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ABSTRACT

TRAINING INCARCERATED FELONS IN COMMUNICATION SKILLS USING AN INTEGRATED IPR (INTERPERSONAL PROCESS RECALL) VIDEOTAPE FEEDBACK/AFFECT SIMULATION TRAINING MODEL

By

Nolan C. Singleton

The rehabilitation of convicted felons has remained a thorny problem for society. The ineffectiveness of current treatment for prisoners has been substantiated by the fact that 80% of all felonies are committed by repeaters (Atkins & Glick, 1972). Neither imprisonment nor current rehabilitation efforts have adequately reduced felonies. This research was designed to evaluate a treatment modality which might reduce criminal behavior.

The difficult nature of rehabilitating prisoners has been well documented in the literature, though the literature typically has been based more upon descriptive data rather than experimental research. Bailey (1966) reviewed 100 reports on correctional treatment outcome and concluded that "evidence supporting the efficacy of correctional treatment is slight, inconsistent, and of questionable reliability."

The purpose of this research was to assess the effect of a 40-hour training program in counseling and communication spread over 12 days. The treatment, also the independent variable in the study, entailed use of the Interpersonal Process Recall methods developed by Kagan (1967). Affect Simulation, one part of IPR, was used with the prisoners to teach the identification and labeling of their own emotional reactions as well as the identification and labeling of emotions demonstrated by an actor or actress on a film. The affect simulation films are composed of brief vignettes in which an actor or actress directs various emotional statements at the viewer. Stimulated recall, another part of the IPR methods, required that the prisoners form dyads in which one person presented a brief problem while the other person practiced effective communication skills as a helper. The videotape was played back to one or both of the prisoners and the group leader, serving as "inquirer," facilitated the recall of what their thoughts and feelings were during the original interaction. The recalls were helper recalls, helpee recalls, or mutual recalls. Another focus of the training program was learning and practicing the following four communication response modes: affective, exploratory, listening, and honest labeling.

The subjects were convicted male felons in the state of Michigan who were beginning serving time for sentences. They all resided in the Reception and Guidance Center for prisons in the state. Subjects were randomly selected but could choose not to participate in the experiment. The size of the groups ranged from 6 to 15.

Six groups of prisoners received IPR training and these groups were compared with six groups of prisoners who received no special treatment. The dependent variables included two measures which were taken immediately after the communication training. These measures were the mean Bipolar Psychological Inventory score for each group and the mean Carkhuff Index of Empathy Discrimination score for each group, a non-IPR-based test of communication skill. Five other measures were taken two months after a resident arrived at the particular correctional facility to which he was assigned. These measures were the mean Correctional Personnel Questionnaire score for the group, the mean number of residents in the group who received "tickets," the mean number of tickets received by the group, the mean number of residents in the group who received days in segregation, and the mean number of days in segregation received by the group.

The fact that all of the measures pertain to group rather than individual performance is noteworthy. Because individuals within groups interacted with one another, the unit of statistical analysis had to be each small group rather than each individual. Multivariate analysis of variance was the statistical test used to analyze days in segregation and tickets. Empathy, the Bipolar Psychological Inventory, and the Correctional Personnel Questionnaire were analyzed using one-tailed *t* tests. The alpha level was set at .05.

The research was a Posttest-Only Control Group Design (Campbell & Stanley, 1963). The design permitted comparison of the six IPR/Affect Simulation treatment groups and the six no treatment control groups. Residents were randomly assigned to groups. Similarly, trainers were randomly assigned to groups.

The results of the statistical analyses were that two of the seven research hypotheses were accepted, whereas for the other five measures the null hypotheses failed to be rejected. More specifically, the Carkhuff Index of Empathy Discrimination detected significant differences at the .01 level favoring the IPR communication training groups. Furthermore, the Correctional Personnel Questionnaire detected significant differences at the .05 level favoring the IPR communication training groups. Though of too low a frequency to be tested statistically,

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there were no escapes by any of the IPR group members. Nor, were there any residents in the IPR group who were emergency psychiatric referrals. Although the members of the IPR group apparently made changes, the experience was not one of excess strain or one which stimulated self-defeating episodes.

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RECALL) VIDEOTAPE FEEDBACK/AFFECT
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Dianne

A wonderful person,
warm friend, and
sensitive spouse.

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Charles Gatewood spent innumerable hours performing clerical duties which allowed me the time and energy for other tasks.

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CHAPTER I

THE PROBLEM

This study has been an endeavor to improve the rehabilitation of incarcerated felons. More specifically, the study examined the effects of communication training upon prisoners.

There have been no existing rehabilitation modalities which eliminate recidivism. In other words, the prison experience has not tended to extinguish future criminal behavior. The ineffectiveness of current treatment for prisoners has been substantiated by the fact that 80% of all felonies are committed by repeaters (Atkins & Glick, 1972). If four-fifths of major crimes are done by people already known to the criminal justice system, something clearly has not been working as intended. Neither imprisonment nor current treatment efforts have adequately reduced felonies as much as needed by society.

Because of inadequate record keeping and varying definitions of recidivism from one prison system to the next, there are only estimates of national recidivism

figures. The statistics range from a prediction of 30% to 80% of released offenders being reimprisoned within five years (Atkins & Glick, 1972).

Careful records are maintained by the Michigan state prison system. Further verification that there is a strong need for effective prison treatment programs is the fact that at least 32% of the people incarcerated in the Michigan state prisons in 1970 previously had been confined in a correctional institution. Over 32% of the 1970 state prison admissions had a history of referral, examination, or diagnosis for mental or emotional disorders (Criminal Statistics, 1970).

Most studies evaluating the outcome of treatment are inadequate. Research regarding the outcome of treatment efforts with felons generally has been poorly designed, with inadequate outcome measures, numerous confounding variables, and inadequate control procedures.

Purpose

The purpose of this study was to investigate the effects of interpersonal communication skills training upon incarcerated felons. The communication program taught the use of affective, exploratory, listening, and honest labeling responses, provided self-study opportunities and made use of videotape feedback and affect simulation. The study was designed to determine if

increasing the "interpersonal communication skills" of felons had an impact upon their subsequent prison behavior.

Definition of Terms

The terms used in this study are defined as follows:

Resident: A convicted felon residing in a correctional institution.

Correctional Institutions: Prisons, half-way houses, jails, camps, and correction centers.

Recidivism: The repetition of crime by persons previously convicted of a felony.

Ticket: A formal written document indicating a resident's violation of prison rules and regulations.

Skating: The act of a resident being in unauthorized locations in the correctional institution.

Segregation: The total confinement of a resident to a special cell without privileges to leave it for such purposes as eating, going outdoors to the prison yard, and engaging in recreational activities.

Interpersonal Process Recall (IPR): The process of recording on videotape any interpersonal interaction

and then playing back the videotape to enable either or both of the participants to examine the interpersonal dynamics and gain a greater understanding of the original experience.

Inquirer: The third person in the IPR model conducts the recall session for the interesting dyad. The role and function of the inquirer is to serve as a neutral stimulus for facilitating the exploration of the dyadic interaction. The inquirer consciously avoids establishing a new complex relationship with either or both participants by focusing on the videotaped interaction.

Stimulated Recall Session: A phase of the IPR process during which the videotape of the dyadic interaction is played back and the inquirer assists in facilitating the examination of the underlying dynamics of the interaction.

Affect Simulation: A technique used to teach the identification and labeling of one's own emotional reactions and the identification and labeling of emotions demonstrated by an actor or actress on a film. The affect stimulus films are composed of brief vignettes in which an actor or actress portrays strong emotions and directs these at the viewer.

Counselor Verbal Response Scale: A rating instrument used to assess communication skills. There are four sub-scales which designate the following communication modalities: Affective-Cognitive, Exploratory-Nonexploratory, Listening-Nonlistening, and Honest Labeling-Distorting. Affective responses generally make reference to the feelings of the person. Exploratory responses encourage a person to talk freely about something, generally in greater depth than the person already has. Listening responses let a person know that another person is trying to hear what is being said. They allow the person to disagree if the listener's perceptions of what was said were incorrect. Honest labeling responses are accurate reflections of what has been said without minimization, avoidance, or distortion (Kagan, Krathwohl, et al., 1967).

Affective Sensitivity Scale: A scale which purports to measure affective sensitivity (empathy) using a multiple choice test format. The examinee views a series of vignettes on a videotape or film and answers questions regarding the affect expressed by the counselor and client in each vignette (Campbell, Kagan, & Krathwohl, 1971). This scale is referred to in the literature but was not used in this study.

Hypotheses

The hypotheses which were tested by the current study were as follows:

Hypothesis 1:

Groups of residents who received 40 hours of communication training by means of an IPR based model have lower mean scores on the Carkhuff Index of Empathy Discrimination than groups of residents who received no special training.

Hypothesis 2:

Groups of residents who received 40 hours of communication training by means of an IPR model have lower mean scores on the Bipolar Psychological Inventory than groups of residents who received no special training.

Hypothesis 3:

Groups of residents who received 40 hours of communication training by means of an IPR model have lower mean scores on the Correctional Personnel Questionnaire than groups of residents who received no special training.

Hypothesis 4:

Groups of residents who received 40 hours of communication training by means of an IPR model received a smaller mean number of tickets than groups of residents who received no special training.

Hypothesis 5:

Groups of residents who received 40 hours of communication training by means of an IPR model have a lower mean number of residents who received tickets than groups of residents who received no special training.

Hypothesis 6:

Groups of residents who received 40 hours of communication training by means of an IPR model have a lower mean number of days in segregation than groups of residents who received no special training.

Hypothesis 7:

Groups of residents who received 40 hours of communication training by means of an IPR model have a lower mean number of residents who received days in segregation than groups of residents who received no special training.

Theory

The theory underlying the communication training program for prison residents is based upon the belief that a major cause of criminality has been the destructive influences of other human beings in the earlier lives of the prisoners (Fenton, 1957). Consequently, negative feelings about other people or themselves have developed. Additionally, interpersonal communication skills either were never learned, or if learned were reinforced in a negative manner.

Based upon evidence that elements of minimally effective communication can be identified (Carkhuff & Traux, 1967), it has been a logical extension to develop paradigms for training people in these specified communication skills. If prisoners were taught interpersonal communication skills, it was appropriate to expect changes in their behavior consistent with remediation of their past deficiencies in relating to others.

The potential impact of improving prisoners' communication skills only can be speculated at this point in time. Possibilities, however, include such things as a reduction in need for thievery since effective communication skills could serve to improve former prisoner's self-presentation in job interviews as well as to improve on-the-job performance, particularly since most jobs require at least some interpersonal interaction. Stealing might be less necessary when one has a source of income.

Prior to conducting this study, it was thought that tension within prisons might be reduced by improved abilities to express thoughts and feelings. Improved communication skills might enable a resident to better use prison facilities during the term of incarceration. For example, a resident might be better able to listen, hear, and understand what facilities were available to him as explained by a Department of Corrections employee. Increased self-assurance in communicating with others might encourage more residents to enroll in prison courses, and also learn more from those they take because of more willingness to ask questions of the instructors. By fostering an awareness of one's own emotions and those of others, feelings could be expressed with greater frequency. For example, effective communication of a resident's anger might reduce the need to act out

the anger in a destructive manner. Free expression of feelings reduces the pressure-cooker effect of withholding feelings until there is a sudden explosion of the pent-up affect. Similarly, a resident might be able to respond in an acceptable manner to a hostility-provoking person because of an increased ability to understand and identify the feelings being experienced by the other person.

The IPR and Affect Simulation procedures for teaching communication skills were developed around an interpersonal theory of "everyday communication" (Kagan, 1973b). The tenets of the theory include people's need for interpersonal stimulation, the fear that people learn to have of each other, and the resultant inability of people to achieve optimal intimacy in interpersonal relationships. By increasing the repertoire of communication modes, people increase their flexibility to communicate with others. The increased flexibility can lead to increased intimacy with, and reduced fear of, others. Thus, more interpersonal stimulation and consequent satisfaction are achieved. The use of videotaped playback of encounters came about when it was discovered that people were able to relive a situation when stimulated by the videotape. The inquirer was found to be able to further stimulate the recall process.

The affect simulation films were able to help people learn to identify their own feelings because

they were in a safe, relatively nonthreatening environment. By having people observe provocative films in a safe environment, they are able to explore their own emotions. Observers can share their reactions to the filmed vignettes and check out their perceptions with one another. Similarly, IPR allows people an opportunity to look carefully at themselves and share their perceptions of what took place. Did the people in the dyadic encounter agree about what happened? For example, if one person perceived the other to be angry, did the person actually feel angry? The recall process, with videotaped playback of an encounter, facilitates deeper exploration of thoughts and feelings. IPR fosters accurate, honest observations rather than stereotypical ways of experiencing and responding to others.

Overview

In this chapter a statement of the problem, purpose, definition of terms, underlying theory, and hypotheses for this study were presented. Chapter II contains a review of the literature pertinent to the current study regarding existing treatments for prisoners, training as a type of treatment, and the Interpersonal Process Recall and Affect Simulation training techniques. Chapter III includes a description of the research design, treatment, samples, scheduling

procedures, setting, data analysis, instrumentation, and hypotheses. Chapter IV contains the analysis of the data collected during the study. A summary of the study, a discussion of the results, and the implications for future research are presented in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

Introduction

There are three areas of research which are relevant to the study of communication training for convicted felons. First, the literature regarding the effects of various treatment programs for prisoners is reviewed. Second, the impact of training as a mode of treatment is examined. Finally, the use of communication skills training following Kagan's (1972) IPR model with a variety of populations is discussed.

Treatment for Prisoners

Prisoner treatment consists of procedures undertaken with the specific intent of altering the conditions which caused the violator's undesirable behavior (Gibbons, 1965). Treatment for prisoners has come to include a variety of activities. Rehabilitation efforts in the United States for prisoners began in 1773 with religious services and instruction. In 1826 educational programs were initiated with the intent of teaching illiterate offenders to read (Vukceovich, 1964). In addition to

religious and educational programs, such activities as vocational training, medical care, recreational programs, and individual and group counseling have been recognized as types of treatment for prisoners (Richmond, 1965).

The literature regarding prison rehabilitation efforts is usually descriptive rather than evaluative (Wilkins, 1969). For example, Bailey (1966) reviewed 100 articles containing empirical data on correctional treatment. Of the 100 studies examined, 22% were based upon an experimental design with a control group, 26% used systematic-empirical designs with control procedures without control groups, and 52% employed nonsystematic empirical designs lacking control procedures.

An overview of the entire literature on correctional treatment is summarized in the following words: " . . . there is very little evidence in these studies that any prevailing mode of correctional treatment has a decisive effect in reducing the recidivism of convicted offenders" (Kassebaum, Ward, & Wilner, 1971). Recidivism, the most frequent criterion of the success of a given treatment program, refers to the return to crime after some form of disposal by the courts (Wilkins, 1969).

Bailey (1966) reviewed 100 reports on correctional treatment outcome. The studies included in his review were published between 1940 and 1960, based upon empirical data in which the treatment evaluated was

dependent upon the manipulation of some form of interpersonal relations as the independent variable, and the behavior to be corrected had a negative value in the sense of being subject to legal sanctions. Based on review of these studies, Bailey noted that "evidence supporting the effiacy of correctional treatment is slight, inconsistent, and of questionable reliability."

Because this study of training prisoners in communication skills was conducted in groups, studies pertaining to group therapy or counseling for prisoners are reviewed along with other attempts to train prisoners in communication skills. Other forms of prisoner treatment such as therapeutic communities and educational programs are only briefly reviewed because they have less direct bearing upon the present study than do treatments which emphasize development of interpersonal skills.

Communication Skills Training

Carkhuff and associates (1974) have assessed the effects of using Carkhuff's human relations training models (1969) with prison guards, officers, and inmates. In all their studies, they selected trainees from volunteers, a factor which limited the population to which the conclusions can be generalized.

A group of 14 guards and officers at the Atlanta Federal Penitentiary received 40 hours of training and 40 hours of practicum experience in human relations

skills. They were rated higher, following training, than the control subjects on a variety of interpersonal dimensions. Additionally, they significantly decreased their authoritarianism score on the California F scale and differed significantly at the end of training from the control subjects. Twelve of the 14 trainees, following training, were appointed as correctional counselors. Descriptive statistics showed that of the 15,000 counseling interviews the 12 men conducted during the first year, "success" was experienced in many of the counseling cases. Of those cases not referred to another source and which had been terminated, by the prisoners' own reports, 64.9% of the cases were "fully resolved" and in 17.2% of the cases the problems were "partially resolved." A possible outgrowth of employing the 12 correctional counselors has been the significant increase in work attendance and a significant decline in sick call visits within the Atlanta Federal Penitentiary (Carkhuff, Berenson, et al., 1974).

An outgrowth of the Atlanta training program was a similar 80-hour Institute in Correctional Counseling and Human Relations. The purpose of the institute was to ascertain how best to select trainees from pools of applicants for such training. The evaluation of the possible selection criteria are not discussed here. However, it is notable that the trainees, 23 first-line

correctional supervisors, were able to significantly improve their ratings on measures of interpersonal functioning such as empathy, respect, genuineness, confrontation, specificity, and immediacy (Carkhuff, Berenson, et al., 1974).

The current research study gains support from the Atlanta Federal Penitentiary and Institute in Correctional Counseling and Human Relations programs. If prison staff members effectively could be taught human relations skills to the benefit of prisoners and prison environments, it seemed reasonable to directly train prisoners in interpersonal communication skills.

Group Counseling

A well-designed, comprehensive study was conducted to systematically evaluate the effects of participation in a correctional group counseling treatment program on prisoners in California Men's Colony - East. The group counseling was defined as

. . . an effort to use the small group method to constructively increase the positive impact of correctional employees or inmates and parolees. It is an effort to develop more healthy communication and relationships within the prison. It is focused on conscious reality problems and feelings - past, present and future.

The counselors included vocational teachers, correctional officers, shop foremen and others who had considerable contact with inmates. Prisoners were randomly assigned to living units within the prison. Some living units

had mandatory group counseling, others had voluntary group counseling, and yet others had mandatory no group counseling. There was no significant difference in parole prognosis between treatment and control groups prior to treatment. The released inmates were evaluated 6, 12, 24, and 36 months after release on measures including drug and alcohol use, unemployment, jail terms, and financial dependence. Although some small percentage differences were found (usually in favor of the prisoners on the voluntary group counseling living units who chose not to participate in the group counseling, there were no statistically significant differences found. Findings did not suggest that the level of training of group counseling leaders had any effect upon the outcome measures. Men whose opinion of counseling was low, regardless of their participation in the program, did better after release. Additionally, prisoners who scored low in opposition to staff experienced less difficulty on parole than did those whose opposition to staff was high. No significant differences were found between prisoners who had high attendance records in group counseling or who had the same group leader throughout and prisoners who attended fewer than 40 group sessions or who had several group leaders (Kassebaum, Ward, & Wilner, 1971).

Group psychotherapy was conducted with 257 California inmates by six therapists between 1958 and 1962. The therapists were two psychiatrists, two psychologists, and two correctional counselors. All of the 257 inmates studied had at least one continuous year of group therapy with the same therapist. The inmates averaged 40 months of incarceration and the majority were white. Forty percent had prior prison terms. Most of the prisoners were approximately 30 years old at the time of treatment. All of the subjects were serving indefinite sentences, having been judged by the prison staff as requiring psychological treatment. The comparison group subjects were chosen by matching inmates who were released between 1958 and 1962 with the experimental inmates. The control subjects were different than the experimental subjects in that they were never referred for psychological treatment. Thus, the groups were not truly comparable. The criterion for evaluating the subjects' success was whether they did or did not return to prison after their release. Follow-ups were conducted one, two, and four years post-release. The inmates who received group therapy treatment had significantly fewer returns to prison than did the control subjects during the one-year post-release period. However, the two- and four-year post-release returns to prison did not significantly differ for the treatment

and control subjects. Thus, the experimenters concluded that the effects of group therapy are diminished over time following release. These findings suggest that post-release follow-up treatment programs for prisoners should be implemented and evaluated (Jew, Clanon, & Mattocks, 1972).

Truax, Wargo, and Silber (1971) randomly assigned 70 delinquent girls to treatment or control conditions. Treatment consisted of group psychotherapy on a twice weekly schedule for 24 sessions with therapists rated high on accurate empathy and nonpossessive warmth measures. The girls who received treatment had less recidivism during the year following their release than did the girls in the control group. The treatment subjects also scored significantly lower on the "C" scale of the Minnesota Counseling Inventory than did the control subjects. The "C" scale is a measure designed to differentiate delinquents from nondelinquents. However, the treatment subjects' scores on the "C" scale following treatment, while significantly lower than the scores of the control subjects, continued to be classified as delinquency prone when their "C" scores were compared to the criterion group on which the Minnesota Counseling Inventory was standardized.

Short-term group therapy, either three times per week for three weeks or once per week for three weeks,

was compared to no group therapy intervention on measures of hostility and anxiety on the Minnesota Multiphasic Personality Inventory. No significant differences were found on the two measures for the three groups. There were 19 recently incarcerated inmates in each group (Arnette, 1967).

The effect of group psychotherapy on numbers of disciplinary or infraction reports was evaluated by Wolk (1963). The results favored prisoners in group therapy. They received significantly fewer disciplinary and infraction reports than did inmates who did not participate in group therapy. Several defects in the research design limit the conclusions one can draw from this study. It was not clear whether prisoners were randomly selected to participate in group therapy or were self-selected or referred by prison officials. Another limitation of the study was that the guards, those who wrote the disciplinary or infraction reports, knew which prisoners participated in group therapy. One also might speculate about whether recurring disciplinary reports within a prison setting is indicative of positive or negative mental health.

A group of 24 prisoners volunteered to participate in sensitivity training for 10 weeks. Ten prisoners participated for the full 10 weeks, and 14 prematurely terminated. The completers and terminators were

compared on a variety of measures to determine differential treatment effects. No significant differences were found between the completers and terminators on the pre- and post-testing measures on the Index of Adjustment and Values which purports to measure self-concepts, the Semantic Differential which also is a measure of self-concepts, the Personal Orientation Inventory which assesses the degree to which a person is self-actualized, and the Mountain Home Arousal Scale which measures anxiety (Miller, 1971). Several aspects of the research design weaken the results. First, only volunteer subjects were used. Thus, one can generalize the results of the study only to prisoners who volunteer to participate in sensitivity training. Second, it is unfortunate that comparisons were limited to completers and terminators of sensitivity training. There was no evidence that people who complete or terminate early in sensitivity training were necessarily the same. In order to interpret the results in a meaningful way, it would have been necessary for the outcome of the sensitivity training to be compared to other prison treatments or lack of treatment. The sample size of 24 was rather small. A fourth research design inadequacy was that only one sensitivity leader was involved. Thus, the results could perhaps be due to interaction with that particular leader rather than due to the actual sensitivity training.

Unlike the studies previously reviewed, research done by Barbash (1963) evaluated individual therapy along with group therapy. The results of the study indicate an unusually high rate of post-release success, specifically 72%, for prisoners who were perceived as having experienced "emotional interaction" in group or individual therapy. Success was defined as a released inmate not violating parole by conviction, by breaking parole rules, or being arrested again. "Emotional interaction" involved "both conscious and unconscious, negative as well as positive feelings toward the treatment specialist." The therapists were the determiners of whether or not "emotional interaction" had occurred. However, looking just at the variable of participation or nonparticipation in group or individual therapy, the differences in success rates were less. Forty-three percent of the therapy cases had remained in free society, whereas only 25% of the nontherapy cases had been successful. The inmates who were in group therapy in combination with individual therapy were more successful in remaining in free society than those who received only group therapy. The implications of this study certainly support the important role of an inmate's affective involvement in treatment.

Four studies more typical of prison treatment literature present various treatment programs without

including empirical data of the treatment outcome. Wilmer, Marks, and Pogue (1966) described an experiment at San Quentin Prison which entailed group counseling for the families of prisoners. Spouses, children, and inmates were included in the group counseling sessions which met once a month for two hours. The purpose of the groups was to facilitate more honest, intimate interaction within family units as well as to provide children and spouses an opportunity to share their feelings and experiences with others in a similar predicament. For some children and spouses, it was the first time they felt free to reveal their feelings about having their father or husband incarcerated. The involved counselors felt the program was highly useful for the families as well as the prison staff. Because of the staff interaction with the families, they felt able to make more accurate recommendations for an inmate to the parole board.

A second study lacking empirical data involved a pilot project in parole group counseling (Ghastin & Wells, 1965). The groups for parolees were led by trained volunteers. The parole officers who had parolees participating in the group counseling had mixed subjective evaluations of whether or not the counseling was beneficial. Similarly, the subjective response to a therapeutic community program for

prisoners following Maxwell Jones' model was not consistent. While the benefits of large group meetings of inmates and staff were believed to be valuable for some inmates, others appeared to gain nothing from the experience (Reimer & Smith, 1964). In a fourth study Ernst and Keating (1964) described the use of Transactional Analysis in group therapy for incarcerated felons. The authors believed that this technique was more useful than the "psychoanalytic type group therapy."

The various attempts at using group therapy for prisoners presented in the foregoing literature review suggest that group treatment has, by and large, not provided a viable means of reducing recidivism. It seems that the well-designed studies with control groups reported considerably less success than the articles based upon clinical judgments or subjective opinions. The potential for psychological treatment seemed at its highest when therapists felt "emotional interaction" had existed between them and their clients. This suggests that exploration of methods to involve inmates in treatment would be highly appropriate.

Miscellaneous Treatments

Other studies which found no significant differences between experimental and control groups include the evaluation of group counseling and therapeutic community in a halfway house for narcotics parolees

in California (Geis, 1966), the evaluation of social casework and group therapy for delinquent girls (Meyer, Borgatta, & Jones, 1965), and the California Civil Commitment Program for Drug Addicts (Report on Civil Commitment for Narcotics Users, 1967).

Daniel Glaser (1964) compared matched samples of "successes" and returned violators to ascertain the role of the educational programs in federal prisons. Inmates who had enrolled in the prison school had lower rates of post-release success than did the nonparticipants. However, residents who enrolled in prison classes had a disproportionately lower education than the residents who were not enrolled in prison education classes. More specifically, a higher percentage of residents who enrolled in prison classes had less than an eighth grade education.

The Glaser (1964), Geis (1966), Meyer, Borgatta, and Jones (1965), and Civil Commitment for Narcotics Users (1967) studies provide further evidence that there is a tremendous need for some type of program or programs which can reduce recidivism among prisoners. There are few, if any, treatments for prisoners which significantly reduce the likelihood of them returning to prison because of additional crimes.

Training as a Mode of Treatment

Training may be considered a special type of treatment (Carkhuff, 1971). Several researchers have used interpersonal skills training with a variety of groups of people needing or desiring changes in themselves (Carkhuff & Bierman, 1970; Pierce & Drasgow, 1969; Vitalo, 1971; Carkhuff & Banks, 1970; Cabush, 1971). The effects of the training programs were compared to several more traditional treatment modalities. Treatment by training, therefore, was conceptualized as a learning process. The basic tenet underlying the use of training is that it is a more direct way to produce desired behavior change than traditional individual or group therapy, which because of their broad scope are viewed as a circuitous method of effecting specific changes.

Parents of emotionally disturbed children were trained in interpersonal skills consisting of empathy (which was the most emphasized skill), respect, concreteness, genuineness, confrontation, and immediacy. The study included 42 parents who were divided into five groups consisting of the following:

- (1) Ten parents who received 25 hours of skill training;
- (2) Eight parents in a group therapy with a high level facilitative functioning (as measured

by Carkhuff's scales of facilitative functioning) therapist;

- (3) Eight parents in a group therapy with a moderate level facilitative functioning therapist;
- (4) Eight parents in a group therapy with a low level facilitative functioning therapist; and
- (5) Eight parents in a time control group.

The results of the study were that the training group parents demonstrated significantly greater improvement than the other four groups in communication and discrimination of the six skills. However, the training group parents did not manifest these interpersonal skills in a play situation with their children. Evidence from this study suggested that people should be trained specifically to do what is desired. In other words, if improved interpersonal skills with their children were the desired goal, the parents should have been trained in interpersonal skills with their own children rather than with other parents (Carkhuff & Bierman, 1970).

Pierce and Drasgow (1969) and Vitalo (1971) trained psychiatric patients in interpersonal skills. Pierce and Drasgow trained seven male patients in empathy, genuineness, regard, and concreteness skills during 20 hours of communication skills training. The

four comparison groups consisted of a group of patients receiving drug therapy, patients receiving individual therapy, patients in group therapy, and patients getting no treatment. All of the patients were measured on their empathy, genuineness, regard, and concreteness skills before and after their respective treatments. The training group made significant changes on the four dimensions, the changes being significantly greater than those of the four other groups. It is unfortunate that systematic observations of ward behavior entailing interaction with others were not conducted.

Twenty-nine hospitalized mental patients were assigned to a training group (TRG), group therapy control (GTC), and nonspecific treatment control (NTC). The TRG patients were trained to function at higher levels of empathy, positive regard, and genuineness. It was found that training produced significant improvement in their interpersonal functioning within 15 hours. The TRG patients showed significant improvement in ward socialization, although interpersonal functioning improvement did not translate into immediate intrapersonal gains. The overall findings of the study can be symbolically represented as follows:

(1) Ward behavior: $TRG = GTC > NTC$;

(2) Decreased clinical pathology: $GTC > TRG$ and
 $TRG = NTC$;

(3) Decreased anxiety level: $GTC > TRG$ and
 $GTC > NTC$;

(4) Work level: $TRG = GTC = NTC$ (Citalo, 1971).

An article by Carkhuff (1971) in which he discussed training as the preferred mode of treatment noted that a follow-up study on Vitalo's training group patients found that they left and stayed out of the mental hospital with greater frequency than the patients who were treated by group therapy.

Training in interpersonal skills has been used as a treatment for increasing communication across generations and racial boundaries. Twenty hours of training over three weeks on interpersonal skills labeled by Carkhuff as empathy, respect, concreteness, genuineness, confrontation, and immediacy were used to improve communication between 14 white teachers and 10 black parents. A white and black trainer were assigned to the groups in counter-balanced design. Initially training was conducted within the same racial groups and later they were mixed. Both groups did improve their skills significantly, but both remained slightly better within their own racial group. The race of the trainer was found to be much less important than the trainer's level of interpersonal functioning (Carkhuff & Banks, 1970).

Cabush (1971) hypothesized that counseling clients, following training in interpersonal skills, would be able to respond to their own problems with empathy, genuineness, regard, and concreteness sufficient to be categorized as at least minimally facilitative. Eleven counseling clients received communication skills training for six hours, the purpose being to learn how to respond to oneself in a facilitative manner. Eleven other counseling clients received six hours of traditional counseling. All 22 clients went through an intake interview prior to treatment. Three problem statements were taken from each client's intake interview. Following treatment, the clients were asked to respond to the three problem statements selected from their intake interview. The clients who had received interpersonal skills training responded to their own problems at level three (level one being the lowest and level five the highest, with level three considered minimally facilitative) on the empathy, genuineness, regard, and concreteness dimensions. The clients who received traditional counseling responded to their own problems at level two.

Research regarding training as a mode of treatment suggests that it may be an efficient and effective way of producing desired behavior changes. Convicted felons are a group of people who have been unable to

function appropriately in society. Since the core of human experience involves interpersonal relationships, it is logical to suspect that felons tend to have learned faulty interpersonal communication skills.

IPR

Norman Kagan and his associates (1967) developed a technique, Interpersonal Process Recall (IPR), to facilitate interpersonal communication. The IPR training model is a highly replicable program. Standardized films, instructor manuals, and illustrations have been developed. The technique consists of videotaping an interaction between people. Usually two people are engaged in the interaction, though it has been used with larger groups (Hartson, 1971). The videotape of the interaction is then viewed by one or more of the participants. It has been found that the videotape is a highly potent stimulus for causing the person or persons to recall or relive the original experience. The feelings and thoughts an individual had during the original interaction are brought back in vivid detail as the individual observes the videotape of the interaction. The words "Interpersonal Process Recall" are an accurate description of what occurs. The recall process, whether of one individual or both, the latter being titled mutual recall, is facilitated by a relatively neutral third person known as the inquirer. The inquirer encourages the participant

to allow the videotape to revive the original experiences during the interaction and to talk freely about the recalled feelings and thoughts. The inquirer does not attempt to foster a new complex relationship between herself or himself with the participant(s) but rather strives to keep attention focused on the "then and there" of the videotaped experiences. The inquirer asks questions designed to encourage participant probing of the recorded experience but does not offer his or her own reactions to the interaction.

A second technique developed (Kagan & Krathwohl, et al., 1967; Danish & Kagan, 1969) and added to the IPR model to facilitate interpersonal communication skills focuses on participant analysis of simulated stressful components of interactions. Using a standard film consisting of emotionally laden vignettes, emotional reactions are elicited in the viewers. The observers of the Affect Simulation Films are encouraged to direct their attention to their own thoughts and feelings and to the thoughts and feelings of the person in each vignette. The vignettes consist of actors or actresses portraying such things as affection, hostility, sexuality, or guilt-inducing simulations (Kagan, 1973). The viewers may be further assisted to attend to their reactions to the vignettes by providing them with a videotape of themselves as they watched the vignettes, or by

providing them with physiological feedback about their bodily reactions as they observed the vignettes.

Research done by Kagan and his associates using IPR and Affect Simulation techniques falls into numerous categories including both their use in training programs and their role in acceleration of client positive changes in counseling. These two mentioned areas of research which are reviewed below are those which pertain directly to the examination of the effects of training prisoners in interpersonal communication skills.

Training Programs

Of the research done by Kagan and his associates, Grzegorek's (1971) study has the most direct bearing on the current study. He trained prison counselors using both IPR and Affect Simulation techniques. The emphasis of his study was the comparison of two similar training procedures, both incorporating IPR and Affect Simulation techniques upon the subsequent counseling behaviors of prison counselors. One of the training groups focused on a cognitive-intellectual approach emphasizing client dynamics and counseling techniques. The other group of trainees were also taught in an experiential-accepting manner but with emphasis upon counselor self-awareness as well as client dynamics. Measures included the Affective Sensitivity Scale and evaluations of audiotapes

of first counseling contacts with prisoner clients on the following five scales: Affect - Cognitive, Exploratory - Nonexploratory, Specific - Nonspecific, Understanding - Nonunderstanding (Kagan & Krathwohl, et al., 1967), and Empathic Understanding in Interpersonal Processes (Truax, 1967). These measures of first interviews were taken pre- and post-treatment. Additionally, some of the trainees submitted another counseling audiotape four weeks after the completion of training. Following 80 hours of training, the self-awareness training group scored significantly higher than the cognitive - intellectual group on the Empathic Understanding, Exploratory, Specific, and Understanding measures. No significant differences were found between the two training groups on the Affect Sensitivity Scale or the Affect - Cognitive measure. Based on the comparison of the four weeks after treatment audiotapes of first counseling sessions with the pre-measure and post-measures taken before and after training, there was an indication that no significant differences existed between groups over time and treatment. Since only six subjects submitted post-post tapes in each training group for the late measure taken four weeks after completion of training, the results of no significant differences must be interpreted with caution. It is unfortunate that measures were not taken on the prisoners

whom the trained counselors saw in counseling. The impact of the two training programs on the clients of the counselors might have been the most meaningful measure of their effectiveness. The results of this study are similar to the Barbash (1963) study which found that affective involvement in a treatment program seems to positively effect treatment outcome.

Danish and Brodsky (1970) attempted to sensitize policemen to their own feelings so they would be better able to control their aggressive feelings. Affect stimulus films, similar to those developed by Kagan, which consisted of actors portraying rejection of the viewer were shown to the policemen. Police were encouraged to focus upon their affective responses to the filmed vignettes. This controlled environment was designed to allow them an opportunity to explore, and become desensitized, to hostility-provoking situations. The study did not include a systematic assessment of the results of the training program.

Mary Heiserman (1971) compared an IPR training program with a cognitive-classroom teaching program for juvenile court caseworkers. Significant differences were not found on three of the four measures. However, the clients of the IPR trained caseworkers rated their perceptions of the counselor responses and counseling relationship higher on the Wisconsin Relationship

Orientation Scale than did the clients of the cognitive-classroom trained caseworkers. The three measures which were nondiscriminating for the two groups of caseworkers were the Counselor Verbal Response Scale (Kagan & Krathworhl, et al., 1967), the Empathic Understanding Scale (Carkhuff, 1969), and evaluations of the caseworkers' written reports of usefulness in making case dispositions. As in Alfred Grzegorek's (1971) study, no measures were taken of the clients' behavior or the outcome of counseling.

Training procedures including IPR and Affect Simulation techniques also have been used to train undergraduate college students to be paraprofessional helpers (Dendy, 1971; Scharf, 1971; Archer, 1971). Scharf and Dendy developed training programs for undergraduates, and Archer used the trained undergraduates to train their peers. The results from the Dendy and Archer research suggest that students can be taught to communicate effectively, specifically as "helpers," and then in turn can train other undergraduates to develop these communication skills.

The IPR training program, with additional emphasis upon affective and cognitive communication, was used to train counselor trainees who were M.A. and Ph.D. level students. Significant gains were obtained from pre- to post-training on the Affective Sensitivity Scale,

Affective and Specific sub-scales on the Counselor Verbal Response Scale, and the Empathic Understanding in Interpersonal Processes Scale. No significant differences were found on the Understanding and Exploratory dimensions of the Counselor Verbal Response Scale (Rowe, 1972). Spivack (1970) also measured the effect of an IPR training program for counselor trainees who were M.A. students in a counseling course. He compared the IPR training program with a traditional classroom approach. Both training programs had four identical goals. Under role-played client conditions, the IPR group scored significantly higher than the traditional group on all dimensions of the Counselor Verbal Response Scale. No differences were found on the Empathic Understanding in Interpersonal Processes Scale or the Affective Sensitivity Scale.

The research using IPR and Affect Simulation techniques with such groups as prison counselors (Grzegorek, 1971), policemen (Danish & Brodsky, 1970), undergraduate students (Dendy, 1971; Scharf, 1971; Archer, 1971), counselors-in-training (Spivack, 1970; Rowe, 1972), and juvenile court caseworkers (Heiserman, 1971) suggest that these techniques are viable methods for training people how to improve their interpersonal communication skills. The measures used to assess interpersonal communication skills included the Affective Sensitivity Scale, the Counselor Verbal Response Scale, and the Empathic Understanding Scale.

Acceleration of Client Growth

Interpersonal Process Recall has been used to facilitate communication between psychotherapists and their clients. Case studies have been published which report clinical observations of the therapeutic process implementing IPR (Woody, 1965; Resnikoff, et al., 1970). The observations of the clients included their increased use of affect-laden statements, improved relationships with the therapists, increased ability to gain insight, and decreased use of defensive verbalizations. Additionally, the overall therapeutic relationship was evaluated as having improved following use of IPR. Both the Woody and Resnikoff studies were based, however, only on single case studies.

Schauble (1970) conducted a more systematic assessment of IPR and Affect Simulation to accelerate client movement in the initial stages of therapy. The experimental treatment was compared to traditional counseling. Measures of client movement were taken after six sessions. The experimental treatment model included videotape filming and recall of clients observing affect simulation vignettes, a counseling session followed by client recall with the continuation of the interview, and a counseling session followed by mutual recall with the continuation of the session. The first and sixth counseling sessions of the experimental clients

and the control group clients receiving traditional counseling were audio recorded. Judges rated these tapes, in a double blind fashion, on the dimensions of depth of self-exploration, commitment to change, differentiation of stimuli, and owning of feelings. The experimental subjects were rated significantly higher on these four measures than were the control subjects. Several weaknesses in the design of this study detract from the generalizability of the findings. The total number of subjects, 12, was small, and also limited to females. The therapists for both the traditional and experimental treatments were the same two individuals, one of them being the experimenter himself. It is possible that the therapists were more enthusiastic or committed to the experimental treatment clients. It is unfortunate that more therapists and subjects were not included in the study. Van Noord (1973) attempted to replicate the Schauble study but did not find differences.

Kingdon (1975) compared the supervision of Masters level counseling students using an IPR-based model and using a traditional supervisory model. No significant differences were found on measures regarding the counselors' empathy, client satisfaction, supervisor ratings, or clients' self-reported inhibition. However, the IPR supervised counselors had clients who engaged in greater self-exploration than clients of counselors

who were supervised in a traditional manner. Unfortunately, the clients and counselors were volunteer subjects, a factor which limits the generalizability of the study. Only three counseling sessions were supervised in this study, another factor which is a limitation of this study. It is difficult to speculate what the results of this study would have been if the length of treatment (supervision) had been longer.

Hartson and Kuncie (1973) compared the effect of IPR on group work with T group procedures. The subjects in the two IPR groups had significantly higher change scores on measures of self-disclosure and readiness for groups. The members of the T groups had significantly higher satisfaction scores than the IPR groups. The clients in the IPR groups were rated as having the most effective communication. One IPR group and one T group were composed of university counseling clients, whereas the two other groups were composed of university YMCA members. It appeared that the higher self-esteem, socially active YMCA members were not affected differently by the IPR and T group methods. The university counseling clients with lower self-esteem and less social activity seemed to find IPR self-confrontation techniques beneficial. The direct confrontation of the T group appeared to have an adverse effect on the university counseling clients. Additional research

regarding the use of IPR with groups will help to answer questions regarding the types of groups for which IPR is particularly helpful.

Summary

The following three areas of literature were reviewed in this chapter: the literature regarding the effects of various treatment programs for prisoners; the literature regarding training as a mode of treatment; and the literature regarding IPR.

The literature regarding treatment programs for prisoners is summarized in the following words: " . . . there is very little evidence in these studies that any prevailing mode of correctional treatment has a decisive effect in reducing the recidivism of convicted offenders" (Kassebaum, Ward, & Wilner, 1971). The dismal results of traditional treatment modalities with felons suggest that direct training in interpersonal skills might produce more beneficial results than past treatments. Both the quality and quantity of systematic assessments of prison treatment outcome are grossly inadequate. Why is such research sparse? It takes considerable money and staff time to conduct evaluations, but perhaps the more subtle reason for the inadequacy is that experimental results seldom have suggested that any treatment is more effective than no treatment whatsoever. Negative research findings tend to be repaid by legislative and budgetary

actions to reduce financial allocations to treatment efforts. At present, 95% of expenditures for corrections' efforts in the United States are for custody. Custody efforts include correctional facilities, guards, and general maintenance. Five percent are allocated to such activities as health services, education, counseling, and training programs (Atkins & Glick, 1972). Treatment personnel would be likely to engage in more evaluations if their efforts were then recompensed by budgetary additions. They scarcely are anxious to further reduce their already small share of the total corrections' financial apportionment.

Both the literature regarding training as a mode of treatment and IPR had more positive outcomes than traditional methods of treatment. They both appeared to be effective techniques for helping people change in a beneficial direction. In this study the IPR training model was used with a population of people, prisoners, who have been shown to be a difficult group to help. The design and methodology of the study are discussed in the next chapter.

CHAPTER III

DESIGN AND METHODOLOGY

In order to test the hypotheses stated in Chapter I, a Post-test-Only Control Group Design was used. According to Campbell and Stanley (1963), it is one of three true experimental designs. The design permitted comparison of the IPR/Affect Simulation treatment groups and the no treatment control groups. Pre-measures were not used because randomization is the most adequate assurance of lack of initial differences between groups (Campbell & Stanley, 1963). A schematic representation of the design is presented in Figure 1.

Because an experimental unit is the smallest group of experimental material that operates independently of another group, it was necessary to regard each of the 12 groups of residents as the experimental units and the units of analysis. In other words, interaction occurred within the six treatment groups so the mean score of each of the groups' performances on the various measures were used in the data analysis rather than the individual performances on the measures.

R	X	O _{1,2}	T	O _{3,4,5,6,7}
R		O _{1,2}	T	O _{3,4,5,6,7}

Code: R = Random Assignment
 X = IPR
 O₁ = Mean Carkhuff Index of Empathy Discrimination score for the group
 O₂ = Mean Bipolar Personality Inventory score for the group
 T = Time period of two months following arrival at a correctional facility
 O₃ = Mean Correctional Personnel Questionnaire score for the group
 O₄ = Mean number of residents in the group who received tickets
 O₅ = Mean number of tickets received by the groups
 O₆ = Mean number of residents in the groups who received days in segregation
 O₇ = Mean number of days in segregation received by the group

Fig. 1. Schematic representation of the experimental design.

Groups rather than individuals were the smallest units which were independent of each other.

The independent variable in the study was the IPR-based treatment. The seven dependent variables included two which were measures taken immediately after the IPR training. These measures were the mean Bipolar Psychological Inventory score for the group and the mean Carkhuff Index of Empathy Discrimination score for the group (Carkhuff, 1969). The other five measures were taken two months after a resident arrived at the correctional facility to which he was assigned. These measures were the mean Correctional Personnel Questionnaire score for the group, the mean number of residents in the group who received tickets, the mean number of tickets received by the group, the mean number of residents in the group who received days in segregation, and the mean number of days in segregation received by the group.

Description of the Experimental Procedures

The experimental procedures involved comparing the treatment group which received 40 hours of communication skills training using IPR and Affect Simulation techniques with the no treatment control group which received no training whatsoever. The no treatment control group permitted comparison of the effects of

communication skills training with the effect of the usual treatment and activities in which prisoners participate as they are processed through the Recaption and Guidance Center.

It should be noted that at the outset of the research there was a second type of control group which had to be eliminated after two such control groups were trained. These two control groups received 40 hours of videotaped lectures and discussions about psychology, sociology and criminal justice. The intended purpose of these control groups was to control for the effects of interacting in small groups, with other residents receiving extra staff attention, and the Hawthorne effect. However, after two of these control groups were completed, the Director of Michigan Corrections and two Assistant Deputies requested that these videotape lecture treatments cease because the value prisoners would gain from these groups was questionable. The measures taken on the two videotape lecture control groups are presented and discussed in Chapter V. Since there were only two such groups, it was not appropriate to include them in the statistical analyses.

The individual group sizes varied from six to 15. The group size was variable for several reasons. At the outset of the experiment, ten residents were assigned to the groups. However, after the two videotaped lecture

control groups, one treatment group, and two no treatment control groups were run, it was decided to increase the initial size of the groups from 10 to 15 residents. This increase was necessary to make mean scores of the groups more stable. Furthermore, the attrition rate of the treatment group was larger than expected. Attrition refers to residents who could not or would not participate in a group as well as residents who actually dropped out of treatment once it had begun. The group size of 15 appeared large enough to maintain means score stability even with attrition. After either 10 or 15 residents were identified to be part of the research, residents were eliminated from the groups if they were either unwilling to be tested, or in the case of the treatment subjects if they were unwilling or unable to participate in the treatment. Residents who were unable to participate in the treatment were either ill, participating in Reception and Guidance Center testing or interviews during the time of the treatment, or moved from the Reception and Guidance Center to another correctional facility before the treatment was complete. The size of the groups is presented later in this chapter in Table 1. The group sizes were large enough for varied points of view in discussions, but not so large as to be unwieldy or to detract from the opportunity for individuals to speak during discussions.

There were two trainers for the IPR treatment. The 40 hours of training were spread over 10 weekdays with 4 hours per day per group. With two trainers, six groups, and two weeks of training per group, the total number of weeks spent in training was 12. One of the communication skills trainers also facilitated discussion for one of the videotaped lecture control groups. A third person facilitated discussion for the second videotaped lecture group.

The specific experimental procedures used with each of the two groups are described below.

IPR Training

The 40 hours of IPR training, divided into 10 weekdays, entailed specific activities. The program of activities for each day is described below.

Day 1. The first day's activities included self-introduction of the trainer and residents, a description of the purpose of the communication training program by the trainer, and answers to the questions residents had about the program. The trainer provided a verbal overview of the entire program along with a written schedule of activities for the 10 days. The film of Unit I, "Elements of Therapeutic Communication," was shown to the residents. The content focused upon the factors defined on the Counselor Verbal Response Scale

which constitute effective communication. Specifically, affective and cognitive, exploratory and nonexploratory, listening and nonlistening, and honest labeling and distorting modes of communication were presented with numerous examples portrayed of each mode. The residents practiced responding to standardized stimuli using the eight modes of communication.

Day 2. The second day's activities included viewing a series of affect simulations. The purpose of Unit II, "Interpersonal Simulation," was to provide additional training in the labeling of feelings and factors which tend to militate against one's effectiveness in human interactions. Reluctance to engage in intimate interpersonal relationships, fears of rejection, and fear of expressing strong emotions are examples of such factors which interfere in human interactions. Vignettes of actors and actresses portraying strong emotions were shown to the residents with instructions to carefully attend to their own emotional reactions to the vignettes. The residents were encouraged to ignore their immediate environment and focus solely upon the people in the vignettes. The trainer suggested that the residents imagine being alone with the actor or actress in each vignette, so that it seemed that the person was speaking directly to them. The residents were encouraged to

develop a setting in which the interaction between themselves and the actor or actress might likely occur. The residents were encouraged to allow the actor or actress to have an impact on them and therefore allow their emotions to develop.

After viewing each of the vignettes, the residents were asked to talk about their reactions. Some possible questions for the residents regarding the viewing of the vignettes were the following? What did you feel? What were your bodily reactions? When have you felt that way before? What were you thinking? What would you do? What would you want to do? How was the person feeling about you? What did you do to make him or her feel that way? What will he or she do?

Days 3 and 4. "Interviewer Self Study," Unit III, was scheduled for the third and fourth days of training. The instructional training materials for this unit were divided into three parts which were as follows: film presentation, problem presentations, and stimulated recall.

Dr. Kagan, via 16mm film,* presented the introduction for the unit. He explained that the residents were ready to observe and study themselves in action

*Most of the IPR model is "standardized" via a filmed series of instructions and instruction manuals.

while participating in an interview. The interview would be videotaped and played back for scrutiny.

During the remainder of the training, pairs of residents were used, one person serving as a helper and the second person serving as a problem presenter. The people in the pairs rotated roles so they had an opportunity to engage in all functions.

The function of the problem presenter was to present a real personal concern to the helper. The residents were told to present problems of such intensity as to be meaningful and real, but not of such intensity that they could not be dealt with and left after the short five-minute interaction. The trainer provided some possible concerns including such things as their feelings and thoughts about loved ones, raising their own children, being in prison, how they were raised, school, drug addiction, and training programs in the prison. The helper attempted to use the communication skills that were a part of the instructional training package.

Each of the trainers served as the inquirer for the helper in each dyadic interaction. In other words, he facilitated the process of Interpersonal Process Recall. The recall sessions were 15 minutes in length. While the helper observed the videotape playback of the original dyadic interaction, the helper was encouraged

to stop the videotape whenever he remembered thoughts, feelings, fantasies, impressions, hunches, or anything which he had experienced during the original encounter. The inquirer did not attempt to establish a relationship with the helper, but rather maintained a neutral stance in facilitating the helper's recall. The inquirer did not ask leading questions or provide any of his own impressions. The focus of the recall session was upon the helper's memories of the original interaction as stimulated by the videotape and not upon the current, here and now interaction with the inquirer. The recall of the helper emphasized such things as the helper's thought processes during the interview, what he was trying to elicit from the problem presenter, questions he thought about asking but chose not to ask, and hunches he had about the problem presenter. Additionally, the inquiry of the helper was directed occasionally toward such things as why certain alternatives were not chosen. For example, were questions or comments the helper decided not to make more risky or anxiety-producing than the questions he chose to ask? At the end of the recall with a helper, the inquirer usually asked the helper how he would conduct the interview if he had it to do over again. (Specific standardized instructions are taught to inquirers in one of the IPR instructional film units.)

After all trainees had served in the capacity of both the problem presenter and the helper, additional videotaped instructional materials were shown to the full group. The videotape included two actual dyadic interactions with a helper and problem presenter followed by recall processes for the helpers facilitated by an inquirer. Group discussion of the instructional materials was encouraged and conducted by the trainer. Following the videotaped presentation of the two dyadic interactions, one with a graduate student serving as the helper and one with an experienced psychiatrist serving as the helper, a second set of dyadic interactions with Interpersonal Process Recall of the helpers was conducted. Pairs were used again, most often different pairs so that the residents had an opportunity to interact with everyone in the large group.

Day 5. On the fifth day of training, the residents again worked in pairs, one serving as a helper and the other as a problem presenter. The time sequence and instructions for the dyadic interactions were the same as they were on the third and fourth days of training. The trainer served as an inquirer for the problem presenter. The inquirer when conducting a recall with the problem presenter emphasized such things as what the problem presenter thought the helper felt or thought about him and what the problem presenter wanted the

helper to feel or think. In other words, the inquiry of the problem presenter involved asking the usual recall questions about the original interaction, but the emphasis was upon how the helper perceived and wished the relationship with the helper to be. The recall process took place between the inquirer and the helper. No one else observed this process.

Days 6, 7, 8, 9. In the sixth, seventh, eighth and ninth days of training, mutual recalls were conducted by the trainer with pairs of residents. It should be noted that the trainer was not present during the original five-minute interaction. Thus, as he watched the videotaped playback with the helper during the recall session, it was fresh for him. In other words, the trainer, inquirer, was less likely to have preconceived ideas about things that should be discussed during the recall session. As in the preceding days, the pairs of residents exchanged roles as problem presenters and helpers.

Mutual recall involved using the videotape playback to both the helper and problem presenter to stimulate their understanding of each other. By having both people recall what was going on covertly at the time of the interaction, increased awareness of the thoughts and feelings each had was facilitated. They discovered just how much was going on inside the other person that was not at all apparent during the interaction. This

was an opportunity for residents to relate with other residents in an intense interpersonal manner. The inquirer tried to avoid allowing the problem presenter and helper to get into a new, present relationship. Instead, the inquirer directed the attention of the two people to what had taken place during the original interview. The inquirer also sought to keep both people involved in reliving the experience rather than just one person.

Day 10. The trainer conducted a concluding discussion with the residents about the skills they had learned and practiced during the training program. He answered questions they had and discussed such things as the usefulness of the communication skills, potential ways they could implement the skills, the rationale underlying the training program, and the limits of their skills. Limitations of their skills were presented in order to keep things in perspective. For example, they discussed how, while they now had improved communication skills, they could not expect to solve all their own problems or those of friends and family members. They were cautioned not to consider themselves expert helpers because of the likelihood that some problems they encountered would require such things as medical assistance or complex psychological help, neither of which they were trained to provide.

The emphasis of the final discussion, however, was upon how they effectively could use their communication skills during, as well as after their terms of incarceration. Examples of specific situations which were discussed included the value of being able to effectively communicate with other residents, with guards and prison officials, and with family and friends. The important role of affect in communication was reiterated.

Although inquirer training is typically part of the IPR training model, it was deleted from the training program for prisoners. While it would have been desirable to have included this, insufficient time necessitated its omission. The experience of being a helper and helpee was considered to be the most essential part of the program. Training in the inquirer role is a very difficult and complex process for which there was insufficient time. To adequately train the residents in the role of the inquirer, the treatment hours would have to had been expanded. With the speed of residents being processed through the Reception and Guidance Center, the training time could not be expanded.

The final activities of the training programs were the administration of the Carkhuff Index of Empathy Discrimination and the Bipolar Psychological Inventory.

Videotaped Lectures

Videotaped lectures regarding psychology, sociology, and criminal justice were shown to two groups of residents, one group composed of nine people and one group composed of 10 people. On each day of training four videotaped lectures were played. The videotapes varied in duration from 40 to 55 minutes. Following each videotape, the trainer answered questions the residents had and conducted a brief discussion with them regarding the content of the lecture.

Days 1 - 9. On each of the first through ninth days of training, four videotaped lectures were shown. Each lecture was followed by discussion and questions. The lectures were made for prison employees by prison officials, faculty members of local colleges and universities, and people employed by the judicial system. It should be noted that a weekend interceded between day five and day six of the training.

Day 10. On the final day of training the trainer discussed with the residents ways in which they could implement the knowledge they had acquired during the nine days of observing videotaped lectures. The utility and limits of the knowledge in psychology, sociology, and criminal justice were discussed. They considered ways in which the information could be used both during

and after their incarceration. Finally, the Carkhuff Index of Empathy Discrimination and the Bipolar Psychological Inventory were administered.

No Treatment

The third category of residents, composed of six groups of residents, received no treatment or prison staff attention beyond what typically is done for all residents as they are processed through RGC. The six groups served as no treatment comparison groups for the six groups who received a highly developed training program in communication skills, sociology, and criminal justice.

Setting

The residents were trained in facilities of the Reception and Guidance Center at the State Prison of Southern Michigan. The videotaped lecture control groups met in a large office in RGC for observation and discussion of the videotaped lectures. The communication skills training groups met in a large room in RGC. The rooms were equipped with 10 chairs and videotape playback equipment including a video monitor. Additionally, it was equipped with a videotape television camera, an unconcealed microphone, a movie screen, and a 16mm projector.

Following processing through RGC, residents are sent to various correctional facilities in Michigan. Thus, the five measures which were taken two months after the completion of treatment were taken in correctional facilities throughout the state of Michigan.

Sample

Residents

The residents participating in this study were convicted male felons in the state of Michigan who were at the Reception and Guidance Center of the State Prison of Southern Michigan. All male convicted felons in Michigan are sent to RGC for psychological, medical, educational, and vocational testing and interviews. When the interviews and testing are completed, the residents are classified. Classification entails the determination of to which state correctional facility the resident will be sent. Subsequent to classification, all first-time offenders serving five years or less for a minimum sentence are evaluated for participation in Parole Contracts. If accepted for a Parole Contract, the resident meets with the Parole Board and signs a formalized contract regarding what he will do during incarceration. The amount of time a resident spends in RGC may vary from several days to several months.

The residents participating in this study were randomly selected from the pool of residents in RGC and randomly assigned to either treatment or control conditions. At the outset of the experiment, as noted previously in this chapter, 10 residents were assigned to each group. However, after two videotaped lecture control groups, one treatment group, and two no treatment control groups were run, it was decided to increase the initial size of the groups from 10 to 15 residents because of the attrition rate. It was important that group size be large enough so that one individual's extreme score not unduly affect the mean score of the group. After either 10 or 15 residents were identified to be part of the research, residents were eliminated from the groups if they were either unwilling to be tested, or in the case of the treatment subjects if they were unwilling or unable to participate in the treatment. Residents who were unable to participate in the treatment were either ill, participating in RGC testing, had interviews during the time of the treatment, were being housed in segregation, were out to court or on appeal bond, or moved from RGC to another correctional facility before the treatment was complete.

More specifically, a total of 20 residents were randomly selected to participate in the two videotaped lecture control groups. In one of the two groups, all

10 residents completed the control conditions, whereas in the other group, one resident refused to participate because he had a job as a barber in the prison during the time of the training. Eighty residents were randomly selected for the six no treatment control groups. Six of the 80 residents did not participate for the reasons which follow. Twenty residents were assigned to the first two no treatment control groups and one of these residents refused to participate. Of the 15 residents assigned to the third no treatment control group, two residents were not in RGC because they were involved in court proceedings. In the fourth no treatment control group, one of the 15 residents was unavailable because he was in segregation for disciplinary reasons. In the fifth no treatment control group, two of the 15 residents refused to participate. All 15 residents participated in the final no treatment control group. Eighty-five residents were randomly selected to participate in the treatment groups. In the first group of 10 residents, only 6 actually completed the treatment. One resident was in the psychiatric unit of the prison, another was out of RGC on appeal bond, one left after seven days of treatment for court proceedings and one resident refused to continue in the treatment after three days of participation. Three of the 15 residents assigned to the second treatment group refused to participate,

one of these because his prison job schedule interfered with the treatment schedule. In the third treatment group, three residents refused to participate and one was in segregation for disciplinary reasons. Three residents refused to participate in the fourth treatment group. In the fifth treatment group three residents refused to participate, one was out of RGC on appeal bond and one was in segregation for disciplinary reasons. In the sixth treatment group, only one resident refused to participate. The number of residents who participated and dropped out of each treatment category is presented in Table 1.

Because these residents were randomly selected from the population of convicted male Michigan felons being processed through the Reception and Guidance Center, descriptive data of this population is provided. Within the population of Michigan male felons, over 50% of the commitments are under the age of 25 years, 20% being under the age of 20 years. Sixty-two percent of the male commitments have an intelligence quotient of 90 or above as measured on the Army General Classification Test. Approximately 1 1/2% of commitments have attained a twelfth grade level in school grade ratings as measured on the Wide Range Achievement Test or the Stanford Achievement Test. Seventeen percent are at or below fourth grade level. Over 32% have a history of

Table 1
Size of Groups

Category	Designation	Trainer	Size	Number of Drop-outs	Reason for Drop-out						
					Job Assign-ment	Court Pro-ceedings	Segregation	Refused	Psychiatric Clinic	Appeal Bond	Illness
No Treatment Control	1	0	10	0				1			
	2	0	9	1							
	3	0	13	2		2					
	4	0	14	1			1				
	5	0	13	2							
	6	0	15	0							
Treatment	1	1	6	4		1			1	1	1
	2	1	12	3	1			2			
	3	1	11	4			1	3			
	4	2	12	3				3			
	5	2	10	5			1	3		1	
	6	2	14	1				1			
Videotaped Lecture Control	1	3	9	1	1						
	2	1	10	0							

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referral, examination, or diagnosis for emotional or mental disorders. Finally, 60% have unstable work records (Criminal Statistics, 1970).

Means and ranges of the following characteristics of the subjects in this study are presented in Table 2: (1) age, (2) race, (3) IQ as measured on the Revised Beta Examination, (4) average grade rating as measured on the Stanford Achievement Test or Wide Range Achievement Test, (5) current reason for incarceration, (6) current prison sentence, (7) institution to which currently assigned, (8) previous jail terms, (9) previous prison terms, (10) juvenile commitments, and (11) previous probation.

Trainers

The two IPR trainers were each randomly assigned to three treatment groups. The first trainer was a psychologist at RGC, a job which entailed conducting diagnostic assessment interviews with incoming Michigan felons and leading several group psychotherapy programs for residents. He was an advanced counseling doctoral student. He had received training in communication skills from Norman Kagan, the Drug Education Center of East Lansing, Michigan and in doctoral coursework at Michigan State University. The second trainer, also a counseling doctoral student, was not a prison employee.

Table 2
Description of Subjects

Variable	Group						
	Total	(including Videotape Lecture Controls)	Total	(excluding Videotape Lecture Controls)	No Treatment Control	Treatment	Videotaped Lecture Control
Age Mean	25.86		25.69		25.82	25.55	27.11
Range	18-55		18-55		18-55	19-48	19-49
Race							
Black	79		71		36	35	8
White	76		67		38	29	9
Mexican	3		1		0	1	2
Indian	0		0		0	0	0
Other	0		0		0	0	0
Prison Assignment							
Jackson Close	38		33		17	16	5
Jackson Trustee	14		13		7	6	1
Marquette	6		3		1	2	3
Cassidy Lake	11		11		5	6	0
Camp Program	31		25		13	12	6
Mich. Training Unit	35		32		16	16	3
Mich. Reform.	14		14		10	4	0
Muskegon	9		9		5	4	0
IQ Mean	95.44		94.96		95.55	94.3	98.84
Range	44-128		44-121		70-120	44-121	75-128
Average Grade							
Rating Mean	7.13		7.06		7.07	7.05	7.64
Range	1-12.8		1-12.8		1-12.8	1.9-12.6	1.7-12.8

Table 2--Continued

Variable	Group				
	Total Videotape Lecture Controls)	(including Videotape Lecture Controls)	No Treatment Control	Treatment	Videotaped Lecture Control
Length of Minimum Sentence Mean Range	3.45 8 mos. - 45 yrs.	3.49 8 mos. - 45 yrs.	3.34 8 mos. - 10 yrs.	3.66 1 yr. - 45 yrs.	3.11 1 1/2 yrs. - 21 yrs.
Length of Maximum Sentence Mean Range	8.42 8 mos. - 45 yrs.	8.67 8 mos. - 45 yrs.	8.08 8 mos. - 25 yrs.	9.29 2 yrs. - 45 yrs.	6.68 2 yrs. - 30 yrs.
Type of Crime					
Social Rule ^a	17	13	7	6	4
Against Property ^b	59	50	29	21	9
Drugs	13	12	6	6	1
Sex ^c	9	7	5	2	2
Against Person ^d	46	44	23	21	2
Murder 1 & 2	8	7	3	4	1
Manslaughter	6	6	1	5	0
Previous Jail Term					
Mean	1.20	1.19	1	1.42	1.32
Range	0-20	0-20	0-20	0-6	0-6
Previous Prison Term Mean Range	.34 0-4	.29 0-4	.34 0-4	.24 0-4	.68 0-4
Juvenile Commit- ments Mean Range	.58 0-4	.57 0-4	.70 0-4	.63 0-4	.42 0-4
Juvenile Probation Mean Range	.44 0-4	.46 0-4	.53 0-2	.26 0-4	.38 0-4
Adult Probation Mean Range	.82 0-5	.94 0-5	.78 0-3	1.21 0-5	1.09 0-3

^a Social Rule: Bad checks; false pretense; grand larceny; embezzlement; unlawful driving away an automobile; carrying a concealed weapon; violation of credit card law; violation of welfare act.

^b Against Property: Breaking and entering; larceny in a building; larceny in an automobile; receiving stolen property; arson.

^c Sex: Rape; statutory rape; assault to rape; indecent liberties; gross indecencies.

^d Against Person: Assault; armed robbery; unarmed robbery; larceny from a person.

He also had received communication skills training from Norman Kagan and in doctoral coursework at Michigan State University. Each had experience using the IPR filmed material. He had been an IPR instructor for undergraduate MSU students for the year preceding this research project.

The first IPR trainer facilitated the discussions for one of the two videotaped lecture control groups. He and another videotaped lecturer trainer were randomly assigned to the groups. This other trainer was a Vocational Counselor in RGC, a job which entailed assisting residents in the formulation of vocational plans by means of interviews, a computer matching program and interpretation of vocational tests. He has a B.A. in psychology and received communication skills training using IPR and Affect Simulation from Norman Kagan. He had no previous experience as a communication skills trainer.

Raters

Correctional officers and counselors who worked on the unit or block where one of the 158 resident subjects were incarcerated evaluated the resident's behavior on a questionnaire. One or more correctional officers are present on each unit at all times to insure adequate supervision of residents. Their function is primarily custodial rather than treatment oriented. Each unit also has one

or more counselors assigned to it. Their job entails counseling around such issues as prison work assignments, academic and vocational training, prison adjustment, parole plans, rehabilitation efforts and personal concerns.

Instrumentation

Seven measures were used in the study. Four of these measures were strictly numerical values obtained from the prison records. These four measures, which were taken two months after the resident arrived at the institution to which he was assigned, were the following:

- (1) The mean number of residents in the group who received tickets,
- (2) The mean number of tickets received by the group,
- (3) The mean number of residents in the group who received days in segregation, and
- (4) The mean number of days in segregation received by the group.

Thus, data concerning the number of tickets and the number of days in segregation for each resident were collected. Segregation and tickets were described in Chapter I in "Definition of Terms." A fifth measure, the Correctional Personnel Questionnaire, also was

collected two months after a resident had been at the assigned institution. The other two measures, the Carkhuff Index of Empathy Discrimination and the Bipolar Psychological Inventory, were taken immediately after each training block on the last day of training. These two measures and the Correctional Personnel Questionnaire are described in greater detail below.

Bipolar Psychological Inventory

A measure of psychopathology was desired to ascertain if the IPR model would have a measurable effect on personality characteristics. The Bipolar Psychology Inventory was used for two reasons. First, several scales seemed to be particularly relevant to the research, for example, social withdraw--gregariousness, hostility-kindness, and insensitivity--empathy. Second, the instrument has normative data for incarcerated felons.

The Bipolar Psychological Inventory (Howell, Payne, & Roe, 1971) purports to measure personality functioning. The test is designed for self-administration. It has 300 true-false items. The time for taking the test varies from approximately 30 to 120 minutes for this population. The 15 scales of the test are as follows: invalid-valid, lie-honest, defensive-open, psychic pain-psychic comfort, depression-optimism, self-degradation-self-esteem, dependence-self-sufficiency,

unmotivated-achieving, social withdrawal-gregariousness, family discord-family harmony, sexual immaturity-sexual maturity, social deviancy-social conformity, impulsiveness-self-control, hostility-kindness, and insensitivity-empathy. A description of these scales is provided in Appendix B.

Two sets of profiles exist for the Bipolar Psychological Inventory. One profile is for prison males, and therefore was used in this study. The norms for this profile were constructed from the responses of 431 Utah State Prison inmates. The other profile is for college men and women, based upon the responses of 712 students from three universities.

The test items were constructed around 13 bipolar dimensions which were chosen by the authors of the test. Three hundred items were selected from the pool of 700 items according to several criteria. The criteria included such things as a minimum significance of .05 on item-dimension validity, appropriate length, content validity, clarity, and equal distribution of affective and behavioral items. Thus, face and content validity was assured by careful procedures in construction of the test. Construct, predictive, and concurrent validity data are being collected at the present time. Such data have not yet been published. The test - retest

reliability coefficients for the scales are presented in Table 3 (Howell, Payne, & Roe, 1972).

Table 3
Bipolar Psychological Inventory Test-Retest
Reliability Coefficients

Lie-Honest	.83	Social Withdrawal-Gregar-	
Defensive-Open	.82	iousness	.90
Psychic Pain-Psychic		Family Discord-Family	
Comfort	.90	Harmony	.91
Depression-Optimism	.85	Sexual Immaturity-Sexual	
Self-Degradation-Self-		Maturity	.84
Esteem	.79	Social Deviancy-Social	
Dependence-Self-Suf-		Conformity	.90
ficiency	.81	Impulsiveness-Self-	
Unmotivated-Achieving	.67	Control	.85
		Hostility-Kindness	.86
		Insensitivity-Empathy	.81

Carkhuff Index of Empathy
Discrimination

It seemed appropriate to test whether or not the residents had acquired the skills taught during the IPR training. Rather than using the Affect Sensitivity Scale, the test specifically designed to measure IPR skills, the researcher used the Carkhuff Index of Empathy Discrimination. Because the Carkhuff Index is not IPR linked, it was considered to be a more critical, less biased measure of the residents' skills. Two other factors eliminated the possibility of using the Affect Sensitivity Scale. The researcher had access to neither the videotape equipment nor the high quality videotape

necessary for administering it. The quality of the videotape copy of the original Affect Sensitivity Scale was sufficiently poor to render it difficult to administer.

The Carkhuff Index of Empathy Discrimination is composed of 16 written excerpts of what someone seeking help might say. Four possible helper responses follow each excerpt. The person responding to the instrument is asked to evaluate each of the helper responses on a 1.0 to 5.0 continuum according to the following directions:

The facilitator (helper) is a person who is living effectively himself and who discloses himself in a genuine and constructive fashion in response to others. He communicates an accurate empathic understanding and a respect for all of the feelings of other persons and guides discussions with those persons into specific feelings and experiences. He communicates confidence in what he is doing and is spontaneous and intense. In addition, while he is open and flexible in his relations with others, in his commitment to the welfare of the other person, he is quite capable of active, assertive, and even confronting behavior when it is appropriate. . . . Rate each helper response 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0 using the following continuum.

1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0
None of these conditions are communicated to any noticeable degree in the person	Some of the conditions are communicated and some are not			All of the conditions are communicated at a minimally facilitative level		All of the conditions are communicated and some are communicated fully		All of the conditions are fully communicated simultaneously and continually

The residents' responses to this index were scored using a key developed by "expert" helpers according to Carkhuff. The score was a sum of the resident's deviations from the key. For example, if a resident rated a helper response as a 3.0 when according to the key it was a 1.5, the resident's deviation was 1.5. The deviations on the 64 ratings of responses were summed and divided by the number of residents in the group.

Reliability data on this instrument are not available. However, one study assessed its concurrent validity. Does the instrument measure what it purports to measure? People having varying amounts of training in helping skills responded to the instrument. Their deviations from the scoring key were averaged. The results of this as presented in Table 4 suggest that the instrument indeed does measure helping skills.

Correctional Personnel Questionnaire

A measure of the residents' behavior and attitude was desired. Because there was no rating instrument in existence which could be used for such measurement, the researcher designed such a rating scale. The Correctional Personnel Questionnaire was designed for the use of correctional officers and counselors since they have more interactions with residents than other members of the prison staff.

Table 4

**Discrimination: Deviations in Levels of Counselor
Responses to Helpee Stimulus Expressions**

Populations (Levels)	N (No. of Subjects)	Level of Discrimi- nation (Absolute deviations of helper ratings from experts)	
		Mean	Standard Deviation
1. General Population			
Outpatients	10	1.5	0.3
Parents	20	1.4	0.4
2. Undergraduates			
Freshman	330	1.1	0.3
Upperclass philosophy	30	1.1	0.3
Student leaders	30	1.3	0.4
Volunteer helpers	30	1.2	0.3
Senior psychology	30	1.1	0.2
3. Lay personnel			
Lay teachers	50	1.2	0.3
Lay counselors	50	1.2	0.4
4. Professionals			
Teachers	10	1.0	0.3
Beginning psychology graduate students	10	0.8	0.2
Experienced counselors (not systematically trained)	20	0.6	0.2
Experienced counselors (systematically trained)	10	0.4	0.1

From: Carkhuff, 1969

Correctional officers and counselors at the various correctional facilities where subject residents were sent upon completion of processing through RGC were asked to evaluate the residents. They did not know whether or not residents had received special training. Rather, they simply were told that the Department of Corrections was interested in evaluating different things that took place for various residents as they were processed through RGC.

The questionnaire was designed by the author of this study. It consisted of 14 bipolar items describing behaviors demonstrated by the resident. The behaviors addressed on the questionnaire focused upon following rules and regulations of the correctional facility and upon their communication skills. The questionnaire is presented in Appendix C. Items were on a seven-point Likert-type semantic differential continuum. For most prisoners, three questionnaires were returned, one from a counselor and two from correctional officers. In some instances, only two questionnaires were returned. The score which was tallied was the average rating received on items by the two or three correctional personnel who rated the resident.

With regard to reliability of the instrument, the test-retest reliability was considered to be crucial. More specifically, did the rating a counselor or correctional officer give a resident depend upon chance

factors such as the particular time at which it was completed, or did it accurately reflect how the counselor or correctional officer perceived the resident regardless of chance factors? In other words, did the instrument measure the same things from one time to the next? In order to assess this quality of the instrument, 17 correctional officers and counselors in the Reception and Guidance Center were asked to complete the Correctional Personnel Questionnaire on two or three of 30 residents employed in RGC. Four weeks later they were asked to complete the questionnaire again on the same two or three residents. When completed, 60 pairs of questionnaires were analyzed using a Pearson Product Moment Correlation. This correlation, the test-retest reliability was .79. This test-retest reliability was thus adequate.

Neither split-half nor interrater reliability measures were considered to be particularly meaningful with regard to this instrument. Since only 14 items were on the instrument splitting it into two, seven item parts, would not be meaningful. A low number of items suggests that variance would be decreased and a low variance tends to result in a lower reliability. The instrument measured some interpersonal variables for example, such things as how the resident expressed feeling and communicated with the rater depended upon the rater and the resident. In other words, some items

on the questionnaire were not independent of the rater. Consequently, it seemed inappropriate and meaningless to measure if different raters rated the same resident the same way. Rather, it was considered more important if one person felt the same way about a resident over time as measured by the test-retest reliability.

No validation data have been collected on this instrument. However, the face validity seemed acceptable in the sense that items were thought to be clear, understandable, and addressed toward relevant behaviors by other prison employees who were asked to review the instrument and make comments and suggestions.

Hypotheses

Seven hypotheses were tested in this study. These hypotheses were tested on a sample of incarcerated Michigan felons. They are as follows:

H₁:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had significantly lower mean scores on the Carkhuff Index of Empathy Discrimination than groups of residents who received no special training.

H₂:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had significantly lower mean scores on the Bipolar Psychological Inventory than groups of residents who received no special training.

H₃:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had significantly lower mean scores on the Correctional Personnel Questionnaire than groups of residents who received no special training.

H₄:

Groups of residents who received 40 hours of communication training by means of an IPR-based model received a significantly smaller mean number of tickets than groups of residents who received no special training.

H₅:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had a significantly lower mean number of residents who received tickets than groups of residents who received no special training.

H₆:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had a significantly lower mean number of days in segregation than groups of residents who received no special training.

H₇:

Groups of residents who received 40 hours of communication training by means of an IPR-based model had a significantly lower mean number of residents who received days in segregation than groups of residents who received no special training.

Analysis of the Data

The three measures which were analyzed using one-tailed t tests were the Carkhuff Index of Empathy

Discrimination, the Bipolar Psychological Inventory, and the Correctional Personnel Questionnaire. The six communication training groups were compared with the six no treatment control groups. There was no reason to suspect that these measures were dependent upon each other so t tests were used. The alpha level was set at .05 as is customary in social science research. The other four measures were dependent upon each other so they were analyzed using a multivariate analysis of variance. These four measures were the mean number of residents in the group who received tickets, the mean number of tickets received by the group, the mean number of residents in the group who received days in segregation, and the mean number of days in segregation received by a group.

The groups, rather than individuals, were the units of analysis because individuals interacted within their group, though groups did not interact. Thus, statistically, the unit of analysis was the smallest unit which was independent of other units.

Summary

One hundred and eighty-five male incarcerated felons were randomly selected from felons being processed through the Reception and Guidance Center at the State Prison of Southern Michigan. The 185 felons were

randomly assigned to one of three treatment levels. Of the 185 residents, the following numbers refused to participate or were unavailable: 20 residents from the IPR treatment groups, 6 residents from the no treatment control groups, and 1 resident from the videotaped lecture control groups. One treatment consisted of 40 hours of communication training using an Interpersonal Process Recall based model. The second level of treatment consisted of 40 hours of observation and brief discussion on videotaped lectures regarding psychology, sociology, and criminal justice. Because of unexpected difficulties conducting the videotaped lecture groups, only two of the intended six groups were conducted. Consequently, they were deleted from the statistical analysis. Their results will be discussed in Chapter V. The third treatment consisted of no treatment beyond what all residents receive as they are processed through RGC. A Posttest-Only Control Group Design was used. The data analysis consisted of t tests and multivariate analyses of variance for group differences on seven measures. The measures included the Carkhuff Index of Empathy Discrimination, the Bipolar Psychological Inventory, the Correctional Personnel Questionnaire, the mean number of residents in the group who received tickets, the mean number of tickets received by the

group, the mean number of residents in the group who received days in segregation, and the mean number of days in segregation received by the group.

CHAPTER IV

FINDINGS AND DISCUSSION

Statistically significant differences were found between the treatment and no treatment groups in the analysis of the Correctional Personnel Questionnaire and the Carkhuff Index of Empathy Discrimination. No significant differences were found between the groups on the other five measures. The mean scores of the seven measures for the communication treatment groups, no treatment control groups, and videotaped lecture control groups are presented in Table 5. The alpha level for the tests was set at .05.

The statistical findings for each of the hypotheses are presented in this chapter. However, it should be noted that the statistical analyses do not include the videotaped lecture control groups since there were only two of those rather than six. Two seemed to be too small for meaningful analysis.

Table 5
Mean Scores of Group Data

Condition	Group Designation	N	Mean Empathy	Mean Bipolar	Mean Correctional Personnel	Mean Number Tickets	Mean Number People Tickets	Mean Number Days Segregation	Mean Number People Days Segregation
No Treatment Control Groups	1	10	86.10	93.80	2.61	.10	.10	.00	.00
	2	9	99.94	95.13	3.06	1.00	.56	1.56	.22
	3	13	101.15	87.62	3.46	.69	.31	1.31	.08
	4	14	90.00	97.42	2.60	.64	.36	4.79	.21
	5	13	99.58	92.17	2.59	.85	.38	.54	.15
	6	15	90.93	97.58	2.51	.40	.33	.00	.00
IPR Groups	1	6	77.25	79.33	1.82	.50	.33	.00	.00
	2	12	86.42	95.27	2.41	.08	.08	.00	.00
	3	11	74.77	119.00	2.41	.09	.09	.00	.00
	4	12	84.00	89.80	2.24	.50	.42	.00	.00
	5	10	87.30	88.44	2.56	.80	.30	1.40	.10
	6	14	79.21	91.75	2.90	.57	.29	.57	.07
Videotaped Lecture Control Groups	1	9	77.11	81.22	2.65	.11	.11	.00	.00
	2	10	90.65	84.56	2.92	.70	.30	1.90	.20

Hypothesis 1

The data from the Carkhuff Index of Empathy Discrimination were analyzed using a t test. The alpha level was set at .05. The six groups of residents who received 40 hours of training by means of an IPR model obtained significantly lower scores on the Carkhuff Index of Empathy Discrimination than did the six groups of residents who received no special treatment or training while in the Reception and Guidance Center. The lower the score on this test, the more empathy the person taking the test is reported to have. Thus, according to this measure, the IPR groups had more empathic ability at the end of the study period. The t test results are presented in Table 6. The results were statistically significant at the .01 alpha level. The IPR treatment groups had significantly better scores on the Carkhuff Index of Empathy Discrimination than the no treatment control groups. The mean score for the IPR groups was 81.49 and 94.62 for the no treatment groups. The standard deviation for the IPR groups was 5.15 and for the no treatment groups it was 6.37. The t value was 3.93.

Table 6

Results for Carkhuff Index of Empathy Discrimination

Sample	Carkhuff Index of Empathy Discrimination		t Value
	Mean	Sd	
IPR Groups (N=6)	81.49	5.15	3.93*
No Treatment Groups (N=6)	94.62	6.37	

*For 10 df, $p < .01$ when $t = 2.764$

Hypothesis 2

No statistically significant differences were found between the treatment and no treatment groups on the Bipolar Psychological Inventory. The qualities which are measured by this test are presented in Appendix B. The t test results which were analyzed for this measure are presented in Table 7. The mean score for the IPR groups was 93.93 and for the no treatment groups it was 93.95. The standard deviation for the IPR groups was 13.38 and 3.73 for the no treatment groups. The t value was .0035.

Table 7

Results for Bipolar Psychological Inventory

Sample	Bipolar Psychological Inventory		\bar{t} value
	Mean	Sd	
IPR Groups (N=6)	93.93	13.38	.0035
No Treatment Groups (N=6)	93.95	3.73	

For 10 df, $p < .05$ when $t = 1.812$

Hypothesis 3

Statistically significant differences at the .05 level were found on the Correctional Personnel Questionnaire. Residents who received the IPR course were rated more favorably than residents who did not receive the training. The residents were rated by one counselor and two correctional officers on their living units. The t test results are presented in Table 8. The mean score for the IPR groups was 2.39 and 2.81 for the no treatment groups. The standard deviations were .36 and .37 for the IPR groups and no treatment groups respectively. The t value was 1.9811.

Table 8

Results for Correctional Personnel Questionnaire

Sample	Correctional Personnel Questionnaire		t value
	Mean	Sd	
IPR Groups (N=6)	2.39	.36	1.9811 *
No Treatment Groups (N=6)	2.81	.37	

* For 10 df, $p < .05$ when $t = 1.812$

Hypotheses 4, 5, 6, and 7

Hypotheses 4, 5, 6, and 7 were tested using a multivariate analysis of variance because the four measures involved were dependent upon each other. The four measures were the following:

- (1) The mean number of tickets a group received,
- (2) The mean number of residents in the group who received tickets,
- (3) The mean number of days in segregation a group received, and
- (4) The mean number of residents in the group who received days in segregation.

Typically, a resident who is assigned days in segregation has received at least one ticket and has received

days in segregation as a consequence. The number of days a resident spends in segregation is determined by a prison "disciplinary court." Although residents may receive a ticket and not be assigned days in segregation, the four measures are related to each other. The results of this multivariate analysis of variance are presented in Table 9. The overall alpha level was set at .05. No statistically significant differences were found. The F ratio was .4202.

Table 9
Results for Hypotheses 4, 5, 6, and 7 (Tickets
and Segregation)

Source of Variation	Degrees of Freedom	F Ratio	Probability
IPR	4, 7	.4202	.7900

Summary

Two of the seven measures are statistically significant differences between the IPR groups and the no treatment control groups. The t test conducted on the Carkhuff Index of Empathy Discrimination was statistically significant at the .01 level and the t test conducted on the Correctional Personnel Questionnaire was statistically significant at the .05 level. In both

instances, the IPR groups were favored. On the other five measures, the research hypotheses failed to be accepted.

CHAPTER V

SUMMARY, IMPLICATIONS, DISCUSSION AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The Problem

The rehabilitation of convicted felons has remained a thorny problem for society. The ineffectiveness of current treatment for prisoners has been substantiated by the fact that 80% of all felonies are committed by repeaters (Atkins & Glick, 1972). Neither imprisonment nor current rehabilitation efforts have adequately reduced felonies.

This research was based upon the need to find a treatment modality which could reduce criminal behavior. More specifically, in this study the effect of training prisoners in communication skills using an IPR-based model has been examined.

The difficult nature of rehabilitating prisoners has been well documented in the literature, though it typically has been based more upon descriptive data rather than experimental research. Bailey (1966)

reviewed 100 reports on correctional treatment outcome and concluded that "evidence supporting the efficacy of correctional treatment is slight, inconsistent, and of questionable reliability."

A review of the literature of treatments for changing behavior led the researcher to a training rather than a psychotherapy model to rehabilitate prisoners. Residents were provided a program based largely on self-study using the Interpersonal Process Recall methods.

Design Methodology

The research was a Posttest-Only Control Group Design (Campbell & Stanley, 1963). The design permitted comparison of the six IPR treatment groups and the six no treatment control groups. Random assignment of prison residents to groups was used to insure lack of initial differences between groups. Similarly, trainers were randomly assigned to groups.

The independent variable in the study was the IPR based treatment. In the original design of the study a videotaped lecture control treatment was another independent variable. However, prison officials questioned the value of such "treatment" for residents and thus requested that it be discontinued. Only two such treatment control groups were conducted, a number

insufficient for meaningful statistical analysis. Consequently, the IPR groups were compared statistically only with the no treatment control groups.

The dependent variables included two measures which were taken immediately after the IPR treatment. These measures were the mean Bipolar Psychological Inventory score for the group, a measure of 13 personality characteristics and the mean Carkhuff Index of Empathy Discrimination score for the group, a test which assesses the respondent's ability to rate helpee responses according to the degree of empathic understanding exhibited by the helper. The other five measures were taken two months after a resident arrived at the correctional facility to which he was assigned. These measures were the mean Correctional Personnel Questionnaire score for the group, a questionnaire designed to evaluate residents' behavior and attitudes in prison, the mean number of residents in the group who received tickets (disciplinary reports), the mean number of tickets received by the group, the mean number of residents in the group who received days in segregation, and the mean number of days in segregation received by the group.

Because individuals within groups interacted with one another, the unit of statistical analysis had to be group rather than individual data. Multivariate

analysis of variance was the statistical test used to analyze the data regarding days in segregation and tickets. The measures of empathy, the Bipolar Psychological Inventory, and the Correctional Personnel Questionnaire were analyzed using one-tailed t tests. The alpha level was set at .05.

The subjects were convicted male felons in the state of Michigan who were beginning to serve time for sentences. They all resided in the Reception and Guidance Center for prisons in the state. Subjects were randomly selected but could choose not to participate in the experiment. The size of the groups ranged from 6 to 15.

The 40 hours of IPR based training was divided into 10 weekdays. The content of the training program focused upon learning and practicing four communication modes in dyads. Specifically, affective and cognitive, exploratory and nonexploratory, listening and nonlistening, and honest labeling and distorting modes of communication were taught. Residents were then encouraged to label their own feelings by the use of vignettes in which a filmed actor looks at the viewer and communicates a message which is designed to stimulate stress in the viewer. The group trainers encouraged the residents to carefully attend to their own emotional reactions to the vignettes. The residents watched other videotapes to learn about Interpersonal Process Recall. They used

IPR techniques in their dyadic interactions. Within a pair, one resident presented a problem while the other resident practiced effective communication skills as a helper.* This brief interaction was videotaped. The videotape was played back to one or both of the residents and the group leader, serving as an inquirer facilitated their recall of what their thoughts and feelings were during the original interaction. Three recall formats were used over time with each student. The recalls were helper recalls in which the person in the helper role reviews the videotape of the original interaction with the inquirer; helpee recalls in which the person who was receiving the help reviews the videotape of the original interaction with the inquirer; and mutual recalls in which the inquirer does the recall with both the helper and the helpee as they review the original interaction.

The two videotaped lecture control groups also received 40 hours of special treatment during 10 weekdays. The treatment consisted of watching and discussing videotaped lectures in psychology, sociology, and criminal justice.

*The effective helper responses taught to trainees were responses which encouraged the helpee to talk more about his problem, to expand, to elaborate, and to go further. Such responses focused on the affective components of the statement and not the cognitive or story line elements. These statements actually labeled the intense and affect laden elements and did not distort or minimize their importance.

Results and Conclusions

The results of the statistical analyses were that two of the seven research hypotheses were accepted. The research hypotheses could not be accepted for the other five measures. More specifically, the Carkhuff Index of Empathy Discrimination detected significant differences at the .01 level favoring the IPR based training groups. The Correctional Personnel Questionnaire also detected significant differences at the .05 level favoring the IPR based training groups. It appears probable that the IPR based training was the cause of the significantly lower scores on both the Carkhuff Index of Empathy Discrimination and the Correctional Personnel Questionnaire because the IPR treatment was the variable which was different for the treatment and no treatment groups.

Discussion

The statistical results of this study have exciting implications. However, before considering what the implications are, it is interesting to examine the data in a less formal manner. What responses did the residents have to the IPR training? What happened to those residents who were in the videotaped lecture control groups? Were there any other nonhypothesized outcomes?

Because groups were of unequal size it is important to note that both the smaller and larger groups contributed to the significant differences. This is an important issue because group size affects the size of the variance which also affects the size of the t value. The individual data are presented in Appendix C to document that both large and small groups contributed to the significant differences on the Carkhuff Index of Empathy Discrimination and Correctional Personnel Questionnaire.

Personal Reactions of the Residents to the Training

The IPR process was well received by the residents. Among the residents who participated in the IPR training, many of them indicated that this was the first time in their life that anyone had really listened to them and taken an interest in their problems. For example, one resident who had been in and out of correctional facilities from the age of 11 said during the noninterpretive probing of the inquirer of a mutual recall that, "Even though I've had lots of caseworkers, this is the first time that anyone has really listened to how I feel about my life."

Another frequent response from the residents was delight at seeing themselves on television. For some of the residents, the attention to how they appeared on television was unusually narcissistic. They were very pleased with their choice of words, physical

appearance, and posture. For others, seeing themselves on television provided self-confrontation and insight into their own behavior that they had never had. For example, one resident when presenting a problem to the other resident he was paired with, described his former heroin addiction. Later when observing the videotape in a mutual recall, he saw physiological responses he had while talking about the addiction which were identical to withdrawal symptoms. At the time that he had described the addiction, he was quite unaware of his sniffing, running nose and shivering. Observing this made him exceedingly cognizant of his psychological dependence upon heroin. Merely talking about heroin caused him to have strong somatic reactions.

There is yet another, and in IPR a more emphasized quality during recall that entails the recall of covert processes which is different from the self-confrontation just described. An illustration of this basic recall dynamic was one resident's statement, "At that point I really was afraid to ask you how the murder of your father affected you."

Other residents requested that they be allowed to participate in more than one training program. Of course, for research purposes this could not be permitted. However, after the first training program on the introductory first day of training for the other five groups, one resident from the preceding training

group spoke to the residents about what the training experience would be like and what they saw the value of it to be. This helped reduce suspicion among the residents, although residents invariably were wary of being part of an experiment at the outset of the training. They were afraid that problems they revealed would somehow be used against them, though they were assured that everything was confidential and videotapes were erased. Nothing went into their prison record concerning the training.

The residents, both treatment and control subjects, were suspicious of being asked to take the Bipolar Psychological Inventory and the Carkhuff Index of Empathy Discrimination. Interestingly, though understandably, the treatment subjects were the most wary of the testing. During the course of the 40-hour IPR training the residents became familiar with their respective trainer while the control groups only saw the trainer on one occasion. The treatment subjects were eager to perform well for the group, themselves, and the trainer and were embarrassed by their inability to read. Consequently, the treatment subjects were more reluctant to ask for assistance in reading the tests than were the control subjects.

After the first treatment group, word seemed to spread among the residents via the "prison grapevine"

that the training was a positive experience. Consequently, residents eagerly volunteered to participate in the training. Again, due to experimental procedures, namely random assignment, such volunteers could not be included unless by chance they had been randomly selected to participate in the training.

One final comment concerns the therapeutic value of the IPR training. The residents were surprised and pleased to discover that they were able to help one another with their problems. The residents also seemed to gain insight regarding how their personal difficulties influence their criminal behavior. In designing the treatment plan "inquirer training," one phase of IPR was not included because of time limitations. Training for the role of the inquirer was eliminated. Inquirer training entails teaching people how to facilitate the recall. His function is to allow and encourage the person to discover for himself some of his thoughts and/or feelings which might have interfered with effective communication during the original interaction. Examples of leads used by the inquirer are included in Appendix A.

Videotaped Lecture Control Groups

Because only two videotaped lecture control groups were conducted, the data collected about them were not statistically analyzed. However, the mean

scores of these two groups on the seven measures are included in Table 5, Chapter IV. The lowest, best mean scores of the Carkhuff Index of Empathy Discrimination were obtained by the communication skills training group and then close behind were the videotaped lecture control groups. The group means were 81.49 for the communication skills training groups, 83.88 for the videotaped lecture control groups, and 94.62 for the no treatment control groups.

The rankings of the groups for the Bipolar Psychological Inventory were different, with the videotaped lecture control groups having the lowest numeric score with a mean score of 82.89, the no treatment control groups the next best with a 93.95, and the communication skills groups doing the "worst" with a 95.6 mean score. Looking at the size and direction of these differences, it seems reasonable to hypothesize that had these scores been based on a larger number of groups, perhaps the videotaped lecture control groups would have done significantly better, that is, had significantly less pathology, than the treatment or no treatment groups. Another possible explanation is that high scores are "healthier" than low scores because prisoners are notorious deniers. Thus, by having high scores the prisoners may have been owning their pathology rather than denying it.

In the Correctional Personnel Questionnaire the communication skills treatment groups definitely obtained the best scores with a mean of 2.39. The videotaped lecture control groups and no treatment control groups had similar mean scores with 2.78 and 2.80 respectively.

With regard to tickets, the groups received a similar mean number of tickets, but the no treatment control groups had a higher mean number of people who received tickets than the other groups. The mean number of tickets received by the no treatment control groups was .46, by the communication skills training groups was .42, and by the videotaped lecture control groups was .40. The mean number of people who received tickets in these groups was .34, .25, and .20 respectively.

The treatment group fared best with regard to the segregation measures. They had a mean of .33 days in segregation and a mean of .03 people who got days in segregation. The no treatment control group had means of 1.37 and .08 on these variables and the videotaped lecture control group had means of .95 and .10.

Synthesizing these findings, it does appear that the IPR training groups had results sufficiently dissimilar from the videotaped lecture control group that it seems unlikely that the Hawthorne effect could account for the differences. It is more probable that the communication skills training is what made the difference. The treatment groups did better on the segregation,

empathy, and correctional personnel measures. The tickets measures did not detect differences except that the no treatment control groups had a higher mean number of people who received tickets. For unexplainable reasons, the videotaped lecture control groups obtained scores on the Bipolar Psychological Inventory which were less indicative of pathology than the scores obtained by the no treatment control groups and the communication skills training groups. However, it must be remembered that the videotape lecture group contained an N of two.

Miscellaneous Measures

Data were collected for the three types of treatment conditions which turned out to be measures of very low incidence. Because these measures occurred very infrequently, it was meaningless to analyze them statistically because the variance of such low incidence measures would also be low. Nevertheless, they are interesting. None of the 65 residents who received IPR training escaped from prison facilities during the first two months after they arrived at the correctional facility, while 5 of the 19 residents in the videotaped lecture control groups escaped and 3 of the 74 residents in the no treatment control groups escaped. This very high percentage of escapes for the videotaped lecture control groups is totally unexplainable.

Two of the 74 no treatment control subjects were hospitalized for psychiatric reasons whereas none of the

IPR training group members and one of the videotaped lecture control group members were hospitalized for such reasons. In this case, the lack of psychiatric hospitalization for the IPR treatment group is itself an important finding. Though the treatment had an impact, it is apparently not dangerous; nor does it appear to stimulate self-defeating behaviors. None of the IPR training group members received disciplinary transfers while this number was one each for the no treatment control groups and the videotaped lecture control groups. Certainly, these miscellaneous measures favor the IPR training groups. One final comment is that of the 18 residents who refused to participate in the IPR training, two escaped from the correctional facilities within two months of their arrival. The results for the miscellaneous measures are presented in Table 10.

Table 10

Results for the Miscellaneous Measures

Sample	Number of Residents	Escapes	Psychiatric Hospitali- zation	Disciplinary Transfers
IPR Groups	65	0	0	0
No Treatment Control Groups	74	3	2	1
Videotape Lecture Groups	19	5	1	1

Subjects Unwilling or Unable to Participate in the Research

The reasons why residents did not participate in the study were presented in Chapter III. Table 1 contains a numerical breakdown of the reasons why residents did not participate. While the proportion of treatment residents who did not participate was greater than the proportion of no treatment residents, it should be recognized that the no treatment control group only had to agree to take two tests while the treatment groups had to invest in 10 days of training and then be evaluated on how much of the training they assimilated. Treatment residents, therefore, had to be more cooperative from this standpoint of time investment.

The residents who were either unable or unwilling to participate in the research project were followed for the two months after they left the RGC. The results of the follow-up are presented in Tables 11, 12, and 13. In Table 11 the follow-up measures on the subjects are presented. This table includes subjects who refused to participate and subjects who were unable to participate in the research. By looking at the scores on the measures for the unwilling and unable subjects and comparing them with the scores for the research participants, it appears that the former were not systematically different from the residents who did participate in the research. The measures which are contained in Table 11

Table 11
Combined Behavioral Measures of Residents Unable or Unwilling to Participate in the Research

Condition	Group Designation	Number of Dropouts	Number of Tickets	Number of Dropouts Who Got Tickets	Number of Days in Segregation	Number of Dropouts with Days in Segregation	Number of Escapes	Number of Psychiatric Hospitalizations	Number of Disciplinary Transfers
No Treatment Control	1	0	0	0	0	0	0	0	0
	2	1	0	0	0	0	0	0	0
	3	2	0	0	0	0	0	0	0
	4	1	0	0	0	0	0	0	0
	5	2	1	1	3	1	0	0	0
	6	0	0	0	0	0	0	0	0
IPR Treatment	1	4	1	1	5	1	0	0	0
	2	3	1	1	0	0	1	0	0
	3	4	0	0	0	0	1	0	0
	4	3	1	1	6	1	0	0	0
	5	5	0	0	0	0	0	0	0
	6	1	0	0	0	0	0	0	0
Videotaped Lecture Control	1	1	1	1	3	1	0	0	0
	2	0	0	0	0	0	0	0	0

Table 12
Behavioral Measures on Residents Unable to Participate in the Research

Condition	Group Designation	Number Unable to Participate	Number of Tickets	Number of Residents Who Got Tickets	Number of Days in Segregation	Number of Residents With Days in Segregation	Number of Escapes	Number of Psychiatric Hospitalization	Number of Disciplinary Transfers
No Treatment Control	1	0	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0	0
	3	2	0	0	0	0	0	0	0
	4	1	0	0	0	0	0	0	0
	5	0	0	0	0	0	0	0	0
	6	0	0	0	0	0	0	0	0
IPR Treatment	1	3	1	1	5	1	0	0	0
	2	0	0	0	0	0	0	0	0
	3	1	0	0	0	0	0	0	0
	4	0	0	0	0	0	0	0	0
	5	2	0	0	0	0	0	0	0
	6	0	0	0	0	0	0	0	0
Videotape Lecture Control Groups	1	0	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0	0

Table 13
Behavioral Measures of Residents Who Chose Not To Participate in the Research

Condition	Group Designation	Number Who Chose Not To Participate	Number Of Tickets	Number of Residents Who Got Tickets	Number of Days in Segregation	Number of Residents With Days in Segregation	Number of Escapes	Number of Psychiatric Hospitalization	Number of Disciplinary Transfers
No Treatment Control	1	0	0	0	0	0	0	0	0
	2	1	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0	0
	4	0	0	0	0	0	0	0	0
	5	2	1	1	5	1	0	0	0
	6	0	0	0	0	0	0	0	0
IPR Treatment	1	1	0	0	0	0	0	0	0
	2	3	1	1	0	0	1	0	0
	3	3	0	0	0	0	1	0	0
	4	3	1	1	6	1	0	0	0
	5	3	0	0	0	0	0	0	0
	6	1	0	0	0	0	0	0	0
Videotape Lecture Control	1	1	1	1	3	1	0	0	0
	2	0	0	0	0	0	0	0	0

for the unwilling and unable subjects the number of tickets received, the number who got tickets, the number of days in segregation, the number who received days in segregation, the number of escapes, the number of psychiatric hospitalizations, and the number of disciplinary transfers. On the latter two measures, zero subjects were involved. The following subjects were unwilling or unable to participate in the research: six no treatment control, 20 IPR treatment, and one videotaped lecture control. One no treatment control received a ticket, whereas three IPR treatment and one videotaped lecture control received tickets. Each of these subjects received one ticket each. One no treatment control resident received three days in segregation. One IPR treatment subject received five days in segregation and another IPR subject received six days in segregation. One videotaped lecture control subject received three days in segregation. Two IPR subjects escaped from prison.

Table 11 is divided into Tables 12 and 13 in order to differentiate between subjects who chose not to participate in the research and those who were unable to participate in the research. Although the numbers are quite small in both of these categories, there don't appear to be any systematic differences with the exception of the escape measure. Both of the residents who escaped from prison were subjects who had refused to participate in the IPR treatment.

Table 12 contains the results of the follow-up measures for the subjects who were unable to participate in the research. The only ticket received by a subject who was unable to participate was in the IPR treatment. Similarly, the only subject unable to participate and who received time in segregation (five days) was in the IPR treatment. There were no escapes, psychiatric hospitalizations, or disciplinary transfers for these subjects who were unable to participate in the research.

Table 13 contains the behavioral measures of subjects who chose not to participate in the research. One such no treatment control subject received one ticket for which he received five days in segregation. Two residents who refused to participate in the IPR treatment and one resident who refused to participate in the videotaped lecture control treatment received one ticket each. One of these two IPR treatment refusals who received a ticket also received six days in segregation. The videotaped lecture subject who received a ticket also received three days in segregation. As mentioned previously, two IPR treatment subjects who refused to participate escaped from prison.

Implications

The results of this study have exciting implications. As indicated in the review of the literature, few, if any, types of treatment have been effective with

prison populations. The fact that the residents who received IPR training did significantly better on the Carkhuff Index of Empathy Discrimination than did residents who did not, primarily lets us know that the residents did indeed learn what they were expected to, and on an instrument derived from a training model different from the one used. This difference is both statistically and meaningfully significant. However, the fact that correctional officers and counselors responded more positively to the residents who received the training than those who did not is very significant. It appears from the Correctional Personnel Questionnaire that those residents who had received IPR training manifested behaviors which were significantly more positive than residents who did not according to ratings by correctional officers and counselors at the receiving institutions. This difference is both statistically and meaningfully significant. Of course, this suggests that such training using IPR and Affect Simulation techniques somehow changes peoples' behavior in a way viewed more positively by others. Resident participation was determined on the basis of random invitations. Volunteers who were not in the random pool were not included in the IPR training. Because strict experimental procedures, namely random assignment, were used the findings are therefore considered conservative

estimates of the potential impact. Although not statistically significant, the results for the miscellaneous measures are noteworthy since no member of the IPR training groups escaped, required psychiatric hospitalization, or received a disciplinary transfer.

What are the implications of such positive responses by corrections personnel? It suggests that the residents are getting along well in the prison facility. If this is the case, it is probable that they will be released from prison earlier than the other prisoners and perhaps will take better advantage of rehabilitative programs while in the prison. Without further research, it is impossible to say if these positive behaviors will be maintained over time, particularly after the prisoner is released. These questions will hopefully be answered by further research.

Although for statistical purposes an N of six was used, the actual number of residents trained was 65. Therefore, a large number of residents were trained by only two staff people working part time. The training is consequently seen as being practical.

One final implication of the results of this study is that psychopathology as measured by the Bipolar Psychological Inventory is not significantly affected by 40 hours of IPR training. This suggests that while behaviors may change, the underlying pathology remains

or it may be that the residents who received the IPR training were more able to "own" their pathology instead of deny it. Of course, this is speculation. Further research would have to be done to make such a statement conclusively. Suggestions for further research are discussed later in this chapter.

If the treatment does work and is practical, what would happen if 20-30 or even 50% of all residents went through such a training program? Would not one expect the residents to be less destructive to each other and slowly evolve into a more "mentally hygienic" environment?

Critique of the Study

When interpreting the results of the current study, several shortcomings in the research should be kept in mind. First, it is unfortunate that six videotaped lecture control groups could not be run, because their omission from the statistical analyses leaves the results of the IPR training vulnerable to questions regarding the Hawthorne effect. However, the literature is replete with studies that show that the Hawthorne effect does nothing. It is plausible that the results could be explained by the extra attention they received while in the Reception and Guidance Center rather than the actual training they received. That was the rationale for having videotaped lecture control groups

included in the original design of the research. Residents in those groups would have received equal time in a group and with a trainer. However, since the value of the prisoners watching videotaped lectures on psychology, sociology, and criminal justice was questionable, prison officials requested that this training be discontinued after only two such groups had been run. Of course, as noted previously in a review of the outcome data of those two groups, it appeared unlikely that the residents in those groups fared as well as the residents who were trained in IPR. Nevertheless, it was a handicap not to have had more than two such groups so they could be included in the statistical analysis. The results obtained from those two groups may have been due primarily to chance. Had six such groups been conducted, more meaningful evidence would have been available to answer questions surrounding how much of the results could be accounted for by the extra attention and being part of an experimental group rather than the actual communication skills training.

Another shortcoming of the study was the very small number of groups which were trained. Six is a number sufficiently small that differences must be very large in order to be statistically significant. Of course, the fact that the Carkhuff Index of Empathy Discrimination and the Correctional Personnel Questionnaire

were significant is particularly noteworthy since the sample size was so small. It seems unlikely that differences would be detected on the Bipolar Psychological Inventory regardless of how many groups were in the study. However, it does seem possible that had the sample size been larger, statistically significant differences might have been found on the segregation and tickets measures. Furthermore, it might also have been possible to detect differences on some other measures which occurred even less frequently than segregation and tickets such as escapes from prison and hospitalization for psychiatric difficulties.

This issue of frequency of occurrence of measures leads us to note another difficulty in the current study. Segregation and tickets are things which are not of frequent occurrence. This means that differences on such measures would have to have been quite large in order to be significantly different. More validation and reliability data would have been useful with regard to the Bipolar Psychological Inventory, Carkhuff Index of Empathy Discrimination and Correctional Personnel Questionnaire to provide assurance that the measurements were consistent measures of what they purported to assess.

Recommendations for Future Research

The results of this current study suggest further research regarding the effect of IPR training

upon prisoners be done. Since very few, if any, procedures have been found to be effective modes of treatment with prison populations, the findings of this study are very encouraging and worth following up. It would be useful, first of all, to follow the residents in the current study over time. What happens to them especially after they are released from prison? Are the recidivism rates for residents who received IPR training lower than for those in the control conditions?

Other shortcomings of the study pertain to time factors. It might have been useful to have measures taken over a longer period of time. The researcher plans to follow longitudinally the residents who were in this study. While it is valuable to know that the residents who received IPR training did significantly better on some of the measures two months after they arrived at the correctional facilities than did the other residents, it would be important to know how they perform over a longer period of time and after they are released from prison. Do the differences between the treatment and control groups disappear over time? Most importantly, do the differences maintain after the residents are released from prison? These questions lead us to consider recommendations for further research.

As implied in the preceding discussion regarding the current study, larger sample sizes for future research

are recommended. Furthermore, the research design should incorporate methods to explore the possibility that the Hawthorne effect accounted for at least some of the differences. A potential type of control condition might be group therapy.

Would when the training was conducted in relationship to the beginning, middle, or end of this sentence affect the outcome of the training upon the residents? Forty hours of training is a rather short amount of treatment. Would more training produce greater benefits? It seems that with regard to timing it might be maximally beneficial to conduct this training after or just before a prisoner was released from prison. What about the effect of the 40 hours of training being spread over a time period longer than 10 days? Perhaps training with a peer group such as a therapeutic community during the period of incarceration would be impactful. Training with significant others, such as family members, shortly before release could be investigated.

The selection of subjects could be from a volunteer pool. That is, residents could be told about IPR training and offered an opportunity to sign up for this experience. Then the volunteers could be randomly assigned to treatment or control conditions.

It would be interesting to conduct a similar study with women prisoners. One final possibility for

further research would be to train prisoners to be communication skills trainers. Would prisoners receive more benefit from being trained by their peers than from prison staff members or outside consultants? The group leaders found the project both challenging and rewarding. The experience of training residents to more effectively communicate with other people was extremely satisfying. They found it exciting to see prisoners, typically people who have had difficult lives, discover new things about themselves and gain insight into their own behavior. It was especially rewarding for them to see people who have so much to learn and have an opportunity to grow in the ways that they did. Perhaps peers would find training their colleagues equally as interesting and rewarding as did the group leaders in this study.

APPENDICES

APPENDIX A

AN OUTLINE OF THE INQUIRER ROLE AND OFTEN USED INQUIRER LEADS

APPENDIX A

INQUIRER'S APPROACH

The INQUIRER'S APPROACH should be characterized as follows:

1. Exploratory, brief, open-ended questions
2. A mixture of questions, some about thoughts, some about feelings
3. Listening, rather than telling, interpreting, counseling, teaching
4. Avoidance of communication blocks; non-judgmental, nondiverting

GENERAL INQUIRY STRATEGY

Respectful, interested, active inquiry.

Don't hurry--be patient.

Convey interest, excitement.

Don't interpret, don't tell him what you saw.

Don't counsel him.

After one or two responses to the probes, return to the tape.

Listen and learn--don't teach.

Follow up probes with appropriate next statements, i.e.,

"What effect did that perception have on you . . . ?"

(Later, "Do you think he knew that you were so influenced or affected?").

At conclusion of interviewer or interviewee recall session, ask, "If you had it to do over again, what would you do differently?"

At end of mutual recall session, inquirer leaves or arranges for participants to engage in new relationship without videotape or inquirer's presence.

INQUIRY PROBES

1. What were you thinking?
2. What were you feeling?
3. What pictures, memories or words were going through your mind?
4. What did you think the other person was feeling?
5. What did you want the other person to think or feel?
6. How did you think the other person felt about you?
How did you want the other person to feel about you?
7. Was there anything you wanted to say but couldn't find the "appropriate" words for?
8. Do you recall how your body felt--can you recall any specific parts of your body reacting more than other parts?
9. Did you have any feeling of familiarity, like, "Here I go again?"
10. What did the sex or physical appearance of the other do to you?

INQUIRY OPPORTUNITIES

If participants do not stop videotape--here are places where inquirer might occasionally encourage participant(s) to stop although, whenever possible, participant is encouraged to take control of situation, barring that, inquirer stops tape by observing participant for non-verbal cues of excitement or "re-living." Only in case of failure of the above two does the inquirer stop the tape at the following inquiry opportunities:

1. Instances in which either person clearly misinterpreted the other or appeared to not hear the other.
2. Use of vocabulary which describes intense feelings.
3. Changes in voice level, tone or pace.
4. Changes in directions of eyes.
5. Quick, abrupt switch from one topic of discussion to a different, unrelated topic.
6. Changes in position of body, head, arms or legs.

INQUIRER'S DIDACTIC INSTRUCTIONS TO INQUIREE

- Mind works faster than voice
- Not time to say all
- Things you didn't want to tell
- Vague feelings - couldn't find words
- Impressions of other/His impressions of you
- Give inquiree switch
- Stop tape as often as you can
- Tell me images, body, ideas, feeling, thinking

OFTEN USED INQUIRER LEADS

Compiled by:

Don Werner
Abigail Harris

Often times after we have gained some experience in the inquirer role, we find that our use of particular responses or questions becomes repetitious. This can prove monotonous not only to the inquirer, but to the participants as well. It is helpful at this point, to consider some new or alternative leads. One way to accomplish this is to observe other recall workers. Another way is to brainstorm with some other inquirers about the approaches which they use in recall situations.

As an aid in expanding your repertoire of inquirer leads, we have compiled an extensive list of inquirer leads which you might find helpful.

Reviewing these leads may also suggest alternative approaches that you might employ in the inquirer role. Some leads focus on feelings, others on the bodily focal points of these feelings, while other leads explore attitudes, expectations, and agendas. Often, leads may be used sequentially--the primary lead introduces the area of exploration, while secondary

leads amplify or pinpoint more specific issues, or consequences (i.e., "What did you feel after you realized that?"). In addition, some leads are particularly useful in client recall or mutual recall or at a particular time within the recall situation.

This list may help you to develop other categories and leads that fit your particular style and vocabulary.

Leads that Inspire Affective Exploration:

How did that make you feel?
 How did that make you feel about him/her?
 Do you remember what you were feeling?
 Were you aware of any feelings?
 What did you do (or decide to do) about that feeling you had?
 Did you want to express that feeling at any time?
 Did you have fantasies of any risks?
 What do those feelings mean to you? Does that feeling have any special meaning to you? Is it a "familiar" feeling?

Approaches which Encourage Cognitive Examination:

What were you thinking at that time?
 What thoughts were you having about the other person at that time?
 Something going on there?
 Anything going on there?
 Had you any ideas about what you wanted to do with that?
 Did you fantasize any risks?
 Were you able to say it the way you wanted to?
 Did you want to say anything else then?
 Did you have any plan of where you wanted the interview to go next?
 Did you think the other person knew what you wanted?
 What kind of image were you aware of projecting? Is that the image you wanted to project?
 Can you recall what effect the setting had on you or the interaction?
 Can you recall what effect you thought the setting had on the other person?
 Did the equipment affect you in any way? (If affirmative, "What do you mean by 'nervous,' what did you feel, think . . . body reactions . . . when you felt 'nervous'?" If reaction to cameras, "What did you want [or not want] the cameras to see you as?")

Questions about Body Sensations

Do you remember where in your body you felt that? . . .
 What did it feel like?
 Where in your body did you most feel the impact of that?
 Were there any physical sensations then? . . . Where
 did you notice them most? . . . When?
 If that physical sensation had a voice of its own, what
 would it have said?

Getting at Images:

Were you having any fantasies at the moment?
 Were any pictures, images, memories, flashing through
 your mind then?
 What was going on in your mind at the time? . . . Did it
 remind you of anything?
 Did you think you had "been there before?"
 Is that familiar to you?
 Where had that put you in the past?

Questions which Help Search out Expectations:

What did you want him/her to tell you?
 What did you want to hear?
 What would you have liked from him/her?
 Were you expecting anything of him/her at that point?
 Did you want him/her to see you in some way? How?
 What do you think his/her perceptions were of you?
 What message did you want to give him/her?
 Was there anything in particular you wanted him/her to
 say/do/think of you?
 What did you really want to tell her/him at this moment?
 What prevented you from doing so?
 What did you want him/her to do?
 Was he "with you?" How did his/her responses hit you?
 Did you want him/her to do something that would have
 made it easier for you? What would that have been?

Explorations into Each Other's Mutual Perceptions:

What did you think he/she was feeling about you?
 How do you think he/she was seeing you at that point?
 Do you think he/she was aware of your feelings/ thoughts?
 What do you think he/she wanted from you?
 What message do you think he/she was trying to give you?
 Did you feel that he/she had any expectations of you
 at that point?
 What did you think he/she wanted you to think/feel/do?
 Do you think your description of the interaction would
 coincide with his/hers?

Was he/she giving you any cues as to how he/she was feeling?

How do you think he/she felt about talking about this problem?

How do you think he/she felt about continuing to talk with you at this point?

Leads into Associations:

Did he/she remind you of anyone else in your life?

What effect did that have on you?

What reaction did you have to his/her physical appearance?

Shape? Color?

How attractive or unattractive was he/she to you?

What meaning did that have for you (especially after describing a thought or feeling perceived in the "other" person)?

Checking out Unstated Agendas:

What did that realization do to you, then or make you want to do or say, then?

What would you have liked to have said to him/her at that point?

How were you feeling about your role as interviewer at this point?

What's happening here?

What did you feel like doing?

What had that meant to you?

Any other feelings or thoughts here? (Also a good way to precede a return to the videotape playback.)

If you had more time, where would you have liked to have gone?

(Key word or phrase deliberately left incomplete--i.e., "And when you realized he wasn't listening, you . . . ")

Especially During Client Recall

What did he/she seem to think/want of or feel about you?

What did you want him/her to think/want of or feel about you?

Especially During Interviewer Recall

(After A's description of a covert thought or feeling, Inquirer turns to B), Did you know or suspect A thought (felt, etc.) that way, then? What did you think he/she thought at that moment? What were you, yourself feeling? (To B), Were you aware of that?

At End of Recall Session

Do you like the "you" you saw on the screen?

In retrospect, how do you think you felt about him/her throughout the session?

What things did you learn from this recall?

If you had it to do over, what (if anything) would you do differently?

Are there any parts you'd like to see again?

APPENDIX B

DESCRIPTION OF THE SCALES - BIPOLAR PSYCHOLOGICAL INVENTORY

APPENDIX B

DESCRIPTION OF THE SCALES - BIPOLAR PSYCHOLOGICAL INVENTORY

<u>Opposing Ends of the Scale</u>	<u>Meaning of Score</u>
Invalid-Valid (10 items)	<p><u>High Score:</u> Gross confusion (psychosis brain damage, retardation), inability to read, random marking of the answer sheet without reading the items, uncooperative, practical joker, or defiant individual.</p> <p><u>Low Score:</u> Accurate reading of items and following of directions.</p>
Lie-Honest (13 items)	<p><u>High Score:</u> Dishonest in test taking, exaggerates positive traits, minimizes deficiencies.</p> <p><u>Low Score:</u> Meticulously honest, tendency to exaggerate weaknesses.</p>
Defensive-Open (22 items)	<p><u>High Score:</u> Defensive, doesn't like to reveal self or personal problems, keeps feelings to self, resists professional help, guarded, does not solicit feedback.</p> <p><u>Low Score:</u> Open, accepts help, reveals problems freely, solicits professional help.</p>
Psychic Pain-Psychic Comfort (21 items)	<p><u>High Score:</u> Psychic pain, emotional, behavioral, and physical symptoms of anxiety, dissatisfaction, nervous, tense.</p> <p><u>Low Score:</u> Comfort, contentment, relaxed, calm, satisfied, unconcerned, controlled.</p>
Depression-Optimism (21 items)	<p><u>High Score:</u> Depression, fearful of future, regret of the past, feeling of impending doom, suicidal, failure experiences, unhappy.</p> <p><u>Low Score:</u> Happiness, optimism, successful, satisfaction, cheerful, energetic.</p>

Self Degradation-Self Esteem

(22 items)

High Score: Self degradation, self critical, inferiority feelings, dissatisfaction with self, self depreciating, poor self image, low ego strength, intropunitive.

Low Score: Self esteem, secure, self satisfied, confident, self assured, high self regard.

Dependence-Self Sufficiency

(20 items)

High Score: Dependent, inadequate, meek, gullible, follower, acquiescing, submissive, deferent.

Low Score: Self sufficient, independent, assertive, confident, leader, self directing.

Unmotivated-Achieving

(20 items)

High Score: Unmotivated, underachiever, lazy, procrastinator, unassuming, slothful, irresponsible.

Low Score: Achievement oriented, competitive, aggressive, untiring, recognition seeking, academically oriented, successful, hard working, accomplished.

Social Withdrawal-Gregariousness

(21 items)

High Score: Social withdrawal, loner, solitary, avoids interaction and confrontation, schizoid, social avoidance, introverted.

Low Score: Gregarious, sociable, seeks companionship, outgoing, extrovertive, affiliative.

Family Discord-Family Harmony

(22 items)

High Score: Family discord, hatred, mutual rejection, dissension and interpersonal conflict.

Low Score: Family harmony, closeness, pride, love, acceptance, and unity.

Sexual Immaturity-Sexual Maturity

(24 items)

High Score: Sexual immaturity, deviant tendencies, sexual anxieties, promiscuity, sexual guilt.

Low Score: Heterosexual maturity, adequacy and satisfaction, and sexual control.

**Social Deviancy - Social
Conformity**

(21 items)

High Score: Social deviancy, antisocial, criminal behavior, societal conflict, anti-establishment irresponsible, psychopathic, law breaking, rebellious.

Low Score: Social conformity, law abiding, ethical, socially sensitive, conforming, prosocial attitude.

Impulsiveness-Self Control

(22 items)

High Score: Impulsivity, joy seeking narcissistic, uncontrolled, moody, erratic, changeable, unreliable.

Low Score: Self control, consistent, dependable, reliable, persistent, planful, stable.

Hostility-Kindness

(20 items)

High Score: Hostility, anger, challenging, aggressiveness, verbally assertive, "eye-for-eye" attitude, threatening, intolerant, violent, vengeful.

Low Score: Friendliness, easy going accepting, kind, forgiving, cooperative, peaceful.

Insensitivity-Empathy

(20 items)

High Score: Cruelty, insensitive, morbid, punitive, calloused, sadistic.

Low Score: Empathy, concern, sensitive to others, kind, considerate, sympathetic.

APPENDIX C

CORRECTIONAL PERSONNEL QUESTIONNAIRE

APPENDIX C

STATE OF MICHIGAN

DEPARTMENT OF CORRECTIONS

CORRECTIONAL PERSONNEL QUESTIONNAIRE

Name of resident: _____ Date: _____

Name of employee: _____ Institution: _____

DIRECTIONS: Please evaluate the named resident on the items in this questionnaire. Each item consists of a behavior which is described in a bi-polar manner with opposite aspects of the same behavior serving as anchor points on each end of the item. The items are on a 7 point continuum. A rating of 1 indicates a maximum of the behavior on the left. A rating of 7 indicates a maximum of the behavior on the right. A rating of 4 indicates that behaviors described on the left and right are equally present or absent. Based on your knowledge of the resident, circle a number from 1 to 7 on each item unless you have insufficient information to rate the resident in which case, place a check mark in the space preceding the item.

**INSUFFICIENT
INFORMATION**

Based on my knowledge of the resident, the resident is:

- | | | | |
|-------|--|---------------|--|
| _____ | 1. Not aggressive toward
other residents. | 1 2 3 4 5 6 7 | Aggressive toward
other residents. |
| _____ | 2. Not aggressive toward
me. | 1 2 3 4 5 6 7 | Aggressive toward
me. |
| _____ | 3. Does not take ad-
vantage of others. | 1 2 3 4 5 6 7 | Takes advantage
of others. |
| _____ | 4. Does not violate
institutional rules
and regulations. | 1 2 3 4 5 6 7 | Violates insti-
tutional rules and
regulations. |
| _____ | 5. Does not skate or
go to unauthorized
locations. | 1 2 3 4 5 6 7 | Skates or goes to
unauthorized loca-
tions. |
| _____ | 6. Does not get into
fights with others. | 1 2 3 4 5 6 7 | Gets into fights
with others. |
| _____ | 7. Attends academic
Training programs. | 1 2 3 4 5 6 7 | Does not attend
academic programs in
which he is enrolled. |
| _____ | _____ Is not enrolled in academic programs. | | |
| _____ | 8. Attends vocational
training programs. | 1 2 3 4 5 6 7 | Does not attend voca-
tional programs in
which he is enrolled. |
| _____ | _____ Is not enrolled in vocational programs. | | |
| _____ | 9. Attends institution-
al work assignments. | 1 2 3 4 5 6 7 | Does not attend insti-
tutional work assign-
ments which he has. |
| _____ | _____ Does not have an institutional work assignment. | | |
| _____ | 10. Talks to others
in an appropriate
manner. | 1 2 3 4 5 6 7 | Does not talk to others
or does so in an in-
appropriate manner. |

**INSUFFICIENT
INFORMATION**

- | | | | |
|-------|---|---------------|--|
| _____ | 11. Talks with me in a manner that encourages me to continue talking. | 1 2 3 4 5 6 7 | Does not talk with me or talks with me in a manner that discourages me from talking further. |
| _____ | 12. Seems to hear me when I talk to him. | 1 2 3 4 5 6 7 | Does not seem to hear me when I talk to him. |
| _____ | 13. Honestly labels what I am feeling or thinking when I talk with him. | 1 2 3 4 5 6 7 | Distorts or minimizes what I am feeling or thinking when I talk with him. |
| _____ | 14. Expresses his emotions in an appropriate manner. | 1 2 3 4 5 6 7 | Withholds expression of his emotions or lets them come out in sudden outbursts. |

APPENDIX D

INDIVIDUAL DATA OF RESEARCH SUBJECTS

APPENDIX D

Table 14

Individual Data of Research Subjects

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
No Treatment Control	1	1	54.00	60	2.71	0	0
		2	80.50	139	2.58	0	0
		3	94.50	101	2.39	0	0
		4	91.50	107	2.51	Emergency Placement	0
		5	101.00	105	2.63	1	0
		6	62.00	52	3.66	0	0
		7	86.50	101	2.14	0	0
		8	103.50	69	2.30	0	0
		9	75.00	102	1.90	0	0
		10	112.50	102	3.29	0	0
	2	1	95.50	109	1.30	0	0
		2	68.00	107	1.59	0	0
		3	146.00	60	3.14	1	0
		4	112.00	64	2.58	2	3
		5	114.00	74	3.78	0	0
		6	Refused	Refused	Parole	0	0
		7	104.00	Invalid	4.09	0	0
		8	88.50	93	4.36	1	0
		9	93.00	129	3.00	2	0
		10	78.50	125	3.55	Emergency Psychiatric	11
	3	1	105.00	69	2.50	0	0
		2	125.50	85	Escaped	0	0
		3	124.00	111	1.50	0	0
		4	67.00	82	2.07	3	0
		5	91.00	109	Escaped	0	0
		6	100.50	74	2.78	1	0

Table 14--Continued

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
		7	Out to Count	Out to Count		0	0
		8	Out to Count	Out to Count		0	0
		9	121.00	73	1.43	0	0
		10	94.00	80	3.65	2	17
		11	115.00	79	6.30	0	0
		12	119.00	82	4.05	0	0
					Emergency Psychiatric		
		13	70.50	104	5.88	0	0
		14	80.50	95	3.83	0	0
		15	102.00	96	4.08	1	0
4		1	87.50	79	3.00	0	0
		2	109.00	102	3.09	0	0
		3	92.50	Invalid	4.91	2	0
					Escaped		
		4	100.00	149		0	0
		5	108.00	84	2.18	0	0
		6	Segregation	Segregation		0	0
		7	96.00	116	2.91	2	37
		8	77.50	114	4.00	0	0
		9	69.00	104	1.96	2	0
		10	68.50	92	1.79	2	24
		11	97.50	66	2.07	0	0
		12	86.00	94	2.80	0	0
		13	79.00	79	2.42	0	0
		14	103.00	Invalid	1.00	1	6
		15	86.50	90	1.67	0	0
5		1	123.50	111	2.11	0	0
		2	86.50	90	5.54	4	0
		3	Refused	Refused		0	0
		4	76.50	82	2.37	1	0
		5	89.50	49	2.65	2	0
		6	90.50	117	3.39	2	2
		7	103.00	66	1.82	0	0
		8	86.00	Invalid	2.10	0	0
		9	110.00	115	2.60	0	0

Table 14--Continued

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
Interpersonal Process Recall	1	10	86.50	76	1.70	0	0
		11	117.00	120	1.62	0	0
		12	110.00	64	3.76	0	0
		13	Refused	Refused		1	5
		14	132.50	87	1.92	2	2
		15	83.00	129	2.08	0	0
		1	123.00	Invalid	2.81	1	0
		2	75.50	100	2.90	1	0
		3	92.50	Invalid	2.39	1	0
		4	78.00	87	2.34	0	0
		5	90.00	98	2.89	0	0
		6	98.50	67	3.51	2	0
		7	82.00	134	1.78	0	0
		8	101.00	Invalid	4.28	0	0
		9	85.00	146	1.72	0	0
Interpersonal Process Recall	1	10	101.00	49	2.38	0	0
		11	71.50	162	2.76	0	0
		12	82.00	60	1.62	0	0
		13	132.50	119	2.13	1	0
		14	74.50	74	1.98	0	0
		15	77.00	75	2.12	0	0
		1	57.00	75	2.11	0	0
		2	70.50	60	1.81	0	0
		3	85.50	84	2.05	0	0
		4	After 7 days Out to Count	After 7 days Out to Count		0	0
		5	87.00	87	1.10	0	0
		6	75.50	47	1.70	1	0
		7	88.00	123	2.15	2	0
		8	Psychiatric Clinic	Psychiatric Clinic			
		9	Appeal Bond	Appeal Bond		1	5
		10	Refused	Refused		0	0

Table 14--Continued

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
2		1	100.00	140	2.00	0	
		2	Refused (Job)	Refused		Escaped	
		3	Refused	Invalid		1	0
		4	119.00	Refused	2.22	0	0
		5	Refused	123		0	0
		6	80.50	114	2.86	1	0
		7	86.50	121	2.69	0	0
		8	87.00	42	2.54	0	0
		9	73.50	87	2.52	0	0
		10	82.50	95	2.94	0	0
		11	100.00	101	1.68	0	0
		12	88.00	90	1.49	0	0
		13	89.00	57	4.57	0	0
		14	55.00	78	1.00	0	0
		15	76.00		2.42	0	0
3		1	77.00	Invalid	1.53	0	0
		2	73.00	96	2.73	0	0
		3	Refused	Refused		1	0
		4	62.00	153	2.62	0	0
		5	68.50	131	2.17	0	0
		6	Refused	Refused		0	0
		7	Refused	Refused		Escaped	
		8	89.00	76	3.00	0	0
		9	67.00	85	2.23	0	0
		10	Segregation	Segregation		0	0
		11	77.50	177	2.00	0	0
		12	66.50	Invalid	2.50	0	0
		13	82.00	Invalid	2.88	1	0
		14	80.50	76	2.32	0	0
		15	79.50	158	2.51	0	0
4		1	63.50	77	2.10	0	0
		2	Refused	Refused		0	0
		3	115.00	88	2.00	0	0
		4	92.50	68	2.23	0	0
		5	96.50	85	2.22	0	0
		6	82.00	Invalid	2.48	0	0

Table 14--Continued

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
		7	89.50	68	1.96	0	0
		8	82.00	144	2.61	0	0
		9	83.50	65	3.20	1	0
		10	76.00	83	1.81	1	0
					Released on		
		11	84.00	90	Writ	0	0
		12	Refused	Refused		0	0
		13	Refused	Refused		1	6
		14	75.00	82	2.28	0	0
		15	68.50	138	1.75	1	0
5		1	Refused	Refused		0	0
		2	87.50	55	3.04	0	0
		3	111.50	Invalid	3.00	2	0
		4	72.00	87	2.88	0	0
		5	89.00	88	2.34	0	0
		6	109.50	117	1.35	0	0
		7	90.00	106	2.24	2	14
		8	84.50	119	4.74	0	0
		9	86.00	64	3.17	4	0
		10	Refused	Refused		0	0
		11	71.00	73	1.30	0	0
		12	Refused	Refused		0	0
		13	72.00	87	1.53	0	0
		14	Segregation	Segregation		0	0
		15	Appeal Bond	Appeal Bond		Never Returned	
6		1	Refused	Refused		0	0
		2	69.00	Invalid	2.72	1	0
		3	80.50	85	4.00	0	0
		4	82.50	100	2.17	0	0
		5	64.00	71	3.75	3	8
		6	84.50	Invalid	1.75	0	0
		7	82.50	84	3.65	0	0
		8	74.00	118	4.25	0	0
		9	85.00	100	3.17	0	0
		10	69.50	65	2.34	0	0

Table 14--Continued

Condition	Group Designation	Subject	Empathy	Bipolar	Correctional Personnel	Number of Tickets	Number of Days Segregation
Videotape Lecture Control Group	1	11	80.00	69	1.92	0	0
		12	87.50	126	3.76	0	0
		13	76.50	54	1.78	0	0
		14	86.50	101	2.26	1	0
		15	87.00	128	3.08	3	0
		1	70.50	53	1.30	0	0
		2	67.00	68	Escaped	0	0
		3	90.50	72			
		4	Refused (Job) Refused (Job)	Refused (Job)	2.26	0	0
		5			2.83	1	3
		6			3.02	0	0
		7			1.25	0	0
		8			6.19	0	0
		9			2.28	1	0
		10	73.00	76	2.05	0	0
	2	1	68.50	71	1.67	0	0
		2	103.00	Invalid	3.36	0	0
		3	95.50	94	Emergency Psychiatric	0	0
		4	99.00	66			
		5	118.50	68	3.85	3	16
		6	99.50	56	Escaped Escaped	4	0
		7	82.00	159			
		8	70.00	85	2.42	0	0
		9	85.50	86	Escaped	1	3
		10	85.00	76	3.31	0	0
					Escaped	0	0

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