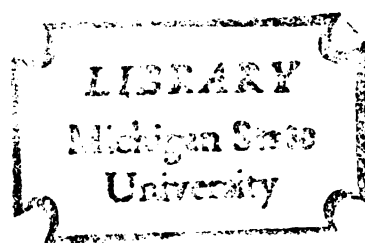




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[Faint handwritten notes, possibly "B-17" and "CHIT"]

presented by
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May 24, 1964

THESE

OUTLINE

I. Purpose and Background

1. Description of type of children chosen for this study.
2. Reasons that these subjects were referred for treatment.
3. Description of the great number of variables involved in conducting such a study.
4. The need for such a study and why it was conducted.

II. Methods of Study

A. Collection of Data

1. Case record and content description.
 - a. Face sheet data and its basic components
 - b. Diagnostic evaluation and its use in treatment selection
 - c. Reasons for referral to the clinic
2. Court Record description
 - a. Type of information being gained and the method of securing

B. Definition of variables

1. Characteristic of clients chosen for study
 - a. Age, I. Q., and referral reason for clients being seen
2. Type and size of universe used in this study
3. Adequacy and representation of the universe being used in this study
4. Treatment methods and importance of
5. Definition of treatment variable and the significance to the studies definition
6. Therapy type evaluations
 - a. Therapy type correlated to outcome
7. Mobile shortcoming as a specific variable is described as being a "controlled" variable

C. Methods and Analyzing Data

1. Method of recording
 - a. Summary sheets and their specific use
 - b. Ranking and classification of the data collected
2. Age categories as related to recivism
3. Method of recording to yield classification
 - a. Felony types and the definitions according to this report
4. Possible significance of association
 - a. Design type
 - b. Data type that will be collected for study
 - c. Chi square tabulation and why it was used

III. Results of Study

Includes only findings, and contains no inferences from data collected - such information will follow

- A. Components of universe
 1. Total size of the universe when calculations were made
 2. Make-up of universe and age variables involved
 3. Age classifications according to young and old age groupings
- B. Age and Recivism
 1. Percentage rates of recivism in adult life
 - a. Young grouping (age 8 to 12 years at treatment)
 - b. Old grouping (13 to 16 years at treatment time)
 - c. Combined groups and tabulation of recivism
 2. Comparisons of age groupings and recivism
 3. Significance of association not present in this study in a statistical sense
- C. Prison Records and Crime Range
 1. Total felonies committed
 - a. Type of felonies according to records
 - b. Type of sentence handed out

2. Introduction to the actual discussion of the findings

IV. Discussion of Findings

1. No statistical significance of associations present
 - a. Chi square .20 but inadequate because of lack of minimum of 10 subjects in 2 cells
2. Inadequacy of records used for study
 - a. Face sheet shortcomings and not always filled in
 - b. Department of Mental Health's view presently in records
3. Possible speculated trends from percentage figures on timing of treatment at age of treatment and recividism
 - a. Possible trend to less recividism when treated early - good area to focus for future researchers
4. Importance of not separating one single variable for the complete answer
 - a. This problem will only be observed correctly when the realization of the presence of numerous important variables are realized

V. Conclusion

- A. Recapitulation of previous section
 1. Possible area of importance for further research
 - a. The possible trend of treating children at an earlier age, thereby possibly limiting amount of recividism

VI. Changes In Scope and Method

- A. The focus is generally the same throughout this study
- B. Changes that were especially important in the study
 1. Due to size of universe, sampling method was changed
 - a. Total universe used
 2. Chi square not used
 - a. Due to smaller universe than originally expected
 - b. No method to test significance of association was used
 - c. Two cells lacked the minimum requirement of ten subjects

VII. Appendix B. (Table)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical analysis performed.

3. The third part of the document presents the results of the study. It includes a series of tables and graphs that illustrate the findings. The data shows a clear trend of increasing values over time, which is consistent with the theoretical predictions.

4. The fourth part of the document discusses the implications of the findings. It suggests that the results have significant implications for the field of research and may lead to further developments in the future.

5. The fifth part of the document concludes the study. It summarizes the main findings and provides a final statement on the importance of the research.

6. The sixth part of the document includes a list of references to the literature cited in the study. It provides a comprehensive overview of the current state of the field.

7. The seventh part of the document includes a list of appendices. These appendices provide additional information and data that support the main findings of the study.

8. The eighth part of the document includes a list of figures. These figures are used to illustrate the data and provide a visual representation of the results.

9. The ninth part of the document includes a list of tables. These tables provide a detailed breakdown of the data and are used to support the analysis.

10. The tenth part of the document includes a list of footnotes. These footnotes provide additional information and clarify the content of the main text.

CHAPTER I
PURPOSE AND BACKGROUND

This study explored what happened to children who were previously seen for treatment at the Flint Child Guidance Clinic. Circuit Court records were reviewed and an attempt was made to discover if these individuals had committed any felonies since release from treatment.

The study was limited to 54 children who were between the ages of 8 and 16 years at the time of their first clinical contact with the Flint Child Guidance Clinic. In order to include as long a period time as possible between the original clinic contact and the present follow-up study, cases were selected that had been known to the clinic between December 1, 1948 and November 30, 1949.

The reasons for these boys being referred for treatment were many. The major classifications included: delinquent behavior, undesirable habits, undesirable mental attitudes, physical symptoms and educational problems. These numerous variables in the above classification merely reflected past literature regarding follow-up studies. Such studies demonstrated that a great number of variables and methods were to be dealt with or at least recognized¹. To deal with the total multiple variables, however, was impossible because of the time and money involved.²

Since any attempts to generalize findings had proven futile³, in the past, this study merely searched for a few specific variables. The study located

¹Robbins, Lee N. and O'Neal, Patricia, "Mortality, Mobility, and Crime Thirty Years Later," American Sociological Review, (1938) XXIII p. 163.

²Pearl, R. E. and Simon, A. J., "Criteria of Success and Failure In Child Guidance," American Journal of Orthopsychiatry, XII (1942) p. 653.

³Stein, Herman, "Factors In Psychiatric Clinics for Children," The Social Service Review, (March, 1956), p. 11.

these former patients 16 years later via public records. A systematic approach was incorporated to search for objective evidence of convictions of felonies. Interestingly enough, only in the last 15 years had there been concern with the occurrence of deviant social behavior in adults with a childhood behavior problem.⁴

Locally, such a study was never attempted. The need for this study was quite obvious. FCGC⁵ had no information that pertained to clients after they were treated at the clinic. The undertaking of this project, therefore, was accepted with the ultimate hope that other follow-up studies would follow - studies that would segmentally increase one's understanding as to what happened to client's after they left treatment.

⁴Robbins and O'Neal, loc. cit.

⁵Historically, the first contribution to the present day Flint Child Guidance Clinic (FCGC) was made in September, 1930. In the summer of 1946, the Michigan State Department of Mental Health decided to have a child guidance clinic. By the fall of 1946, the Flint Child Guidance Clinic was in operation. Present day has found the Adult Mental Health Clinic of Flint being combined with the child guidance unit. Today, the clinic functions under the auspices of the Flint Adult and Child Guidance Clinic.

CHAPTER II

METHODS OF THE STUDY

A. Collection of Data

Data was collected from case records. These records were comprised mainly of face sheet data. Such data primarily described the particular client's age, sex, marital status, and referral.

These records also contained a diagnostic evaluation which described the client's initial contact with the clinic. There was an evaluative statement of the immediate problem involved and possible recommendations of what steps were taken; such as referral, treatment or psychological testing.

All data within was recorded by both the psychiatric and social forces of the clinic. This was used to determine what was the best course or alternative available to the client seeking help. If such data was used within the clinic for treatment its primary purpose was for a psycho-social diagnostic evaluation and weighed heavily on the type of treatment used.

Public records, circuit court, were used as an analogy to the above. The information collected included: presence of any recorded felony; any prison record; and all major convictions against society. The above information was easily secured with the cooperation of the Identification Bureau, Flint Police Department, under the direction of Chief Paul.

B. Definition of Variables

The patient group was selected from the clinical records within the specified period who met the following criteria: age under 16 years at first clinical contact; I. Q. not less than 75; referral because of problem behavior.

A total universe was drawn from those patients seen at the clinic for the year 1947-1948. Those meeting the definitional term treatment for that single year numbered 54 patients.

There was no reason to believe that the children seen at that particular time differed basically from those seen in other years. This allowed an assump-

tion that the period of time and patients seen, were both adequate and representative of patients seen at other time intervals.

There was no attempt to correlate any type of treatment with the end result. After intense investigation it was concluded that even if statistical evidence would have been in favor of one particular type, it would not prove precluded the use of other methods which happened to have been successful in a smaller number of cases.

Past studies indicated no set pattern for the definition of the term treatment. An attempt was made in this present project to combine a definition to satisfy all aspects. It was decided, therefore, that the term treatment would be 10 interviews or more for the child. Such 10, one hour sessions, were to be with any one clinician of any of the three disciplines.

Since past research demonstrated that one would be hard pressed to define what "superior" meant in a therapy evaluation, it was decided that the plain fact was that there was no set of consensually validated definitions of the outcome of therapy. Since there were no validated definitions of outcome, one must be aware while reading this report that this project included only those under treatment persay.

There was on limited variable which must be observed and recalled as one reads this report. Due to limited time, there was no further study to see if any of the universe had since moved to another town or city.

C. Methods of Analyzing Data

The age of the group was recorded on summary sheets, then ranked and classified in two age groupings. The age variable was correlated to recidivism and classified as young and old. Old was defined as entering treatment between 13 and 16 years of age. The category of young was interpreted as those beginning treatment between 8 and 12 years of age. Therefore, the analogy of age of treatment and adjustment in later adult life was compared to obtain a possible significance of association.

Recidivism was recorded on summary sheets by case and characteristics. The primary classification was divided into those individuals who were convicted of a felony in their adult life and those who did not. This information was then coded to yield the classification of recidivism as described earlier.

The data was then arranged in a 4 cell design. Nominal data was ordered. Chi square was tabulated to discover if there was any significance of association.

CHAPTER III

RESULTS OF THE STUDY

A. As stated earlier the total universe was 54. It was found that of this 54 total, 39 were male and 15 female. Sixteen clients were in the age classification of old and the young category consisted of 38 individuals.

B. Age and Recidivism

It was found that of the two age grouping classifications, young and old, both equaled out to $5\frac{1}{2}\%$ rate of recidivism when figured on the total universe and as separate entities. The reader must observe here that the above figures were tabulated on the total universe and compared to each separate group alone.

When figuring the rate of recidivism in the two separate areas, young and old, in themselves, somewhat of a different picture emerges. Figured in the old classification, the rate of recidivism, tabulated on those undergoing treatment between 13 and 16 years of age, was found to be 18.7%. Somewhat of a statistical difference is shown when compared to the young grouping, between ages of 8 and 12 years when undergoing treatment, in that the rate of recidivism was tabulated at 7.8%. Further, when both groups were combined and compared to the total universe, the rate of combined recidivism was 11.1%. The rate of recidivism, therefore, showed no real significance of association between the two age groupings.¹

C. Crime Range and Prison Records Recidivism

The total number of felonies committed by the group was six. Of this six were included: four breaking and entering; one carrying of concealed weapons; leaving the scene of an accident death. Not one of the individuals involved in the above crimes served over two years in prison. All who were sentenced to more were released on probation within two years.

The following list of findings showed the results of the project. The

¹Turn to Page 8. Discussion of Findings

original purpose of this study was to demonstrate a possible significance of association. However, since two cells failed to incorporate over 10 subjects, no significance of association or chi square was used.¹ The following data was speculated upon for possible trends but no statistical significance was attempted.

¹See Table 1 on Page 12

CHAPTER IV

DISCUSSION OF FINDINGS

From the preceding chapter on the results of the study, it appears that there were no characteristics between the age grouping of those who received treatment and felonies that were committed in the adult years. Since none of the variables measured in this study were significantly associated, this chapter will merely attempt to speculate and point out the possible trends and factors demonstrated by the presented data.

Perhaps the most glaring inadequacy demonstrated at the completion of this study was the gross inadequacy of the records used for that clinical year. Some folders contained only the face sheet and in many instances such face sheet material was not even recorded. Further studies, therefore, could focus in on more up to date records and investigate the adequacy of these records.

Further investigation revealed that the state had realized some of these past inconsistencies in record recording and had taken steps to improve such recordings. Dorothy Navizedah¹ Bay City Child Guidance Clinic, stated that presently the state does require closing information on all clients and this information must be recorded and sent to the State Department.

As stated earlier, the information that was collected demonstrated no real associations. Speculating on the percentages, it was easily observed that in the grouping classification of young and old, each showed a recidivism of $5\frac{1}{2}\%$ of their two categories in respect to the total universe. Carried further, however, it was seen that if recidivism was measured, each within its own classification of young and old, the results demonstrated a changed focus. The recidivism now became $8\frac{1}{2}\%$ in the young age grouping, compared to 18.7% recidivism containment in the older age grouping.

¹Interview with Dorothy Navizedah, Chief Psychiatric Social Worker, Bay City Child Guidance Clinic, April, 1964

Realizing the absence of any statistical association one can possibly see a trend toward less recidivism when earlier treatment was incorporated. Researchers of the future should observe this area of study carefully.

Since no hypothesis was being confirmed in the study and the nature was primarily an exploratory one, the study would be incomplete unless a further final focus on recidivism was made. As stated earlier, 11.1% of the total universe treated at the clinic were convicted of a felony persay in later adult years. Such a figure does not demonstrate anything real significant. It does show that of the total universe treated in 1949, 11.1% got into trouble with the law. Hopefully, future studies can measure certain variables mentioned throughout this study and make an analogy to the results secured here. Such results, it is hoped, will demonstrate the future need for researchers to become aware of the many variables involved, in recidivism following treatment years earlier. Further, it is hoped that this study demonstrated that even if statistics prove or disprove the hypothesis, one must not become involved in a singular variable as being the total causative factor of any single social phenomena, but view such a variable as a significant part contributing to the end result and unseperable from other variables at times.

CHAPTER V

CONCLUSION

In the previous section, an attempt was made to demonstrate that this study showed trends perhaps, but that any statistical significant association was not present. The major point being that only a small portion of children treated for emotional problems at the clinic during the year 1949-1950 were classified in the category of recidivism. It was felt that this low percentage connection between those committing felonies and those not should be made. This finding, in itself, offers suggestive leads in other areas of follow-up research in the future. Although this has been only one specific measured variable for a single year at a single agency, it is hoped that this, in itself, will offer suggestive leads for further research in areas of any type follow-up studies.

APPENDIX A

CHANGES IN SCOPE & METHODS

The focus of this study remained generally the same throughout. The most significant areas of change occurred in sampling technique and the analysis of data.

Changes proved necessary when it was discovered that the total number of individuals treated for the specified year at the clinic only numbered 54. This differed from the original sampling procedure that was designed to draw a sample from cases for one fiscal year. The sampling procedure, therefore, was unnecessary and a total universe was used of those treated.

In a direct correlation to the above, the original statistical method for testing significance was eliminated. The chi square was not used as initially planned since certain cells lacked the minimum 10 subjects. The study, therefore, remained exploratory in nature and attempted merely to speculate on certain trends and characteristics.

APPENDIX B

TABLE

Table I

	Felony	No felony	
Young	3	35	38
Old	3	13	16
	6	48	54

$$\chi^2 = 1.338$$

$$df = 1$$

$$P > .20$$

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