74	(53.6)	32	(42.7)	96	(49.5)
NO-IMPACT GROUP								
6 or more prior arrests, 33 or younger at present incarceration	50	(43.5)	64	(46.4)	43	(57.3)	98	(50.5)
TOTALS	115	(100.0)	138	(100.0)	75	(100.0)	194	(100.0)