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A FOLLOW-UP STUDY:  
PRE-PAROLE GROUP PATIENTS RELEASED FROM  
THE IONIA STATE HOSPITAL

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## CHAPTER I

### STUDY PROBLEM, PURPOSE, AND BACKGROUND

The purpose of this study was to determine the influence of a pre-parole group experience on patients released from the Ionia State Hospital. Two groups of patients were compared in terms of their rate of return or readmission to the hospital. One of the groups experienced the pre-parole group sessions, the other did not.

The pre-parole group involved a total of 25 patients who had experienced a minimum of four group sessions during the period from September 1962, when the program began, until sessions were terminated in mid-December 1962. Any male patient who had been recommended by the hospital medical staff for release on parole, or visit to his relatives, was selected to participate in the pre-parole groups that were supervised by this writer and one other institutional social worker. Four separate groups were formed consisting of seven to ten patients in each group who met for a two hour period each week. Group participants were occasionally released from the hospital being replaced by others having been recommended for release. The patients were assigned to groups without particular selection in terms of diagnosis, race, commitment type, or other classification. Most of the



patients experienced from 7 to 10 group sessions. The sessions were structured informally. Discussions emphasized expectations of community living including employment, interpersonal relationships with relatives and acquaintances, finances, leisure-time activities, alcoholic indulgence, and interpretations of laws, parole, and hospital visit regulations.

A random sampling technique was utilized in selecting a control group for this study.<sup>1</sup> This group consisted of 25 patients who were released from the hospital during the period from September 1, 1961 to October 1, 1962, and had not been subjected to the pre-parole group program. This period of time was selected as it was just prior to the initiation of the pre-parole groups, and therefore both groups would be taken from the nearest comparable point in time.

It was hypothesized that those patients who experienced the pre-parole groups and were subsequently released, were less likely to return to the hospital than those patients who were not in the pre-parole group. The term "released" concerns those patients who were paroled from the hospital and were expected to serve approximately two or three years on parole status under the jurisdiction of the Michigan Department of Mental Health, and/or committing court. The term "return" refers to patients readmitted to the hospital as a result of parole violation and/or need for further hospitalization and treatment. This hypothesis was formulated on the idea that the pre-parole group sessions

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<sup>1</sup>Every patient's name in the universe to be sampled will be numbered, and the numbers will be recorded on identical slips of paper. They will be folded identically, placed in a receptacle, mixed, and the required number for the sample will be drawn.



would provide patients with an increased knowledge and awareness of problems they might encounter following release into the community. This, in turn, would assist them to conduct themselves in a manner which would reduce the possibilities of their returning to the hospital.

There are many studies in the literature based on the theory that the rehabilitated patient makes a better adjustment to expected social roles in the open community. A limited amount of study emphasis has been devoted to the relevance of pre-parole group success in rehabilitation. There are, however, reports available regarding the relevance of group psychotherapy, group work, and group therapy.<sup>2</sup>

It was also decided that other factors which may influence patients' return or not returning to the hospital could be considered within the confines of this study. Therefore, it was necessary to review the literature in search of certain factors or characteristics that could be tested for significant associations.<sup>3</sup>

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<sup>2</sup>Curt Boenheim, "A Follow-up Study of Group Psychotherapy Patients," International Journal of Psychotherapy, 1959, pp. 9, 463-474. See by other authors: R. E. Olive, "Parole Violation Among Michigan CSP's As Related to Group Therapy vs. Imprisonment," (unpublished Master's thesis, Dept. of Psychology, Michigan State University), 1962. "Use of Groups in the Psychiatric Setting," N.A.S.W., 1960. Harleigh B. Trecher (ed.), Group Work in the Psychiatric Setting (New York: Whiteside Inc. and William Morrow and Company, 1956), p. 53-60.

<sup>3</sup>Teresa P. Domanski, "The Elderly Patient Leaves the Mental Hospital," Smith College Study, XX (1949-50), p. 130. See by other authors. H. E. Freeman and O. G. Simmons, "Mental Patients in the Community: Family Settings and Performance Levels," American Sociological Review, XIII (April 1958), pp. 147-154. Ruth Openshaw, "Some Factors Related to Adjustment of Schizophrenic Patients Five Years After Their First Parole From a Mental

Ten factors were selected for study which included the patients' age, race, type of commitment, length of hospitalization, marital status, occupation, income, living arrangement, size of community, and education. These factors selected are defined as follows: (1) Age referred to the number of years of age a patient was at the time of data collection in March 1964. Three age groupings were utilized for measurement. The first included those patients between the ages of 22 and 34; the second group made up those between 36 and 48; and the third were those patients between 52 and 70. (2) Race was regarded as to whether the patient was white or negro. (3) Type of commitment was defined in terms of whether the patient had been originally committed to the hospital as mentally ill, or as a Criminal Sexual

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Hospital," Smith College Study, XII (1941-42), p. 192. H. E. Freeman and O. G. Simmons, "Wives, Mothers, and the Post-hospital Performance of Mental Patients," Social Forces, XXXVII (December 1958), pp. 153-159. H. E. Freeman and O. G. Simmons, The Mental Patient Comes Home (New York: John Wiley and Sons, 1963), p. 171-194. Jeanette Halper, "Factors Affecting the Adjustment of Patients Paroled From Family Care Homes," Smith College Study, XV (1954-55), p. 144. Betty Lou Haller, "Some Factors Related to the Adjustment of Psychopaths on Parole From a State Hospital," Smith College Study, XIII (1942), pp. 193-194. Dinitz, Lefton, Angrist, and Pasamanick, "Psychiatric and Social Attributes as Predictors of Care Outcome in Mental Hospitalization," VIII (September 1961), pp. 322-328. Robert E. Clark, "Size of Parole Community As Related to Parole Outcome," American Journal of Sociology, 1951, pp. 43-47. See by other authors. Milton Greenblatt, R. H. York, and E. L. Brown, "Mental Hospitals," Russell Sage Foundation, 1955, pp. 243-244. C. H. Patterson, "Evaluation of the Rehabilitation Potential of the Mentally Ill Patient," Rehabilitation Literature, XXIII (1962), pp. 162-172. Halper, loc. cit., Haller, loc. cit., Dinitz, Lefton, Angrist, and Pasamanick, loc. cit. Edward Ziegler and Leslie Phillips, "Social Competence and Outcome in Psychiatric Disorder," Journal of Abnormal Social Psychology, 1961, pp. 264-271.

Psychopath.<sup>4</sup> (4) Length of hospitalization referred to the period of time the patient was in the hospital previous to his release on parole. The period of three years was used as an arbitrary dividing line. (5) Marital status was determined on the basis of whether or not the patient was married at the time of data collection. Those considered to be non-married included patients who were single, divorced, separated, or widowed. (6) Occupation was regarded as the patients' employment situation at the time of data collection, or if returned to the hospital, his last gainful employment situation while on parole. (7) Income referred to total weekly wages before deductions at the time of data collection. Division of patients was selected at the point where income was \$50.00 or less, or more than \$50.00 per week. (8) Living arrangement was determined on the basis of whether or not the patient was living alone in the community. Those considered not to be living alone were living with their wife and family, parents, or other relatives. (9) Size of community referred to the population density of areas where patients were residing on parole. In order to statistically measure this factor it was necessary to group the patients in terms of those living in areas of 18,000 population and less, and those living in areas of 53,000 or more. (10) Education referred to the academic grade completed by each patient. The dividing point used was whether patients had attained an eight grade education or more, or had

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<sup>4</sup>The term "Criminal Sexual Psychopath" refers to patients committed to the Ionia State Hospital as sex offenders. These patients are not adjudicated as being mentally ill or insane, but hospitalization is deemed necessary in terms of their emotional disturbances resulting in their acting out in sexually abnormal manner.



completed less than eight grades.

The previously defined factors selected are by no means considered the only ones that could influence patients' return to the hospital. There may be others that are not included in this study which could be just as significant, if not more so. It was felt, however, that the factors chosen would be adequate in lieu of their significance indicated in prior research findings.

## CHAPTER II

### COLLECTION AND ANALYSIS OF DATA

Data for this study was collected from case records, questionnaires, and interviews. The case records located at the Ionia State Hospital include social, psychological, and medical histories of each patient, and a sequential account of the patients' treatment, care, and progress is incorporated. The writer selected the data from the record fact sheets and progress notes which are considered acceptable because of legal recording requirements demanded of the hospital by the Michigan Department of Mental Health and the Circuit Courts of Michigan.

Questionnaires were mailed to 28 patients which constituted those individuals of both the pre-parole group and the control group who had not been returned to the hospital. All of these patients had been on parole for a period of at least eight months. Five patients who were on parole status were not sent questionnaires because of their whereabouts being unknown. This was a result of either the patient absconding from parole, or because of temporary delays in the hospital being notified of a patient's change in address. The primary purpose of the questionnaire was to determine how the patients viewed the pre-parole group sessions in terms of their reactions and opinions of the program. Other factors

sought by the questionnaire included the respondents' marital status, living arrangement, occupation, income, further education, if any, and the most significant problem encountered in the community.

It was anticipated in conducting the questionnaire canvas that some of the respondents might tend to respond favorably to the pre-parole group experience because of their being previously involved in a treatment relationship with the writer. The formulation of the questionnaire attempted to manipulate the questions in a manner which would deal with the anticipated bias.<sup>5</sup> Therefore, a multiple choice question was included containing five categories which were as follows: (1) Interviews with Physicians, (2) Group Therapy, (3) Occupational and Recreational Therapy, (4) Interviews with Social Workers, and (5) Pre-parole Group Meetings. There were three columns following each category entitled "Very Helpful," "Helpful," and "Not Helpful." Respondents were asked to check how helpful each category had been to them since their release on parole, and to briefly explain their most favorable responses. The category, "Interviews with Social Workers," was expected to assist in the elimination of bias concerning favorable responses to the pre-parole group experience.

Data was also collected through individual interviews with those patients of both groups that were returned, or readmitted, to the hospital. The interviews were structured to extract the same factors sought by the questionnaires, except further emphasis was placed on the reasons why these patients

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<sup>5</sup>See Appendix A on page 14.



returned.

The data collected from the case records, questionnaires and interviews was organized into nominal classifications. Checks on pre-coding and post-coding were made before and after pre-tests were ran on the questionnaires and interviews. Tabulations were made and 2 X 2 tables were constructed for the comparison of each variable or factor under observation. The statistical method of chi square was employed to test for significance of associations. This involved the comparison of the pre-parole and control groups in terms of their rate of return to the hospital. Both groups of patients were combined for the purpose of measuring the influence of other factors (age, race, marital status) on patient return. The factor of occupation was not tabulated as it was impossible to measure the numerous categories found in relationship to the limited amount of patients being studied.

Questionnaire and interview responses were classified in terms of the most helpful programs indicated by the patients. Three categories were selected as being the primary groupings patients chose to be the most helpful to them following release from the hospital. These categories were the pre-parole group sessions, group therapy, and a combination of other treatment programs including interviews with physicians, occupational and recreational therapy, and interviews with social workers. The three categories were also tabulated for the purpose of measuring their association, if any, to patients returning to the hospital.

### CHAPTER III

#### RESULTS OF THE STUDY

Results of the statistical measurements showed that there was no significance to the proposition that those patients experiencing the pre-parole group sessions were less likely to return to the hospital than those who were not in the pre-parole group.<sup>6</sup> The findings were not significant at the .01 level, nor even at the .05 level. This was also true of the other factors tested. This means that patients' age, race, type of commitment, length of hospitalization, marital status, income, living arrangement, size of community, education, or programs selected were not associated as to whether or not patients were returned.<sup>7</sup>

Questionnaire respondents, as well as the interviewees that had returned to the hospital, expressed various problems they experienced on parole, but there was not one, or even two, particular problems indicated as being significant among the reporting group.

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<sup>6</sup>See Table 1 on page 15.

<sup>7</sup>See Tables 2 through 11 on pages 15-18.

## CHAPTER IV

### DISCUSSION OF FINDINGS AND SPECULATION

The findings clearly show the lack of significance regarding the pre-parole group sessions as well as other factors studied and their influence on the patients' return to the hospital. It is concluded that the initial hypothesis formulated in this study is rejected. The null hypothesis--those patients experiencing the pre-parole group sessions were just as likely to return to the hospital as those who were not in the pre-parole group, is accepted.

It has been previously indicated by other writers that several of the factors measured in this study were significant variables influencing the rate of patient return to mental hospitals. Why they were not found to be significant in this study is not a simple question to answer.

The Ionia State Hospital has been described as a unique institution in comparison to other mental hospitals in Michigan. This has been claimed mainly because of the criminal commitment aspect, and its being the only admitting hospital for sex offenders. Because of these differences there may be other variables working that would prove to be significant influences on patients' returning to the hospital following release on parole. A few of these



variables might be the crime originally committed by the patient, diagnosis, or the amount of actual therapy received.

The size of the universe and the sample drawn for this study were small because of the limited number of patients who experienced the pre-parole group sessions. There was also a limited number of sessions (a maximum of ten) in which patients were involved. The period of time used for selecting the sample control group was a year in which the hospital was highly encouraged to parole many patients, which may indicate that the findings are not necessarily indicative of other periods of time. It is speculated that larger samples over a longer period of time, along with an increase in the number of pre-parole group sessions might produce different results in a study of this kind.

## CHAPTER V

### SUMMARY

It has been previously pointed out that the hypothesis stipulated in this study was rejected in view of the statistical results. The factors measured were also found not to be significant in terms of their relationship to whether or not patients returned to the hospital. Nevertheless, the writer sees the findings of this study as meaningful and useful material to be considered, along with the previously mentioned speculations, for future research endeavors in this area.

Please place an "X" in the box following the word of your choice.

1. I am presently: Single ( ) Married ( ) Divorced ( ) Separated ( )
2. I am now living with: Wife ( ) Parents ( ) Other relatives ( )  
Friends ( ) Employer ( ) Alone ( )
3. Where are you employed at the present time? \_\_\_\_\_  
Please specify briefly what your job is: \_\_\_\_\_
4. What is your weekly pay before deductions? Less than \$50 ( ) Between \$50 & \$75 ( )  
Between \$76 & \$100 ( ) Between \$101 & \$130 ( ) Over \$130 ( )
5. Do you receive any income such as a pension, welfare or social security benefits, or other? Yes ( ) No ( )  
If you marked "yes", briefly explain what you receive, and the monthly amount.  
\_\_\_\_\_
6. Have you attended any school courses since your release from the hospital? Yes ( ) No ( )  
If you marked "yes", explain briefly just what course or courses you completed. \_\_\_\_\_
7. Since your release from the hospital what has been the most difficult for you, or has caused you the most trouble?  
Family, children, or marriage problems ( ) \_\_\_\_\_  
Finding or keeping a job ( ) \_\_\_\_\_  
Too much spare time ( ) \_\_\_\_\_  
Unfriendly people ( ) \_\_\_\_\_  
Other -- please specify what \_\_\_\_\_
8. Of the following programs at the hospital, please indicate how helpful you feel each one has been to you since your release on parole.

	VERY HELPFUL	HELPFUL	NOT HELPFUL
<u>Interviews with physicians</u>			
<u>Group therapy</u>			
<u>Occupational &amp; recreational therapy</u>			
<u>Interviews with social workers</u>			
<u>Pre-parole group sessions</u>			

If you selected "very helpful" for any of the above, please tell briefly just why you chose that particular program, or if you marked "helpful" without indicating any as "very helpful", please tell why you chose that one.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# APPENDIX B

## Tables

TABLE 1

	Pre-Parole Group	Control Group	
Returned to Hospital	8	9	17
Not returned	17	16	33
	25	25	50

TABLE 2

### Race

	White	Negro	
Returned to Hospital	12	5	17
Not Returned	27	6	33
	39	11	50

TABLE 3

### Age

	Age 22 to 34	36 to 48	52 to 70	
Returned to Hospital	6	7	4	17
Not Returned	11	10	12	33
	17	17	16	50

TABLE 4

## Type of Commitment

	Mentally ill	Criminal Sexual Psychopath	
Returned to Hospital	7	10	17
Not returned	9	24	33
	16	34	50

TABLE 5

## Length of Hospitalization

	4 years or more	Less than 4 years	
Returned to Hospital	11	6	17
Not returned	17	16	33
	28	22	50

TABLE 6

## Marital Status

	Non Married	Married	
Returned to Hospital	13	4	17
Not Returned	24	9	33
	37	13	50

TABLE 7

## Income

	Less than \$50 a Week	\$50 or more a week	
Returned to Hospital	9	9	18
Not Returned	11	18	29
	20	27	47

TABLE 8

## Living Arrangement

	Living Alone	Living with wife and/or other relatives	
Returned to Hospital	7	10	17
Not Returned	12	17	29
	19	27	46

TABLE 9

## Size of Community

	Under 18000 population	Over 53000 population	
Returned to Hospital	5	12	17
Not Returned	6	23	29
	11	35	46

TABLE 10

## Education

	8th grade or more	Less than 8th grade	
Returned to Hospital	12	5	17
Not Returned	21	12	33
	33	17	50

TABLE 11

## Most Helpful Programs

	Pre-Parole Group	Group Therapy	Other Programs	
Returned to Hospital	4	4	2	10
Not Returned	6	12	8	26
	10	16	10	36

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## OUTLINE FOR RESEARCH REPORT

- I. Study Problem, Purpose, and Background.
  - A. Comparison of patient groups from the Ionia State Hospital.
    1. Pre-parole group, its description and purpose.
    2. Control group, its description, purpose, and sampling technique employed.
  - B. Hypothesis - Those patients who experienced the pre-parole group and were subsequently released, were less likely to return to the hospital than those patients who were not in the pre-parole group.
    1. Definitions of terms in the hypothesis.
    2. The idea leading to the formulation of the hypothesis.
  - C. Theoretical relevance and appropriate literature.
    1. The rehabilitated patient makes a better adjustment to expected social roles in the community.
    2. Other studies indicating the relevance of group psychotherapy, group work, and group therapy.
  - D. Other factors selected for measurement of their influence on patient return to the hospital.
    1. Literature review for selection of factors.
    2. Factors selected and their definitions.
      - (a). Age
      - (b). Race
      - (c). Type of commitment
      - (d). Length of hospitalization
      - (e). Marital status
      - (f). Occupation
      - (g). Income
      - (h). Living arrangement
      - (i). Size of community
      - (j). Education
  - E. Limitations concerning the factors selected.
    1. These factors are not considered the only ones that could be relevant.
    2. These factors were chosen because of their significance in previous research studies.



## II. Collection and Analysis of Data.

### A. Sources of data collection and their description.

1. Case records, their location, and description.
2. Questionnaires, their purpose, description, and data sought.
  - (a). Respondents
  - (b). Factors sought
  - (c). Problems and bias
3. Interviews, their purpose, definition of interviewees, and data sought.

### B. Manipulation and data analysis.

1. Coding, classification and tabulations.
2. Statistical measurement of chi square to be used.
  - (a). Comparison of the pre-parole and control groups in terms of their rate of return to the hospital.
  - (b). Combination of both groups to measure the influence of the other factors.
  - (c). Questionnaire and interview responses classifications for measurement of most helpful programs selected.

## III. Results of the Study.

### A. Comparison of groups concerning those patients returned to the hospital.

1. Significance of findings. Not significant.

### B. Other factors measured.

1. Significance of findings. Not significant.

## IV. Discussion of Findings, and Speculation.

### A. Conclusions drawn from findings.

1. Original hypothesis rejected, null hypothesis accepted.

### B. Explanation of limitations of findings.

1. The hospital as a unique institution.
2. Possibility of other variables working.
  - (a). Crime committed by the patient.
  - (b). Diagnosis.
  - (c). Amount of therapy received.
3. Limited size of sample.
4. Limited number of pre-parole group sessions.
5. Period of time used for selecting sample control group.

C. Speculation.

1. Larger samples over a longer period of time.
2. Increase in the number of pre-parole group sessions.

V. Summary

- A. Statistical results.
- B. Usability for further research.

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