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FOLLOW-UP SERVICE IN A
PSYCHIATRIC CLINIC

By

Benjamin Warner, Jr.

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A PROJECT REPORT

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Chairman, Research Committee
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A word of special thanks to "Doug," who so ably facilitated the mechanics of this study.

"Self is the only prison that can ever bind the soul"¹

¹VanDyke, Henry Bartlet's Quotations, The Prison and the Angel, p. 52.

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CHAPTER I

INTRODUCTION

Nature and Purpose of the Study

This is a study of follow-up service in a correctional setting. It is the study of a service currently maintained by the Psychiatric Clinic of the State Prison of Southern Michigan, located at Jackson, Michigan. This service is conducted by a team of psychiatrists, psychologists and social workers.

The purpose of this study is to determine whether the service is of benefit to the inmates utilizing it and, thereby, of benefit to the entire prison population.

Follow-up service, as maintained by the Psychiatric Clinic at Jackson Prison (hereafter referred to as SPSM), is best described as a continuation of contact with former ward patients subsequent to their discharge to the general prison population. This is often the case in instances where, although the patients appear to be improved on the ward, they are, nonetheless, not completely well and it is deemed advisable to transfer them to less restricted locations in the prison setting in order to make room in the clinic for other patients with a greater need for

intensive treatment. Intensive treatment is offered to the inmates on both in-patient and out-patient bases. Frequently, brief follow-up contacts are made on such occasions as when the Michigan Parole Board requests a progress report on a patient's adjustment following his release from the ward. In such cases, prompt reports of the worker's findings are required. This contact is also part of follow-up service.

The Clinical Situation

The clinic director has expressed some doubt as to whether this continuing service is proving beneficial to former ward patients. It is felt that, if the therapeutic value of this follow-up service cannot be justified, much time is being wasted which could be channeled into other areas of treatment.

Follow-up service was initiated at the psychiatric clinic in September, 1957. At that time, there were four graduate social work students in training at the clinic, two from the University of Michigan and two from Michigan State University. At the present time, there continue to be four graduate social work students conducting follow-up services at the psychiatric clinic. One of these students is from Wayne State University, two from the University of Michigan. The responsibility for maintaining much of this service falls on the four students inasmuch as they are not

required to handle large numbers of other cases, as do the regular staff members of the clinic.

There are various levels of follow-up services employed at the psychiatric clinic; for example, contacts are made by the workers on weekly, bi-weekly and monthly bases, as well as by the use of a reminder file. In addition to those instances of follow-up service mentioned, this service may also be construed as a brief contact to assure a patient that he has not been forgotten and to allow him an opportunity for ventilation of his feelings. Follow-up contact is a service offered a former patient as long as he feels the need for it. The practicability of this type of programming is immediately apparent when viewed from the vantage that it also helps a therapist evaluate a man's present mental condition.

Location of the Study

The data for this study were gathered at SPSM, located at Jackson, Michigan. This installation is the world's largest walled penal institution. Its fifty-seven acres, enclosed by thirty-four foot walls, has fourteen cell blocks. These blocks, plus an almost self-supporting farm system outside the walls, house some 6,000 inmates under maximum, medium and minimum security conditions.

The psychiatric clinic at SPSM has a relatively short history. In 1946 the Mental Ward, as it was then called, was located in the classification division of the institution under the supervision of the Parole Board psychiatrist. The ward included sixty cells containing beds, with actual supervision of the mental patients conducted by one psychologist assisted only by inmate nurses. The nursing care at that time was of a general nature. In 1951, however, the rotunda portion of the floor which housed the mental ward was vacated by the institution counseling staff; this adjoining area was put into use, being remodelled as an open ward for the care of mentally disturbed men. From that time until the formal organization of the psychiatric clinic, there was gradual expansion in the facilities of the ward for the care of disturbed prison inmates.

The psychiatric clinic was formally established on October 1, 1953. Prior to that time, there had been a great need for such a clinic to serve the Michigan Corrections system; however, the need was not sufficiently recognized until after the sensational prison riot at SPSM in April of 1952. During the investigation of the riot, it was publicly disclosed that there were many psychotic prisoners housed at the prison without any adequate psychiatric service available. There were also a great many unstable and dangerous psychopaths at large in the general prison population, and

it was felt that, long since, these should have been appropriately segregated. Also, there was inadequate screening of newly admitted prisoners so that mentally disturbed inmates among them were not being detected and isolated from the general prison population. These factors influenced the state legislature to allocate funds in 1953 for salaries for professional people to staff the psychiatric clinic at SPSM.

Facilities and Personnel

Under the new mental health program inaugurated at SPSM, Cell Block No. 6 was converted to meet the needs of hundreds of clinic out-patients. It was designed to serve as a convalescent cell block for these ex-ward patients, as well as a housing unit for a limited number of chronic medical patients. The fifth tier of this cell block (including the rotunda area) houses the psychiatric clinic, which is commonly termed "Top-of-Six" within the prison. The remainder of the cell block, which contains a base-floor upon which rest three tiers of open galleries, is commonly called "Lower Six." Housed in the cells on these four landings of Lower Six are ex-ward and other patients of the psychiatric clinic, with a scattering of chronic medical patients such as diabetics, epileptics, cripples, arrested tubercular and senility cases, residing among them. The housing facilities on the Top-of-Six

include a twenty-seven bed closed ward, a forty-two bed open ward, with twenty-nine beds reserved in another closed ward for necessary inmate ward personnel. This results in a capacity census of ninety-eight available beds on the ward. Additionally, four cells have been set aside for ward maintenance purposes, two for sanitation and two for storage. There are offices for the professional staff, the nurse supervisors, a civilian secretary to the staff, the inmate clerical staff, inmate nurses and the necessary custodial officers detailed to duty in the clinic.

The rotunda, with its offices, dormitory, library, etc., is separated from the closed south ward by a dining room where the patients (who are sufficiently adjusted) are fed. There are day-rooms in both wards of the psychiatric clinic, and these rooms are used by the patients for indoor recreational purposes including radio, television, games and live talent entertainment. On one side of the rotunda is the occupational therapy workshop, while at the extreme end of the south ward is the hydrotherapy room containing facilities for electro-shock therapy treatments, and the clinic laundry.

The entrance to the psychiatric clinic is by elevator from the main-floor rotunda to the clinic rotunda. At this point, an iron gate bars the way into the clinic proper where the in-patients carry on their daily activities.

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Another set of gates, midway of the clinic, permits access to the Lower Six area.

There are currently forty people enrolled in various capacities on the psychiatric clinic staff. Thirteen of these people are civilian employees functioning under State Civil Service, with the remaining twenty-seven comprised of carefully selected inmates performing the various tasks necessitated by the clinic operations. Among the civilian employees are three psychiatrists, one of whom is Warren S. Wille, M.D., director of the clinic. The third psychiatrist is a full-time resident.

There are two psychologists employed by the clinic on full-time status, both of whom possess doctoral degrees.

The social work staff at the clinic consists of three full-time social workers, one of whom is the director of psychiatric social services. The four graduate students in social work are supervised by the latter.

Other non-professional personnel employed in the clinic include an electroencephalogram technician and two male nurse supervisors. Of the twenty-seven inmates employed on the ward, fifteen are assigned as inmate nurses working three shifts so that there are nurses on duty at all times. Four inmates comprise the office clerical staff which types and files clinical records. Two other inmates supervise

the patients in their occupational therapy activities, and two more inmates supervise the patients' recreational activities. One inmate is in charge of hydrotherapy, and another is the runner who carries mail and supplies to and from the clinic. There is also a full-time barber and an inmate receptionist.

Hypothesis

It is hypothesized that through follow-up service an inmate will be less likely to return to the psychiatric clinic and will maintain a better prison adjustment.

Upon discharge from the clinic to the general prison population, a patient's card is placed in a reminder file. This procedure enables the staff to again contact the patient and insures against his being forgotten. Follow-up service involves considerable time and clerical effort. It also makes great demands on the professional social workers. It seems of value that the above hypothesis be tested to evaluate whether this service is effective in terms of helping the inmate maintain a good prison adjustment and, at the same time, reduce the incidence of readmissions to the psychiatric clinic.

Because of the different philosophies concerning custody and treatment, it might be well to look at the term "adjustment" and how it is measured at SPSM.

To determine some criteria, the writer interviewed Chester Powers, inspector of the guard at SPSM. Inspector Powers felt that the inmate's attitude was the most important factor to consider. This was in reference to an inmate's ability to adjust to different work assignments and, more important, to remain on one job for a sufficient period of time. It was also opined by the Inspector that the inmate's attitude toward authority played an important part, insofar as determining the number of times an inmate would become involved with the officials of the prison. When an inmate disregards the rules and regulations of the institution, he is subjected to disciplinary punishment. It was with these factors as criteria that custodial personnel assessed the adjustment of inmates in the prison population.

Treatment personnel, being somewhat divorced from custody in terms of adjustment philosophy, had different criteria for the assessment of adjustment. It is felt by the Director of the Psychiatric Clinic, Warren S. Wille, M.D., that if an ex-clinic patient does not return to the clinic for further treatment, then the treatment he previously received was beneficial in terms of the inmate's adjustment to institutional life. In the event that a former patient does return to the clinic, Dr. Wille expressed an interest in learning the length of the patient's stay in the clinic as compared with the period of time spent on the ward during

the patient's initial admission. Dr. Wille evinced further interest in learning whether follow-up service helped a former ward patient to respond more quickly to the general milieu of the prison or whether, in some cases, it helped to eliminate future contacts with the clinic altogether. These are the main factors involved in follow-up service with which the clinic staff concerns itself at the present time.

Review of the Literature

Because the writer is considering penal institutions, a psychiatric clinic within such a setting, and casework in the area of follow-up service with schizophrenics, these subjects were covered in the readings.

There was little discoverable information in the literature pertaining to follow-up studies in comparable settings. The thinking in regard to therapeutic rehabilitation in penal settings is still somewhat conflicted and undefined. Certain authors, however, held definitive views.

Casework in a penal setting, as the writer sees it, might have been Quentin Reynolds' subject when he wrote, "Even the run-of-the-mill case fascinates me for the

simple reason that all cases, both big and small, are made¹ up of human beings."

Follow-up service, as carried out by the student workers in the Psychiatric Clinic at SPSM, might be an illustration of that which James E. McGinnis has spelled out. He wrote that good planning in correctional institutions, with respect to staffing and effective utilization of available staff, might bring results far in excess of the time spent on this planning. Dr. McGinnis' point is of vital interest to the clinical staff, and to the staff's interest in this study.

Lawson G. Lowery³ and Point of View⁴ discuss the mental illness discovered in this study. Both authors agree that schizophrenia does respond to a coordination of psychotherapy with technical and pharmaceutical aids. They concur, too, that whether the improvement be greater or less, it is not necessarily permanent as evidenced by the high rate of readmissions.

¹ Quentin Reynolds, Courtroom, the Story of Samuel S. Liebowitz, (New York: Straus and Company, 1950) pp. 418-419.

² James E. McGinnis, M.D., "Rehabilitation: A Psychiatrist's view of the Correctional Program," The Journal of Social Therapy, Vol. 3, 1957, p. 140.

³ Lawson G. Lowery, M.D., Psychiatry for Social Workers (New York: Columbia University Press, 1946), p. 140.

⁴ Point of View, "Psychotherapy and Its Limitations," The Journal of Social Therapy, Vol. 2, 1956, p. 40.

Donald R. Taft¹ and John Vincent Barry² have written that the objective of the prison caseworker is to promote the individual's adjustment within the prison community and, later, for the post-prison community. These authors believe that both the prisoners and society benefit.

Some of the readings point up the conflict and undefined thinking already mentioned. The majority of the authors, however, lend optimistic note to the view that the clinical methods of psychotherapy are helpful and should be developed further.

¹ Donald R. Taft, Criminology (New York: The MacMillan Company, 1956), p. 522.

² Barry, John Vincent, "Correctional Discipline," The Journal of Law, Criminology and Police Science, Vol. 47 (July-August, 1956).

CHAPTER II

METHODOLOGY

An interview held jointly with Dr. Warren S. Wille, director of the psychiatric clinic at SPSM and the writer's immediate supervisor in the clinic, Alfred C. Ball, director of psychiatric social services, suggested that persons diagnosed schizophrenic, any type, comprise the population under study.

The determination of dates to be used in the sampling was arrived at after many interviews with James O. Martin, Ph. D., full-time psychologist employed at the clinic. It appeared that the follow-up group should be made up of cases discharged from the clinic, since there were four graduate students conducting follow-up social services and the students were mainly responsible for these contacts. The dates selected were September, 1957, through June, 1958. The non-followed, or comparative group, was to be drawn from a time-period when no students were available for follow-up services. These dates were August, 1956 through June, 1957. Every record within these time-periods was studied.

A complete clinical card file, giving names, dates and diagnoses, is maintained in the psychiatric clinic. From this file, the cards pertaining to schizophrenics were drawn.

The total number received at the clinic with this disorder, and comprising the follow-up group, was sixty-nine.

The clinical records of these cases were then examined to determine the extent of any follow-up service conducted by clinical personnel. If there were follow-up contacts, the number of times each was admitted and the length of time he was able to remain out of the clinic were noted. Additional data assumed to be of possible importance were their age and I.Q.'s.

Custody maintains a separate record, which is the main record folder. This folder contains all of the man's previous criminal record, family history, disciplinary action, education and work record, with a listing of every contact made with the prison authorities. These, too, were studied in relation to cards already pulled from the clinical card file.

During the stages of the gathering of this information, a problem arose. Many contacts with former patients are quite brief, or have never been recorded; therefore, there would be nothing tangible to assess. This problem was explored with Mr. Ball of the clinic and with Dr. Gordon Aldridge, study adviser. It was agreed that follow-up material for the purpose of this study would include only dictated interview notes and the case-workers' memories of brief contacts.

Of the specified sixty-nine patients seen during 1957-1958, the records revealed that twenty-seven had never received follow-up service. In an interview with Dr. Wille, he suggested dropping these men from the study. He felt that the reason these men were not contacted again was because of the pressure of time. Eleven of the remaining forty-two, although receiving follow-up service, were also dropped from the study. These were cases no longer in the institution due to transfer elsewhere, discharge or parole. The main prison folders on these inmates were not available for use in this study after the men left the institution, because the prison folders had gone to other institutions, to parole officers, or had been placed in the dead files. There remained, then, thirty-one patients comprising the follow-up group.

As mentioned earlier, during 1956-1957 no follow-up service was carried out by the clinic. Of the group of schizophrenics drawn from this period and numbering seventy-five, thirty remained in custody at SPSM, nineteen were transferred to Ionia State Hospital, seventeen were paroled, six were discharged and three were transferred to the Branch Prison at Marquette.

A log of all entries into the clinic from August, 1956 through June, 1957 was examined. From this log, all schizophrenics, any reaction, were pulled and a listing compiled.

This listing was checked against the main prison records. In this way, the current whereabouts of the seventy-five inmates was determined.

As previously stated, thirty of the specified seventy-five inmates remained at SPSM, and those comprised the non-followed group to be studied.

CHAPTER III

ANALYSIS OF THE DATA

Initial organization and study of the findings led to their formulation into six tables. Within these tables two categories were studied - the follow-up patients from September, 1957 to June, 1958 and the non-followed group from August, 1956 to June, 1957. The clinical record in each case was examined in order to determine the number of times a patient was returned to the clinic and the total length of stay involved in such return contacts.

From analysis of the six tables, the following points emerged:

Table 1 (set forth on the next page) reveals that the follow-up group received an average of 17.06 weeks of treatment per man after the date of original discharge to the prison population. The non-followed group averaged 16.5 weeks of treatment per man. This suggests that there is no clear-cut relationship between the men who were followed up and those who were not. That is to say, the length of time required for additional contact after a person has been returned to the general prison population seems to be of little significance.

TABLE 1
LENGTH OF STAY OF ALL ADMISSIONS
TO THE PSYCHIATRIC CLINIC

(August, 1956 - June, 1958)

Followed			Non-Followed		
Returns	Number of Men	Stay in Weeks	Returns	Number of Men	Stay in Weeks
Total ...	31	539		30	495
0	7	148		11	81
1	10	78		5	21
2	4	98		4	43
3	4	40		7	267
4	2	62		1	21
5	2	42		1	16
6	1	23		0	0
7	1	38		0	0
8	0	0		1	46

Table 2 (set forth on the next page) shows twenty-four men in the followed-up group returned to the clinic, while nineteen non-followed patients were readmitted. This averaged to 15.87 weeks of in-patient treatment for the followed group and 21.78 weeks of treatment for the non-followed. This means a savings of approximately twenty-five per cent of the clinical staff time which could be devoted to other

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persons requiring treatment. Because the social workers are in contact with follow-up patients on a regular basis and are quick to note the psychiatric needs of the men, and because facilities of the clinic are available at all times, it is felt that these men are returned before their illness is too far advanced.

TABLE 2
FREQUENCY THAT FORMER PATIENTS
RETURNED TO THE PSYCHIATRIC CLINIC

(August, 1956 - June, 1958)

Followed			Non-Followed	
Returns	Number of Men	Length of Stay in Weeks	Number of Men	Length of Stay in Weeks
Total ..	24	381	19	414
1	10	78	5	21
2	4	98	4	43
3	4	40	7	267
4	2	62	1	21
5	2	42	1	16
6	1	23	0	0
7	1	30	0	46
8	0	0	1	0

As evidenced by Table 2, above, the follow-up group may feel more appreciation of the clinic services and are aware

of the kind of help available. This may be the reason for their frequent returns even though followed in the general prison population.

The writer originally thought that, as a result of follow-up service, in-patient treatment might be cut in half. This hypothesis was disproved by the findings presented in the preceding tables 1 and 2.

There are certain assumptions that the clinical staff believes to be sound in regard to the followed group, as shown in Table 2. One of these is that, in the years studied, too few patients presented themselves to give an adequate picture. Therefore, the total findings may not reveal the true worth of the service. Also, the higher figures of clinic treatment for the follow-up group may be misleading, because those receiving follow-up may be better motivated to seek treatment than those who did not receive follow-up. It is recognized, too, that prior to September, 1957, many patients may have been picked up by counselors within the prison, whereas now, the counselors leave this service to social workers.

For purposes of this study, chronicity was defined in any patient who was seen more than fifty weeks within one year. It was thought that the "chronics" might slant the findings. This, however, did not prove to be the case.

Chronic patients accounted for seventeen per cent of the total weeks of clinic treatment received by the followed-up group. The comparable figure for the non-followed group was sixteen per cent.

The writer hypothesized that those men who received follow-up service would receive less disciplinary action than those who were not followed after return to the prison population. Table 3 points out that there is no appreciable difference between the two groups in this respect.

TABLE 3

DISCIPLINARY ACTION ON FOLLOWED-UP GROUPS AND NON-FOLLOWED GROUPS AFTER RELEASE FROM PSYCHIATRIC CLINIC

(August, 1956 - June, 1958)

Action Taken	Followed	Non-Followed
Total	31	30
No Discipline	21	21
1 Discipline	2	4
2 Disciplines	3	2
3 Disciplines	2	2
4 Disciplines	3	1

It will be noted from the findings contained in Table 3, above, that ten out of thirty-one patients in the followed

group received some type of discipline while nine out of thirty in the non-followed group also were disciplined.

Ventilation of feelings through follow-up service is deemed of value to a man's total adjustment, but it is also recognized that even hourly ventilation might not suffice in some cases. The possibility of inappropriate "ventilation" toward custody must be considered. This might account for the high rate of disciplinary action among the follow-up group. The writer has speculated whether a greater difference might not be revealed between the two groups if the service were more intensive and systematic.

Concerning job and school assignments, Table 4 reveals little difference in either group's ability to obtain and maintain these.

TABLE 4

ASSIGNMENTS ON FOLLOWED-UP AND NON-FOLLOWED
GROUPS AFTER RELEASE FROM PSYCHIATRIC CLINIC

(August, 1956 - June, 1958)

Assignments	Followed	Non-Followed
Total	31	30
Job or School	24	23
None	7	7

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Securing assignments is a function of the classification committee, which is completely separate from the clinic. Discharged patients are picked up routinely by their counselors and screened for employment or school attendance. Social work follow-up service has no relationship with this screening process, and would not necessarily enhance assignment opportunities. This may explain why there is not a significant difference on the question of assignments following discharge from the clinic.

In the followed group there were twenty-three men under thirty years of age, as illustrated in Table 5, below.

TABLE 5

RANGE OF AGES IN THE FOLLOWED-UP AND THE NON-FOLLOWED
GROUP AT PSYCHIATRIC CLINIC

(September, 1956 - July, 1958)

Ages	Followed	Non-Followed
Total	31	30
18 - 20	5	0
21 - 25	7	1
26 - 30	11	8
31 - 35	3	7
36 - 40	2	4
41 - 45	2	5
46 - 50	0	4
51 - 55	1	0
56 - 60	0	1

In the non-followed group (contained in the preceding Table 5), there were only nine men under thirty years of age. This, it seems, is due to better screening in the 1958-1959 group in the Reception-Diagnostic Center of SPSM, and more readiness on the part of this staff to admit younger psychotics for psychiatric treatment. Because of the fact that this is a disease characteristic of youth, and because there is an apparent attempt to treat these patients earlier, the findings may well be influenced in the followed group.

The range of I.Q.'s in the followed and non-followed groups indicated wide variations, as might be expected. (See Table 6, below.)

TABLE 6

RANGE OF INTELLIGENCE QUOTIENTS IN THE FOLLOW-UP AND THE
NON-FOLLOWED GROUP AT THE PSYCHIATRIC CLINIC

(September, 1956 - July, 1958)

I.Q.	Followed	Non-Followed
Total	31	30
50 - 59	1	2
60 - 69	5	3
70 - 79	6	8
80 - 89	5	5
90 - 99	9	6
100 - 109	4	2
110 - 119	1	3
120 - Up	0	1

Table 6, preceding, reveals that the mean I.Q. in the followed group was 84; the mean I.Q. of the non-followed group was 95. This disparity in the two groups suggests that the followed group was a retarded group, and that the non-followed group was of normal intelligence. Apparently this difference in I.Q. rating is not reflected in such matters as following through with assignments, return to clinic, and disciplinary action.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary and Conclusions

Two groups of former patients of the psychiatric clinic at SPSM were studied to determine the effectiveness of follow-up service. One group comprised patients followed-up after discharge from the clinic; the other group comprised patients not followed-up.

It was hypothesized that, through follow-up service, an inmate would be less likely to return to the psychiatric clinic and would maintain a better prison adjustment.

The major factors considered were: age, I.Q., length of prison stay after discharge from the clinic, incidence of readmissions to the clinic, disciplinary infractions, work and school assignments. The findings suggested no appreciable difference between the groups' prison adjustments, and the hypothesis was not supported.

The groups were different, however, in two respects. The followed group was retarded and much younger, while the non-followed group was of normal intelligence and, of course, older. Although the data do not support the hypothesis, possible reasons for this were advanced.

It appears that the benefits derived from this type of follow-up service did not lend themselves readily to measurement. This may be particularly true in terms of the inmate's comfort. This has been a study of men, not only facing a prison sentence but, also, their own illness. The overt interest shown toward a man through follow-up service may be seen by him as personalized, giving him comfort, support and direction. The study failed to reveal these important factors. It measured the obvious factors - yet was not able to measure the not-so-obvious, which may be more important.

Attitudes cannot be measured precisely, yet the possibility is always present that the clinic worker's contact and individual interest could be changing the man's concept, not only toward his illness but toward the prison sentence as well. With these factors in mind, and the response of the men followed, it is believed that follow-up service is helpful - even though not proven by the methods selected.

Recommendations

In order to improve the clinic's follow-up service, it would seem worthwhile to consider the addition of a social worker to the staff, whose sole responsibility would be in this area. This would permit more systematic follow-up, with regularly scheduled interviews.

The importance of more intensive orientation of custody to the approach and goals of the clinic, particularly with respect to early referral, is suggested. Similar interpretation to the civilian foremen in charge of work assignments might be useful.

Productive working relations with the prison counseling staff have permitted earlier recognition of problem situations requiring clinic concern. The continuing development of this counselor-clinic relationship can contribute to increasingly effective help for patients during and after their treatment at the clinic.

Consideration of an outlet, in addition to Ionia State Hospital, for seriously disturbed inmates would make it possible for the clinic to offer better focused service to less seriously disturbed patients.

A future study concerned with follow-up of former clinic patients after their parole or discharge from prison would be informative. This would be difficult in certain instances, but would be of interest in relation to the former inmate's adjustment outside the "walls."

Within the psychiatric clinic a study dealing with psychotic and/or severe neurotic disorders treated, and their proportion within the total prison population, would be of interest. Are these proportions larger in a penal setting

than in the total society and, if so, why?

The State Prison of Southern Michigan, the largest walled prison in the world, offers an unusual laboratory for the investigation of such questions. Studies carried out in such a setting could contribute to specific knowledge of deviant behavior, and to the general knowledge of man in society.

APPENDIX

FLOOR PLAN

**Psychiatric Clinic,
State Prison of Southern Michigan,
Jackson, Michigan**

(Inserted, Next Page)





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