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This Issue in Brief

It's O.K. Supervision Enthusiasts: You Can Come Home Now!—Author Harold B. Wooten asserts that probation systems have lost interest in supervision of offenders; instead, trendy practices which are best described as elaborate monitoring mechanisms have taken the day. But, the author contends, before we rally the supervision loyalists, we should first admit that changing self-defeating behavior of offenders has never been significantly reinforced as a value in probation. The author cites historical reasons for this failure, identifies current barriers to effective supervision of offenders, and offers recommendations to various participants in the process to address effective supervision of offenders.

A Challenge Answered: Changes in the Perception of the Probation Task.—Author Richard Gray responds to the point of view expressed in this issue's article by Harold B. Wooten. Do probation officers actually help probationers or are they primarily paper pushers or law enforcers? According to the author, past experience and current job orientation have caused a change in probation officers' perspective of their job. The author discusses the sociology of knowledge in addressing shifts in task-related perspectives.

Private Enterprise and Institutional Corrections: A Call for Caution.—The current crisis of overcrowding in American prisons and jails, coupled with reduced resources available for corrections, has led to the development of innovative responses to the problems of institutional corrections. One such innovation which has been proposed and is receiving increasing support is the idea of "privatizing" institutional corrections. Authors Lawrence F. Travis III, Edward J. Latessa, Jr., and Gennaro F. Vito examine the movement to contract with private firms for the construction and operation of prisons and jails. Focusing on legal, cost, and accountability issues in such contracting,the authors conclude with a call for caution in the movement to employ private companies for the provision of this governmental service.

Impact of a Job Training Program on CETA-Qualified Offenders.—In this article, author Dennis B. Anderson reports on research—conducted in an industrial midwestern city during 1984—of a job training program for CETA-qualified probationers. Controlling for self-selection and risk factors, the study compared these pro-

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Predicting and Improving Parole Success With PAS

BY LOIS SHAWVER, Ph.D., T.L. CLANON, M.D.,
DOUGLAS KURDYS, Ph.D., and HOWARD FRIEDMAN, Ph.D*

IMAGINE that you are a prison psychologist assigned to work with a particular inmate. His file is in front of you, but you haven't yet met him. As you read his file, you learn that he is a 25-year-old black man very recently convicted of robbery. The question you are asking yourself is what can you do, or advise others to do, or him to do, that will help him succeed on parole.

The bulk of research in predicting parole success cannot help you. You might know, for example, that the fact that this prisoner is male increases the statistical likelihood that he will fail on parole (Kelley, 1977) as does the fact that he is black (Silberman, 1978, p. 117) and the fact that he has four previous arrests (Wolfgang, 1978). But these facts do not help you plan for his treatment. You can't make him female to improve his parole chances, or change his race or the fact that he had previous arrests. Knowing these facts may allow you to predict parole problems better, but they do not suggest something for you to do to reduce his parole problems. You might also know that the fact that his father served time in prison or that his mother was an alcoholic or that he is brain damaged or mentally deficient or epileptic affects his parole chances, but these, too, are not facts you can use to plan effective treatment for him.

Research that predicts parole success on the basis of such unchangeable features in a prisoner's past can be called "destiny studies." They tell us how things are likely to turn out, but they do not give us a clue as to what we can do to influence things to turn out better.

Most prediction research in correctional settings is destiny studies. Because of this, the research yields little information that is useful to a clinician or counselor trying to help a prisoner. Even prediction research based on psychological tests is of limited usefulness. The fact that the prisoner you are about to meet has a certain MMPI profile that indicates he is likely to fail on parole does not tell you what you might do to change that and, just as important, will not tell you if you are succeeding in improving his parole chances by the efforts you decide to make.

The Progress Assessment System (PAS) was designed to provide the kinds of information such destiny studies fail to give us. Rather than provide additional destiny studies, we wanted to gather data that would be useful. It seemed to us that the most useful data would be data that related a current behavior that we could hope to influence to an outcome we wanted to change. This was the first step of our strategy.

Because we are prison psychologists and psychiatrists, it seemed we needed to know most about the relationship between prison behavior and outcome. If we found, for example, that going to school while in prison or participating in psychotherapy or even keeping one's cell clean increased one's chances for parole success, then we could conceivably influence these things and study whether or not our influence was as constructive as we hypothesized it would be.

The first thing we needed to do, therefore, was to measure various kinds of prison behavior so we could relate them to parole outcome. Prison behavior, however, is not a quick and easy thing to measure. Destiny studies are much easier. They measure static facts like gender and race, very stable kinds of facts that can be reliably measured on a one time basis—you trust that if they are one way on Monday they will be the same on Tuesday. But the facts we wanted to study were process facts, things that were continuously happening and changing—things we needed to measure continuously—and it was necessary that we study such process facts because these are the only facts we could hope to change.

PAS, therefore, was designed as a system of continuous data collection on in-house behaviors of prisoners that we hoped to be relevant to these prisoners' eventual parole success.

To develop such a system, we had to create process scales, that is, scales for measuring behaviors on a continuous basis. Many factors dictated what kinds of scales we could develop. The scales needed to be fairly unobtrusive. One cannot administer a questionnaire to a prisoner every day and expect the data to be uninfluenced by the fact that the prisoner has been taking this questionnaire every day for months or years. Therefore, we decided the behavior needed to be measured by someone other than the prisoner, someone who had a regular opportunity to observe the prisoner doing things relevant

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to the particular scale being used. This meant we would use a variety of prison staff as well as clinicians to assess behavior because there were not that many clinicians to go around and, besides, clinicians were not likely to observe prisoners in many of the settings that might prove interesting, such as the living areas and worksites. So, for our assessments, we needed to rely on a wide range of prison staff: officers (guards), school teachers, nurses, and occupational therapists as well as psychologists, psychiatrists, and other staff. And, since much of the behavior was going to be assessed by people with limited training, we needed to construct the scales with this in mind and find ways of training the staff members and assessing their competence.

At times this has proven to be a tricky endeavor. We wanted people with limited training to be able to incorporate our rating task into their daily work schedule without feeling overburdened and overwhelmed. This was especially important because we intended to ask some of our raters to rate 30 to 50 men, occasionally even more, on a weekly or even a daily basis. Furthermore, we had no line authority over this vast variety of staff. We had to work to gain their cooperation, and this required that we be very modest in the help we asked for—we could not risk provoking insurrection against the trouble that the PAS program represented.

For these reasons, all the PAS scales are simple, anchored rating scales. All scales have five levels, with the higher ratings representing more desirable behaviors. By anchored, we mean that each rating level, 0 through 4, is defined by particular kinds of behaviors unique to that level. The nature of the scales was dictated first by the fact that the levels to be differentiated by the raters had to be simple and specific to permit reliable rating.

With this in mind, we have developed two general kinds of scales for providing the continuous process measurement that we require: "treatment participation scales" and "behavior scales." With the treatment participation scales, we measure the level of the prisoner's participation in the program on three dimensions: How successful is his participation in terms of his program's goals? How high is his effort-level? How appropriate is his social interaction with other prisoners in the program setting? Each dimension is rated on a five-level scale.

Our behavior scales are similarly graded for ordinal rather than simple categorical measurement. The behavior rated by each scale, and the criteria for each level, are devised to be used without requiring the rater to conduct a complex analysis of each prisoner. The rater who rates cell orderliness, for example, has been trained in the specific, objective criteria-levels which differentiate five levels of cell orderliness. In practice, an experienced rater requires only about 5 to 15 seconds to evaluate a typical cell on these criteria. Of course, ratings of social interactions, for instance, are unavoidably more subjective. To increase scale reliability, we have constructed each scale to measure only a single dimension—e.g., quantity of social interaction—and we have defined the criteria simply with unambiguous differentiations among each of the five levels.

To date, our effort has been concentrated on scale development and rating reliability, but we do have a simple correlation analysis of one very promising scale, our "group therapy participation" scale. The scale is essentially as follows: The prisoner gets five points for the week if his weekly participation in his group therapy session is judged by his therapist to be a spontaneous, enthusiastic participation including talking to other people in a give and take fashion and discussing his personal problems in a meaningful and constructive way. He gets four points if he pays attention and participates actively. He gets three if he pays attention and participates intermittently. He gets two if he very occasionally participates or at least listens attentively. He gets one if he is present but not participating, and he gets zero if he is absent from the group. When we have measured prisoners' participation in group therapy using this particular scale for 6 weeks prior to parole, we have been able to predict parole success surprisingly well.

We used the California Department of Corrections' parole outcome data to measure success 1 year after going on parole. This placed every parolee in an outcome category such as "no problems on parole," "return to prison on a parole violation," and "conviction for a new felony," and we ordered these categorical outcomes into a four-point scale that reflected the *degree* of the parolee's success.

We wanted to see if prisoners' behavior in group therapy would predict how successful prisoners were on parole, so we compared the prisoners' scores for the group therapy in the last 6 weeks in prison with their scores on the "success on parole" scale. We found that the more actively prisoners participated in group therapy during this period, the better they did on parole when they were released ($r = .47$; $df = 30$; $p < .01$).

We then wanted to determine whether the prisoners who were more successful in group therapy had always been good in group therapy—so that our scales had simply shown that good group therapy participants do well on parole—or whether we had actually found some significant changes occurring that were related to parole success. Had some prisoners started out in group therapy like the other prisoners but changed so that they earned better scores in therapy and then went on to do better on parole as well? When we checked the scores that these prisoners had earned in their first 6 weeks of group therapy, we found that those scores did not predict their parole success. So the data indicate that some changes

took place in the behavior of some of the prisoners in group therapy, and these changes were associated with more active participation in group therapy and more success on parole.

Our finding that active participation in psychotherapy is associated with a prisoner's parole success agrees with recent findings in the general psychotherapy literature that treatment involvement is a good predictor of treatment success when the patient is not a prisoner (Gomes-Schwartz, 1978; O'Malley, Suh and Strupp, 1983). Psychotherapy seems more effective the more involved the patient becomes.

We are particularly pleased with our findings because they give us more than a destiny prediction. Unlike research that predicts on the basis of unchangeable variables like race and gender, our predictions give us clues as to what we can do to increase the prospects of parole success for particular prisoners. In this case, we can encourage them to become more involved in psychotherapy, and we can inform them that those prisoners who become more involved seem to do better on parole than those who do not. And, because we have continuous process measurement of therapy involvement, we can always check to see if our efforts to promote increased involvement actually work.

The California legislature was impressed by these group therapy findings and granted a special budget to have the PAS program expanded. This allowed us to increase the subject pool from approximately 65 to approximately 500 men, many of whom parole directly from our program. At the same time we have expanded the number of raters from about a dozen to approximately 120.

An initial study conducted on this expanded pool found that behavior measured by two of the PAS scales on social interaction was significantly related to week-later initiation of violent acts. Three groups of inmates were randomly selected: 15 inmates who had committed violent assaults in prison, 15 who had committed non-violent rule violations, and a control group of 15 inmates who had no offense in the last month. The groups were not significantly different in number or severity of previous offenses, current offense, or educational level.

On separate scales measuring demandingness in relating to staff and politeness in dealing with inmates and staff, the behavior of the Control group and the Violent group were similar until the week before the Violent group inmates committed a violent act. In the week before the offense, the behavior scores of the Violent group inmates dropped significantly ($p<.05$, Dunnet's test for ANOVA) on both of these scales, compared with the Control group. So there was a change in the behavior of the Violent group in the week before the offense, and that change was reflected in the rating on the scales measuring demanding behavior and politeness.

In 1983-84, we increased the number of behavior and program scales to 27. This number changes as we discard scales that prove problematic and develop new and improved scales. The behaviors that we now observe include personal cleanliness, maintenance of cell and personal possessions, relations with authority figures, quantity of peer social contacts, quality of peer social contacts, and bizarre behaviors. The program scales include evaluations of performance, of effort, and of social conduct on the job, in occupational therapy, and in school, and evaluation of participation and of assertiveness in group therapy.

We have now stabilized our data collection system on the current scales and the expanded pool of subjects. We have established training procedures for new raters, and we schedule weekly feedback sessions for all raters using our behavior scales. To increase reliability, we also get ratings from a second shift of officers on behavior scales, so inmates are now rated twice per day by different observers on many of these scales.

We are in the process of computerizing our database in ways that will make it possible for us to analyze the mass of numbers we are generating in a much more thorough way. Rather than merely correlate our scales with outcome data, we will be able to use a multiple regression procedure to determine the relative contribution of all the factors we are examining to a prisoner's parole outcome. On the basis of our findings, we expect to be able to calculate a parole readiness index that will constitute our data-based prediction of a particular prisoner's likelihood of succeeding on parole on any given date. We will calculate this simply by multiplying our Beta Coefficients by a prisoner's raw scores in a particular week and summing these products. His parole readiness index can, therefore, fluctuate, and we can offer suggestions to staff as to some of the things that the prisoner might do to improve his index. And these suggestions can be put in the form of written comments which we call PAS reports.

Although we have not yet established a procedure for estimating the inmate's parole readiness, we currently use his scores to create reports which provide descriptive information. Our computer programs simply convert an inmate's numerical ratings for the week, and different combinations of these ratings, into English phrases and sentences telling the reader such things as how actively the inmate participated in his various programs and how well he got along with staff and other prisoners. And we have used various scores and score combinations to make recommendations for such things as custody level, housing, and job assignments. For example, if a prisoner

scores very low in body cleanliness, we recommend against giving him a kitchen job.[1]

Now, again imagine yourself as a prison psychologist thumbing through the file of a prisoner you are about to meet. You note that he is black and male and has four previous arrests, and although you know these facts affect his statistical chances for parole success, there is not much you can do about them. Then you come across a PAS report. It tells you that this man has a very low parole readiness index at the present time. In fact, the PAS calculation has given him only a 30 percent chance of success on his first year of parole. The report goes on to say that a major reason his parole readiness index is so low is that he is very withdrawn on his ward and very uncommunicative in his group therapy sessions. In every other way he is about average in parole readiness.

You reflect for a moment to contrast this prisoner with others you have worked with recently. This prisoner contrasts markedly with a previous man you saw whom the PAS report described as having a fairly high parole readiness index and whose only notable deficit was in cell cleanliness. And there was the man whose index was extremely low and seemed to be deficient in everything.

Your new prisoner-patient knocks on your door. You invite him in and he sits in the chair by your desk with a blank expression. You talk to him and as you do, the PAS report you have just read gives you ideas to talk to him about. And so you talk to him about his relationships on his unit and decide to assign him to a particular group you have that you feel can encourage his involvement. You will use your own creativity to try to get him involved. Three months from now you will order another PAS report and, you hope, learn that his peer relationships have improved.

The point is that PAS data provide you with ideas for doing such things because the data are clinically relevant whereas most prediction studies, destiny studies, are not. Destiny studies are easy to do, but they are not very useful. The fact that we continue to do them regardless of their irrelevance reminds one of the man in the joke who looks for his keys under the street lamp. He lost his keys over there in the dark, but he persists in looking here under the lamp because he can see better over here.

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[1] Our programs have been developed to run on very inexpensive 8 bit CPM microcomputers. We are currently using Kaypros with either two double-sided disk drives or a single 10 megabyte hard disk, and we are able to maintain files containing our entire PAS database (exclusive of parole and institutional infractions) for 3 months on a single diskette.