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A COGNITIVE APPROACH TO
DISCHARGE PLANNING FOR OFFENDERS

By

Frederick Wayne Morris

B.A. Recreation, University of Waterloo, 1974

THESIS

Submitted to the Department of Psychology
in partial fulfilment of the requirements
for the Master of Arts degree
Wilfrid Laurier University
1991

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Abstract

The paper describes an application of cognitive psychological techniques to a program of discharge planning for offenders from a medium security Correctional Centre. It contains a review of alternative methods of discharge planning, outlines the development of cognitive treatment techniques, and explains the rationale for applying these techniques to incarcerated offenders. A quasi-experimental approach is utilized, comparing a group that experienced a combination of Interpersonal Cognitive Problem-Solving, an affective component, self-initiation and relapse prevention with no treatment comparison groups. A significant improvement was noted in the experimental group in their ability to solve problems as measured by the Means End Problem-Solving Inventory (Platt & Spivack, 1989). The groups were also compared in their ability to select alternatives as measured by the Social Insight Scale (Cassel, 1976) and their expression of anger and hostility as measured by the Buss-Durkee Scale (Buss, Fisher & Simmons, 1962). While significant results were observed, the results must be viewed with caution. When compared to the control group, the experimental group displayed promising results in terms of recidivism. The complications encountered conducting longitudinal research within a correctional facility are discussed.

Community Psychology projects often involve the contributions of many people. This paper is not an exception. I would like to thank the members of my committee, Dr. Geoffrey Nelson and Dr. Robert Gebotys for their critical input and suggestions. I would especially like to thank my chairman Dr. Ed Bennett for his ongoing support and committee member/colleague/friend Dr. Joe Piscione without whose help this project would have been an impossibility. Thank-you also to my classmates, The Ministry of Correctional Services and the staff of Guelph Correctional Centre and Hamilton Wentworth Detention Centre. Special acknowledgements go to Allene Ducheneau, Gary Edwards, Nancy Lapointe and Glen Semple. Finally, completing my masters degree part-time has involved considerable self-sacrifice and patience on the part of my family. Thanks to Pauline, Sabrina and Aaron, for your love and support.

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INTRODUCTION

Recently the Ontario Ministry of Correctional Services has begun to consider the development of discharge planning for offenders about to be discharged from correctional centers. A review of the literature and my personal experience supports the need for such programs. However, I believe that a different format beyond that originally envisioned by the Ministry is needed. Usually discharge planning is seen as giving the inmate some basic information such as the addresses of social welfare agencies. While this can be helpful, I believe that a step beyond this is teaching inmates problem-solving skills that they can apply to the problems they are about to face. Even more effective would be a program that allows the inmate to apply these skills in a controlled setting to problems that have an emotional component (i.e. problems they are personally facing around their discharge). In the first section of this paper I will review the literature and describe personal observations which have allowed me to form these assertions.

The majority of individuals convicted of infractions against the laws of Canada, if incarcerated, serve their time within a correctional institution. Unfortunately this term is often a misnomer. Despite the sincere best efforts of many staff to rehabilitate offenders, considerable controversy still exists regarding the effectiveness of any correctional program. Martinson (1974) is often cited as showing that correctional treatment programs have been ineffective. After reviewing a number of rehabilitative programs he concluded that no program could claim to be

successful (Lipton et al., 1975). This belief that "nothing works" has been used by some politicians and senior bureaucrats to justify funding cuts. Others have severely criticized Martinson's work as having limited his studies to programs prior to 1967. They note that there have been many improvements both in quality and quantity since that time (e.g. Palmer, 1975; Ross & Gendreau, 1980). However, Martinson's work is still used by some correctional administrators to rationalize their lack of successful programming.

Frustrated at the apparent lack of successful programs within institutions, senior government officials have tried various interventions to stop "the revolving door" of correctional institutions. Although not adequately tested, some alternatives such as bail reform, restitution, and community service are believed to be relatively successful (Roesch & Corrado, 1983). In his influential text which gives an overview of Community Psychology, Rappaport (1977) summarizes the attempts to formulate effective interventions in the criminal justice system. He notes that programs such as behaviour modification, milieu treatment, buddy programs and community treatment have not shown statistically significant successes. However, he goes on to note that it is too easy to just dismiss the problem as too large and the locus of control as too distant to be dealt with locally. He advocates the identification of the problems and the use of citizen groups to implement interventions (Rappaport, 1977).

Notwithstanding the attempts of different alternatives to incarceration, many Canadians continue to be incarcerated. In the 1960's, the move to community corrections was paralleled by efforts to move mental

patients into the community. However, while mental hospitals today often have empty beds, prisons are becoming increasingly crowded (Roesch & Corrado, 1983). It appears that society has been more ready to accept mental patients than ex-offenders although, as noted by Rabkin (1979, as cited by Roesch & Corrado, 1983), many ex-offenders have also been mental patients. In fact, it has been noted that government policies of de-institutionalization of mental patients have only transferred the care of a significant number of the mentally ill to the criminal justice system (Pradoni, James, Kapit, Jones, & Ridley, 1985).

Thus, while community corrections programs continue to be emphasized and spoken of as the future of corrections, the number of incarcerated offenders has continued to grow (Chan & Ericson, 1981). For the soon to be released prisoner, the success of diversion programs has little personal significance.

We cannot give up on those who have been incarcerated. It speaks ill of a society that blindly accepts that individuals must continue to be incarcerated. The deprivation of liberty should be a time limited punishment, not as inmates refer to it as, "Life on the installment plan". Even as early as 1764 the great Italian jurist Casere Beccaria noted:

In order that any punishment should not be an act of violence committed by one person or many against a private citizen it is essential that it should be public, prompt, necessary, the minimum possible under the given circumstances, proportionate to the crimes and established law.
(C. Beccaria as edited by D. Young, 1986)

The released offender is ill-equipped to return to society and continues to suffer for his or her sins.

A great variety of approaches have been taken in efforts to rehabilitate the offender. Programs exist in institutions such as trades training, academic upgrading, work skills, alcohol and drug treatment, and various forms of confrontational therapy. Unfortunately these programs have existed in a vacuum. Correctional staff at all levels quickly become disillusioned when they see their charge who appeared to make such great gains in the institution reoffend and become incarcerated. However, it is only recently that we have begun to realize that our best efforts and most effective programs are ineffective if we do not allow a transition into normal society. Even when the offender has benefitted from programs, he/she is still not equipped to handle the new problems beyond the prison's bars. He/she does not possess the skills to prevent a relapse into his/her former behaviour (Marlatt & Gordon, 1985).

Recently, a number of American jurisdictions have begun to address these concerns by the development of pre-release centers and programs in discharge planning. The Ontario Ministry of Correctional Services is exploring various possibilities and pilot programs are being conducted. In the following section I will review the development of pre-release centers and discharge planning.

PRE-RELEASE CENTERS AND DISCHARGE PLANNING

The vast majority of incarcerated offenders eventually return to the community. That we should make efforts to reintegrate them into society seems only logical, even if only for our own safety. As Mueller (1981) notes, prison programming should concentrate on making the inmate's return to the community safe for the residents, rather than on removing the offender from the community for a period of time. It would seem that releasing the ex-offender into the community with few resources or skills contributes little to the protection of the residents.

A number of jurisdictions have developed programs preparing the offender to return to the community. A review of the literature revealed articles examining programs in the early stages of development in seven American states. It appears that California (California Assembly 1978, 1980), New York (Morgenbesser, 1980; Mullen, 1981), and Massachusetts (Mershon, 1978; Leclair, 1981) are most heavily committed to this effort. Programs were also noted in Australia (Parker, 1979), England (Winfield et al., 1983), the Netherlands (Spickenhever, 1979), and even Sri Lanka (Amerisinghe, not dated). Canada is also making efforts, but I was unable to discover any record of empirically conducted assessments.

The recent well-publicized problems of halfway houses for federal prisons in Toronto has given such discharge planning methods unwanted publicity by emphasizing their failures (Downey, 1988). A great number of difficulties have been encountered in establishing halfway houses in the community, including public criticism from the more vocal contingents of local communities (Kappel, 1986). According to a Planning Officer in the

Ontario Ministry of Correctional Services' Program Development and Implementation Section, Ontario is also conducting pilot studies, as are the other provinces (G. Semple, personal communication, October, 1988). Three major approaches have been used to prepare inmates for release. These are 1) furlough programs, where the inmate is allowed passes into the community to search for work, prepare for educational programs or to reunite with family, 2) pre-release centers, where the inmate lives in a minimum security community residence as a transition in the later stages of his or her sentence, and 3) within institution programs in which the inmate participates in various programs within the institution.

Furlough programs are relatively common in correctional institutions. At the Guelph Correctional Centre, inmates may, through good behaviour, earn the privilege of either working at a meat packing plant for union scale wages or at a trout processing operation where they receive minimum wage. Both operations are on the grounds of the institution. In Alberta, inmates can receive temporary absence passes to work in the community. These jobs can be continued after release. The furlough program in Hawaii (Urieff, 1984) gives particular attention to helping clients find work in the community prior to release. Unfortunately, the effect that these particular programs have upon recidivism seems not to have been assessed. However, Leclair (1981) noted that inmates from Massachusetts institutions who received furloughs had significantly better success rates in the community after release. These inmates had a rate of recidivism after one year of 16% compared to 25% for non-participants. Mershon (1978) found similar successes for

furlough programs. He noted that the 925 inmates studied over a one year period had a recidivism rate of 16% compared to 20% for inmates released prior to the implementation of the program.

Pre-release centers have also attempted to prepare inmates for release. In these programs, individuals are transferred to minimum security settings within cities and utilize community resources. While the actual programs vary they are usually similar in many ingredients. For example, the Philadelphia prison's pre-release program includes work, educational, and medical release components, and aims to ease the transition from institution to community life. Participants receive room and board at moderate cost. There are social awareness programs teaching various skills. (Philadelphia Prisons Pre-release Programme, Undated).

In examining pre-release centers in New Orleans, Carlson and Parks (1981) found that a group which had a pre-release program had a lower re-arrest rate than those who did not have the program. Mershon (1978) also noted that those participating in the pre-release program in Massachusetts had lower recidivism rates than those who did not have the program.

Some jurisdictions have had difficulties with pre-release centres. These problems did not occur because the programs have not been successful but because the failure have been so dramatic. An example is the recent case in Scarborough, Ontario, in which a resident at a federally-funded halfway house walked away from the centre and killed a woman. These failures reflect upon the entire corrections program and

pre-release centers in particular. Such difficulties are not only Canadian phenomenon. In reviewing programs in Western Australia, Parker (1979) recommended that the Department of Corrections make some stringent criteria for placement in minimum security settings and reduce the number of male prisoners held in these settings. He goes on to make a series of recommendations limiting community contact. Since policies are often developed as a reaction to public pressure and politics rather than objective criteria, it is possible that a similar shift in policy may occur in Canada. Certainly more dramatic failures may place great pressure on the existence of pre-release centers and halfway houses.

While professionals can decry the unfairness and illogic of the restrictions on pre-release centres, the political reality is that it is extremely difficult to establish new residences. This leaves many offenders completing their sentences while waiting a bed in a halfway house and walking out the door unprepared. This makes programs within institutions as the most practical alternative, at least in the short run.

While the duration and administration of these programs vary greatly, the content usually involves, minimally, ingredients of vocational training, employment service, and drug counselling (e.g. Lewis & Bresler, 1981; Brown, 1981). Some, such as those Morgenbesser (1980) described, have added dimensions of family therapy. While few analyses have been done of these programs, Leclair (1981) has noted that prisoners participating in a pre-release program in Massachusetts exhibited a lower recidivism rate than those who did not.

In Ontario, 20 fee-for-service contracts exist with individuals and

organizations for pre-release planning for provincial prisoners. In this arrangement the agency receives payment for each inmate they serve. These programs primarily serve inmates held in detention centers and jails in the client's home community (G. Semple, personal communication, October, 1988). The content of these programs varies greatly but is focused on the immediate needs of the discharged inmate. There does not appear to have been any evaluation of these programs.

While inmates in detention centers may have at least some discharge planning, those serving sentences in excess of 31 days may be sent to correctional centers. At the present time, the discharge programs in these facilities are inconsistent. It has been my observation, after 17 years of work within correctional centres, that discharge planning is left to the individual social worker or clinician, with the result that a great variety of uncoordinated approaches are used. Correctional Centre inmates are a particularly difficult group to serve which has been recognized by a paper prepared by the Ontario Ministry of Correctional Services, Division of Policy Development and Implementation Division. It notes:

Inmates assigned to institutions present the most complex problems for the discharge planning process. They are generally serving long sentences, have limited skills and abilities, have no immediate temporary absence possibilities or require specialized services. They are distant geographically from their homes and/or their proposed residence upon discharge and their plans may change rapidly day to day. Often their view of their plan differs drastically from the reality that actually exists.

They are receiving input from a variety of sources; treatment professionals, unit managers, probation and parole officers, vocational and

educational counsellors, recreation officers, medical staff, fellow-inmates and their families. The goals and intentions of this array of discharge planners may vary widely. If this input is not co-ordinated the inmate becomes totally confused and the community resources are improperly used. Manipulation of the system by the inmate is also likely to result. (Ministry of Correctional Services, undated).

Although the above statement was made in the early 1970's, I believe it is still relevant today. When faced with these difficulties some institutions have become frustrated at ever being able to develop a meaningful discharge planning program. They have chosen to apply their limited resources to other programs where more immediate results can be seen. But, if an approach was used where the inmates weren't just given the information, but were shown how to solve their own problems, perhaps they would be better prepared to face society outside of the institution. By applying an approach called Interpersonal Cognitive Problem-Solving (ICPS) to their discharge plans, they may learn how to solve their own problems (Spivack & Shure, 1976). In this way, they not only handle the immediate situation but develop skills and resources that they can apply to later situations, thus empowering them to become more effective members of society. In the following section, I will describe ICPS and its development.

INTERPERSONAL COGNITIVE PROBLEM SOLVING

The earliest statement linking problem-solving abilities to development appears to have been made by Jahoda in 1953 (Spivack, Platt, & Shure, 1976). Jahoda noted that one major tendency toward psychological health is an inclination to go through stages of admitting to a problem, considering it, making a decision, and taking action. Later, Jahoda (1958) noted, "going through the process, rather than finding a successful resolution is taken as the indicator for mental health" (Spivack et al., 1976, p.9).

While it would seem that Jahoda's observations would have important implications for work with psychiatric patients, no further progress was made until D'Zurilla and Goldfried (1971) developed what they described as the five stages of interpersonal problem solving. They list the stages as:

- 1 General Orientation - a recognition that problems are part of everyday life and thoughts of acting on impulse or giving up must be inhibited.
 - 2 Problem Definition and Formulation - major problems and subproblems are identified as well as important issues and conflicts.
 - 3 Generating Alternatives - the attempt is made to generate as many solutions as possible. This is a process similar to "brainstorming" in which the quantity of solutions is more important than quality.
 - 4 Decision Making - evaluating and selecting the best alternative.
 - 5 Verification - a partial solution is tried and its result is noted and self correction is possible.
- (Heller et al., 1984)

Seligman (1975) noted that deficiency in the abilities of problem-solving was associated with what he called "learned helplessness". This term was derived from studies in which subjects, first dogs then humans, were

unable to avoid painful stimuli. Both groups ultimately gave up trying to escape. Seligman compares this to society in which individuals are unable to improve their life situation. Such individuals have difficulty planning and making decisions as well as solving problems. He/she sees life as uncontrollable and comes to feel ineffectual (Seligman, 1975). My colleagues and I have noted this as commonplace amongst our inmate population. We have also noted that many inmates seem to express that since they can't control things they "don't give a damn" and only know a limited number of responses to stress, usually involving immediate gratification. This may include violence when frustrated or threatened, or theft if they want something.

Research by DeCharms (1976) and by Abramson, Seligman and Teasdale (1979) indicates that "learned helplessness" can be modified by teaching the individual coping skills that help him/her learn how to solve problems and make decisions. It was Spivack, Shure, and their colleagues who first began to emphasize competence development as treatment. In this approach, specific problem areas are identified and the individual taught how to improve their performance in this area. Initially they identified that psychiatric patients were deficient in their ability to generate solutions to interpersonal problems (Platt & Spivack, 1972). They found similar deficiencies in younger patients (Platt, Spivack, Altman, & Piezer, 1974) and noticed that children who were poor problem solvers were more likely to use impulsive or aggressive solutions to problems (Shure & Spivack, 1972).

Parallel to the development of Cognitive Problem-Solving was a

movement to use an education approach to develop social competencies (Sauber, 1973; Olson, 1976). This approach which Carkhuff (1976) has referred to succinctly as "teaching as treatment" emphasizes the development of specific social skills rather than the treatment of vague psychopathological symptoms. Carkhuff (1983) noted that a meta-research design of 1964 studies found that 96% of the studies produced significantly positive results. When adapted to the needs of inmates he stated that all 11 of the Interpersonal Skills programs reduced recidivism and improved employment (Carkhuff, 1983).

The first real development in programs which taught ICPS began when Spivack and Shure attempted to teach children problem solving as a primary prevention strategy (Spivack & Shure, 1974). Heller et al. (1984) note that:

Recently, many clinical and community psychologists have adopted a competency orientation; that is, they have begun to conceptualize their tasks as helping individuals develop psychosocial skills that could be used in a variety of situations. Prevention activities from this point of view would mean that programs could focus on building adaptive strengths, with the assumption that a strengthened individual would be able to deal better with any number of different stresses that eventually might lead to disability. (p.199)

Many of these programs use an ICPS approach. Examples include programs for adolescent patients in a psychiatric hospital (Platt, Spivack, Altman, Altman, & Peizer, 1974) and incarcerated heroin addicts (Platt, Scura, & Hannon, 1973) as well as enhancing childrearing skills in lower-income women (Shure, 1983). Considerable development of these techniques has been done at the Hahnemann Medical College and Hospital

in Philadelphia. Here the emphasis has been on primary prevention as well as remedies for deficits (Shure & Spivack, 1978).

A review of the work of Spivack and Shure and their colleagues led me to believe that ICPS could be successfully adapted to correctional institutions. A correctional institution contains a great variety of offenders with a broad range of intelligence, abilities, and coping skills. However, in discussions with many recidivists I have noted that many speak of doing "something stupid" or acting impulsively and thus committing an offense for which they were arrested. It is my experience that in contrast to "professional" criminals, offenders within provincial institutions have often committed assaults or theft on impulse with little regard for the consequences.

A psychologist at Guelph Correctional Centre, and collaborator in this program, notes that while inmates are far from homogeneous, the number he has noted with cognitive deficiencies is very striking. Especially prevalent is an inability to generate alternative solutions to problems and to see logical steps as a means to reaching a goal (J.A. Piscione, personal communication, July, 1989). When inmates are discharged into the community with few resources and fewer alternatives, is it any wonder that they quickly reoffend and are reincarcerated?

Spivack et al. noted that those who have poor problem-solving skills are not necessarily less intelligent. "The overall evidence would indicate that while skill in understanding certain aspects of social affairs is not totally independent of traditionally conceived intelligence, there remains good reason not to conceive of them as merely two facets of the

same thing or manifestations of the same underlying process" (Spivack et al., 1976, p. 121). It appears however that some people do not plan; they only react. Spivack et al. (1976) note that their research found psychiatric patients when telling about how they would do something seldom mentioned planning, while "normals" usually included it as an early step.

In summarizing ICPS research, Little and Kendall (1979) found that results consistently discovered that adolescents with adjustment problems were deficient in three skills: 1) means-end thinking - the ability to conceptualize step by step means for reaching goals; 2) alternative thinking - the ability to generate solutions; and 3) perspective taking - the ability to view situations from the perspective of other involved individuals. Spivack et al. (1976) further stated that when patients and non-patients were presented with a variety of choices they usually agreed upon the preferred order of alternatives. It appears that the key to successful interpersonal problem-solving is being able to associate the goal and how to get there, and then generate a variety of alternative paths to the goal. Only after this process of determining a variety of alternatives, can they choose which is the most logical and which is the best not only for them but for others. Could it be that some people are criminals, not because of some moral deficiency, but merely because they cannot think of any alternatives?

Piscione further developed the ICPS model in his doctoral thesis. His program which he called Social Problem-Solving used the skill development of ICPS along with an affective and life skill component. His

study of 1017 students in grades 5 to 8 supported his contention that students who received Problem-Solving Training:

- 1) were able to demonstrate the acquisition of the problem-solving skills taught,
- 2) were able to apply the problem-solving skills to other problems of an interpersonal nature,
- 3) demonstrated higher scores on measures of social adjustment.

(Piscione, 1981, p. ii)

Of particular interest here is the inclusion of an affective component. It seems only logical that applying these skills to problems that are real, important, and imminent would intensify the learning experience.

In the following section, I will review how cognitive approaches have been applied to discharge planning for offenders and will outline why I believe ICPS can be applied to teach inmates how to solve their own discharge planning problems.

THE COGNITIVE APPROACH TO DISCHARGE PLANNING

A review of the literature reveals that various problem-solving approaches have been attempted with offenders although the vast majority have concentrated on juveniles and young offenders.

Klein, Alexander, and Parsons (1977) used a problem-solving approach which included the families of delinquents as well as the young person. In dealing with young offenders they believed that, "the ultimate goal of the therapeutic process then becomes one of training the family in effective problem-solving techniques in order for the family unit to more adequately meet the developmental changes occurring as children reach adolescence" (p. 47). A six month follow-up showed a significant reduction in recidivism for the delinquents who took part in their program compared to the control group.

Cobean and Power (1978) attempted to improve communication with the offender's family, thus strengthening his/her network and supplying a support system. These researchers concentrated on a skills approach and concluded that the skills learned by the family during the incarceration period were shown to help family adjustment and offender re-entry upon release. A similar approach was used by Gremmo (1981) which concentrated on a training program for parents of parolees in order that they could better understand the problems their children would face.

In discussing behavioral contracting, Little and Kendall (1979) noted that it appeared that factors other than the contracts may be the real causes of treatment success. They believed that the communication and process of negotiating the contract were the critical elements. These

observations are compatible with studies discussed earlier. For programs to be successful, the offender must be intimately involved with their development, planning and delivery. To expect him/her to be a passive recipient of lectures or treatment and then, after release, to make responsible complicated decisions which affect his/her life appears contradictory.

One particularly interesting study involved preparing a group of inmates who were at risk to commit domestic violence. In this study Garnet and Lubell (1982) noted the program sponsored by a local center for battered women attempted to teach the soon to be discharged offender alternatives to battering. The program demonstrated that male volunteers can help other men prevent domestic violence. This suggests the possibility of men's self-help groups similar to those where women help women deal with this problem.

Hiew and MacDonald (1986) taught interview skills to a number of teenagers in high school. They discovered that this greatly increased their success at finding work and postulated that such skills would be of great benefit to discharged young offenders. This may be especially important as it has been noted that socioeconomic conditions are the strongest predictors of recidivism. In reviewing the success rate of parolees between 1923 and 1974, Fairweather (1980) noted that maintaining an adequate legitimate income was the factor most significantly associated to successfully completing parole (Fairweather, 1980).

Most of the research and recent programs have been directed at

juveniles. It would seem that the cognitive approach involving the participant at all levels would be even more valid when applied to adults. Adults should be treated as such. They should make decisions on those factors which will influence their lives.

The method of exploring alternatives would appear to have great potential. It would seem that allowing offenders to develop their own options and make their own decisions respects their dignity as human beings and empowers them to become fully functioning members of society. Such an approach was used by Powers (1974) in developing the Mutual Program (MAP) which involved the inmate in formulating and developing his/her rehabilitation goals. Speas (1979) also attempted to teach job-seeking interview skills training. However, it is only recently that programs have been tried in which the offender is allowed to develop his/her own cognitive problem-solving skills. Hines (1981) describes how a volunteer program, "Thresholds" was designed to help inmates make their own decisions in any area. The core of the program is a five-step decision-making model. This is taught to inmates in one-to-one and group sessions over six to twelve weeks. A variety of methods are used including the use of visual symbols and mental images. While detailed studies have not been made of this program, one brief unpublished study showed that the "Threshold" group maintained levels of internal control and self-esteem more significantly than a control group.

In England a similar approach was used to prepare inmates for their return to the community. Priestly, McGuire, Flegg, Hemsley, Welham, and Barnitt (1984) describe the program of social skills in prisons and

community problem-solving for offenders. This program, which took place in Ranking and Ashwell prisons in England, used a social skills approach consistent with the notion of active client participation in that they asked the inmates for input in the development of the program. While the problems anticipated by the offenders (i.e., gaining work, family difficulties, accommodation, and drinking difficulties) were comparable with other problems, the opportunity for inmate participation appears promising. While no clear conclusions were drawn concerning recidivism, it appeared that some benefits were achieved. Violent offenders who took the course were less likely to be re-convicted of violent offenses after release than those who did not have the program.

Within the Ontario Ministry of Community and Social Services, one recent program used social interactional training for young offenders. It was discovered that 12 to 15 months after release, when compared to a control group and a stress management group, a group receiving social interaction training showed significantly more successful community adjustment and less recidivism (Shivrattan, 1988).

In fact, when compared to other approaches, problem-solving methods and other cognitive techniques have been demonstrated to be very effective. Garrett (1985) conducted a meta-analysis of the primary research literature between 1960 and 1984 in which she assessed the amount of change associated with various treatments of adjudicated delinquents. After examining 1366 abstracts and 400 complete reports, she found 126 which were sufficiently rigorous in terms of research design to allow comparison. She notes:

Perhaps the most interesting finding with respect to specific treatments was that a cognitive-behavioral approach, a relatively recent development, seems to be more successful than any other, even in the more rigorous studies. This finding was supported by a large number of studies. These results make sense if one considers that these treatments give the offender, within a generally behavioral framework, the ability to control his or her own behaviour, an internal rather than an external control system. One of the major criticisms of contingency management programs has been that they do not generalize or carry over the post-institutional setting where contingencies are far from consistent. Perhaps these cognitive-behavioral approaches give the juvenile the generalizable ability to control both internal and external environments.

(Garrett, 1985, p. 304)

Ross and Fabiano (1985) used a similar approach in reviewing a number of correctional treatment programs, which they conclude to have been successful. They noted that the common element in these programs was the use of a cognitive approach. They also suggested that those offenders who exhibit the most pronounced cognitive deficits are also the most persistent in their criminality. Tweedale (1990) in commenting on their work postulates that:

It may be that these individuals are less likely to be deterred by the threat of formal punishment because they are less able to foresee or anticipate the consequences of their actions or to generate viable alternatives. Thus they would be likely to exhibit patterns of chronic recidivism in part because of the fundamentally distorted thinking styles which are maintained by these cognitive insufficiencies. In a very real sense, these individuals are locked into immature, rigid styles of perceiving, thinking, and reacting which preclude rational decision-making. This prevents them from generating, evaluating, and selecting

more adaptive alternative responses to environmental demands. To this extent, they may appear to be resistant or immune to the effects of social or legal sanctions.

(Tweedale, 1990, p. 32)

In her study, Tweedale noted a strong relationship between problem-solving ability and subsequent recidivism. She noted a correlation of $-.20$ between the Means End Problem-Solving Inventory and Recidivism.

The belief has also been expressed that improvements in certain cognitive problem-solving skills may be one of the important predictors of decreased criminal recidivism (Andrews, Bonta & Hoge, 1990).

Parallel to the development in cognitive programs was the development of techniques to teach individuals to maintain behaviour change. Marlatt and Gordon (1985) developed an approach in their pioneering text Relapse Prevention, which pointed out that there is a difference between the initial behaviour change and its maintenance over time. Marlatt described how, while a variety of techniques can be used to initially stop addictive behaviour, it is really up to the individual ultimately to exercise self-control to prevent the return to this behaviour, or relapse. He described how therapists can teach an individual to be his or her own "maintenance man or woman"; encompassing techniques in three main areas: acquiring new coping skills as alternatives to addictive behaviour, developing new cognitions (i.e., attitudes, attributions and expectancies), and thirdly by developing an alternative lifestyle including self-care activities and non-destructive methods of achieving satisfaction and gratification. The Relapse

Prevention approach was used originally with alcoholics (Marlatt & Gordon, 1980) and expanded to use with those trying to stop smoking (Curry & Marlatt, 1985). Marlatt believed that this cognitive approach can be used to help control any addictive behaviour including other "impulse control" problems. Following Marlatt, I believe the adaptation of his techniques may be very useful in developing a cognitive approach to discharge planning for offenders. While not all programs involve inmates in their development, they should at least respect the inmates' right to make choices and be involved in plans for their future.

In an address to the Canadian Criminal Justice Congress in Toronto (1987), the noted historian Michael Ignatieff emphasized that prisoners should be treated as rational beings. He stated that there are:

a host of theories which conceive of prisoners as modules of disordered behaviour that have to be set right by coercive routines --- the behaviour modification school --- or those who conceive of the prisoner as a bundle of neurotic or psychotic impulses which have to be straightened out. I would not wish to deny that many prisoners benefit from certain behaviour modification routines, provided these conform to the rules of informed consent, or that they do not benefit from psychotherapeutic interventions aimed at restoring rational self-evaluation and self-control. I just want to insist on the view that the law takes all human subjects, that they are responsible agents unless they give massive evidence to the contrary.

(Ignatieff, 1987, p. 5)

The necessity of having the patient of psychiatric facilities involved with the discharge process has practical implications.

Patient values and expectations may differ from that of the therapist. Patients often feel they are being judged and that their goals are not being taken into account. Discharge plans are

sometimes imposed on a patient rather than attempting to overcome barriers which stand in the way. The patient may be referred to agencies miles away from where he/she lives and he/she loses the motivation to attend, due to long travel time and unfamiliar surroundings.

(Davidson et al., 1987, pp. 10-11)

Discharged offenders also face the same difficulties with similar lack of commitment to their discharge plan and a resulting lack of success.

The necessity for adopting a collaborative approach is emphasized by Perry (1986) in her dissertation dealing with ex-inmates' intentions to cease criminal activity. The participants (collaborators), 18 residents at community correction centres, described how their significant life changes had come about. The findings demonstrated, "the importance of self-initiation, self-control and self-help in successful rehabilitation efforts" (Perry, 1986).

SUMMARY OF THE LITERATURE RESULTING IN THE HYPOTHESES

Correctional Centres in Ontario are organized by security classification and treatment need rather than by geographical area. Thus, it is difficult to directly establish the exoffender in his or her home community, just because of the distances involved (Ministry of Correctional Services, undated). Attempts to establish half-way houses have resulted in considerable difficulties due to community resistance (Kappel, 1986) and dramatic failures (Downey, 1988). This has lead me to believe that the most practical course for pre-release planning is within institution programs.

Rather than merely supplying information, such as the address of social welfare agencies, I believe that these within institution programs should teach skills that the inmate can use in his/her life after their discharge. I believe these programs should be aimed at improving the cognitive functioning of the inmates. This is supported by the meta-analyses conducted by Garrett (1985) and Ross and Fabiano (1985) which indicated that cognitive-behavioural programs have been more successful than any other form of correctional programming. Little and Kendall (1979) noted that adolescents with adjustment problems were deficient in three cognitive skills; means-ends thinking, alternative thinking, and perspective taking. While some work has been done emphasizing perspective taking (Czudner, 1985; Czudner & Mueller, 1987), little appears to have been published regarding attempts to teach means-end thinking to inmates, despite the fact that a relationship ($r = -.20$) has been shown between problem-solving and subsequent recidivism (Tweedale, 1990). The

work of Spivack, Platt, and Shure (1976) using Interpersonal Cognitive Problem-Solving (ICPS) was judged to be a good base upon which to formulate a program. Recently Andrews, Bonta, and Hoyer (1990) have postulated that improved cognitive problem-solving skills may be one of the important predictors of decreased criminal recidivism.

If we were going to develop such a program it seemed worthwhile to also include the most successful components of other treatment programs. We therefore added the affective component that Piscione (1981) added to the ICPS and taught them skills in relapse prevention as developed by Marlatt and Gordon (1985). We also believed that the inmates would be more committed to a program and derive more benefit from it, if they helped in its development (Little & Kendall, 1979; Perry, 1986).

This resulted in the Cognitive Approach to Discharge Planning. We believed the program would teach inmates how to generate more solutions to their problems (means-ends thinking) and how to make better decisions (alternative thinking). We believed that because these skills were being applied to real problems in their lives (i.e., their discharge), these skills would be remembered and would carry-over after their release, giving them abilities that could give them alternatives to criminality. This, we believed, would result in a decrease in recidivism. The resulting hypotheses are:

Hypothesis 1 - The group receiving the cognitive discharge planning program will exhibit improvement when compared to a non-treatment comparison group in terms of means-ends thinking as measured by the Means End Problem-Solving Inventory.

- Hypothesis 2 - The group receiving the cognitive discharge planning program will exhibit improvement when compared to a non-treatment comparison group in terms of alternative thinking as measured by the Social Insight Scale.
- Hypothesis 3 - The group receiving the cognitive discharge planning program will exhibit no significant difference when compared to a no-treatment comparison group in terms of anger and hostility as measured by the Buss-Durkee Scale.
- Hypothesis 4 - The group receiving the cognitive discharge planning program will have a lower rate of recidivism than a non-treatment control group.

At the time of the development of this program my colleague, Dr. J. Piscione, and I were both employed at the Guelph Correctional Centre. This institution housed inmates who had had considerable exposure to the justice system and many contacts with other programs. We believed this setting would be a rigorous test for the program. The following section will describe the Guelph Correctional Centre, as well as the Hamilton Wentworth Detention Centre, and our roles in these settings.

THE SETTING

Guelph Correctional Centre

Guelph Correctional Centre (GCC), located in Guelph, Ontario, is a stone and brick building built in 1911 housing approximately 600 adult male inmates. This includes a 75 bed assessment and treatment unit. The remainder of the inmates are classified as medium security requiring a secure setting and strict controls. The majority have a lengthy history of criminal activity and incarceration. Many have been through a great variety of treatment programs beginning as juveniles.

The responsibility for controlling the inmate behaviour is assigned to approximately 250 correctional officers including supervisory staff. As the social workers and psychologists are overworked and have a rapid turnover, the handling of routine inmate problems also often falls to correctional staff. There is a strong staff subculture of distrusting inmates and a sense that rehabilitation is impossible. Staff often become bitter and disillusioned. A strong local division of the Ontario Public Service Employees Union (OPSEU) exists.

Despite these realities, the Guelph Correctional Centre presented a unique opportunity to test a discharge planning program. The administration was dedicated to improving the environment for both staff and inmates. They wished to introduce new rehabilitative methods. The professional staff were willing to try new techniques and were cognizant of the need for the appropriate research of the programs. They realized that in these days of limited funds only those programs that can demonstrate their effectiveness can be allowed to continue.

Most importantly the program had committed staff resources. Dr. Piscione had recently been hired and had considerable experience in delivering cognitive programs to children. He agreed to be the advisor for the program, as well as actually leading the Cognitive Discharge Planning group. Other staff agreed to run other discharge planning programs as controls, although these were eventually discontinued.

At this time, I was the Senior Assistant Superintendent - Corrections. My duties included responsibility for the correctional officers, inmate work assignments, living units and inmate discipline. This allowed me to "protect" the program and gave me access to information that could never have been available to researchers outside of the system. It also made for some complications. My involvement in the project had to be kept from the inmates as it was important that the participants could not blackmail the institution for their continued involvement in the program. While the program was being conducted, I was promoted to the Hamilton Wentworth Detention Centre.

Hamilton Wentworth Detention Centre

The Hamilton Wentworth Detention Centre (HWDC) is located in Hamilton, Ontario and 14 years ago replaced the old Barton Street Jail. It is a bright, airy facility, with a low street profile which disguises the fact that it houses a capacity of 346 adult male inmates, 40 adult female inmates and 40 male and female young offenders.

Inmates at HWDC are either serving a short sentence or are awaiting trial for various offences including some, if they are found guilty, which could result in their transfer to a Federal Penitentiary.

The staff are very similar to those at GCC. They have seen many inmates come and go, only to return again. There is not a great deal of confidence in rehabilitative programs. Staff are also represented by a strong local of OPSEU.

My role at HWDC is that of Deputy Superintendent. This is a more senior position than the one I occupied at GCC and is more administrative in nature. I received considerable assistance from the Records Department in analyzing the recidivism rates of participants. Because I was more distanced from the inmates I was able to directly encourage their participation as a control group without fear of their using their cooperation as a means to blackmail the institution. That is, I was not directly responsible for their day to day privileges, and therefore was not seen by the inmates to be in a position to grant favors for participation.

METHODOLOGY

Design and Participants

The research designs consisted of a quasi-experimental model involving three groups of inmate volunteers. These included: 1) a group of 18 GCC inmates from the protective custody unit who received a cognitive discharge planning program which involved two, one and one-half hour sessions per week over a 12 week period; 2) a group of 13 GCC inmates from general population units who enrolled in other discharge planning programs during the same period as group 1, but who did not complete the program. This group was used as a no-treatment comparison group for purposes of examining recidivism rates; and 3) a group of 8 HWDC inmates from the protective custody unit who were administered a pretest, did not receive discharge planning programming and completed a post-test after a 12 week period. This group was used as a no-treatment comparison group for purposes of determining changes in cognitive skills. Participants in all three groups were adult male inmates who were serving at least their second term of incarceration and had been classified as requiring a secure setting.

It would have been ideal to have only one experimental group and one control group; both from the same units in the same institution. However a number of problems were encountered that made this impossible. In order to have sufficient participants, volunteers from both the general population and protective custody units had to be included. Because they had to be kept separate, they had to be in different programs. Our original design had only these two groups (ie. groups 1 and 2).

Unfortunately as described later, participants in group 2 withdrew from other programs at GCC and were unavailable to determine changes in cognitive abilities. Group 3 was formed to address this need. While the three groups were from different units and different institutions, it was our belief that there was not a substantive difference between the groups. The protective custody inmates involved in the program required protection due to gambling debts and personal conflicts with other inmates, rather than being notably different from other inmates. HWDC inmates could have been, and are placed in GCC. We believed that the groups were representative of the same population. We believed that if it were shown that there was not a significant difference in the pre-test scores of the three groups, any differences in the post-test scores of cognitive abilities could be attributed to the cognitive discharge program. To further support our belief that we were dealing with similar groups, all participants also completed a survey indicating their age, highest grade achieved, other programs participated in while incarcerated, job prospects, amount of money in their possession upon discharge and listed those who would be of assistance to them after discharge. We also asked them to indicate if they had a history of alcohol or drug problems and if they had ever been convicted of a violent offence, escape or unlawfully at large. This demographic and descriptive information was collected to demonstrate similarities among the groups. This would support our hypothesis that any changes were due to the impact of the cognitive discharge planning program.

Measures

Because of the limited academic abilities of many of the participants some modifications to the test instruments were required. Both the Means-End Problem-Solving (MEPS) Inventory and the Social Insight Scale (SIS) were used as measures of cognitive ability. The MEPS measured means-end thinking, while the SIS measured alternative thinking. To encourage the participants to complete the tests both were reduced to half their original length. One-half of the MEPS and one-half of the SIS were used as pre-tests and the second half of the tests were used as post-tests. A close examination of these instruments indicated that the questions of a similar nature could be divided to give two approximately equal groups of questions. The psychometric qualities of these tests will be described later in this section.

While it would have been desirable, the third dimension of cognitive ability (as indicated by Little & Kendall, 1979), perspective taking was not studied. We believed any attempt to adequately test this additional dimension would result in extreme frustration by the volunteer participants and their withdrawal from the study because of the additional number of questions required. For further information on the dimension of perspective taking, the reader is referred to Czudner (1985) and Czudner and Mueller (1987) in their evaluations of the Tough Talk program at Guelph Correctional Centre.

The Buss-Durkee test for aggressiveness is a simple check list which was completed quickly. It was included to assist in determining discriminant validity (i.e., it provides a similar measure but of different

traits). This increased our confidence that any changes detected were actually as a result of the program. An additional benefit is that it may have indicated if the participants were able to control themselves better when they were able to develop and choose more appropriate solutions. This was also used as a pre and post test. The following will indicate a more detailed description of the three instruments used.

Means-End Problem-Solving Test (Appendix A & B)

The Means-End Problem-Solving Test was developed by Platt and Spivack (1972). It was revised in 1989 and includes norms for many populations including Prison inmates and "normal" populations. It includes 10 separate paragraphs describing situations and each paragraph ends with a conclusion to the story. We used five paragraphs for our pre-test and five for our post-test. The participants are asked to describe how the protagonist moved from the initial situation to the conclusion. The investigator counts the number of relevant means used to reach the conclusion. In addition the investigator counts the number of irrelevant means, or those means that don't address the problem, and no means or those means that would not have been effective to reach the goal. In our study we expected to have to assist some participants, by explaining the meaning of specific words.

When it was revised in 1989, norms were included for many populations including reformatory inmates. While based on American inmates with $N=32$ and $N=54$, it was considered that this could be useful for discussion purposes.

In the original form, Platt and Spivack (1972) found that

psychiatric patients were able to provide significantly fewer means and enumerations of means than a group of hospital employee controls. A short form of the test administered to heroin addicts and controls by Platt, Scura and Hannon (1973) noted the difference in the total number of relevant means between the two groups was significant beyond the $p < .025$ level, thus supporting the hypothesis that heroin addicts respond with fewer solutions when compared to non-addict controls.

A number of investigations have shown the MEPS to have a high level of construct validity. Scores were able to differentiate between patient versus non-patient status (Platt & Spivack, 1972) as well as adolescent patients versus controls (Platt, Spivack, Altman, Altman, & Peizer, 1977) and heroin addicts versus controls (Platt, Scura, & Hannon, 1973).

In examining discriminant validity, MEPS has been shown to be positively related but at a low level of significance to overall adjustment. A similar relationship was found with intellectual functioning (Platt & Spivack, 1989).

In a study similar to ours, youthful heroin offenders were administered the MEPS while still incarcerated. In addressing predictive validity, a Pearson correlation coefficient of $r = .30$ was found between numbers of relevant means and length of time (in days) on parole before re-arrest ($p < .05$).

In examining test-retest reliability, a reliability coefficient of $r = .59$ was found at a level of significance of $p = .05$ after two and a half weeks when applied to institutionalized female delinquents. When applied

to college males a test-retest reliability of $r=.64$ was found after five weeks and an $r=.43$ after eight months.

Social Insight Scale (Appendix C & D)

The Social Insight Scale assumes that adjustment to social situations and resolutions of an individual's social problems involved both cognitive activity and emotional activity.

The test includes multiple choice questions with five alternative solutions. As noted earlier the number of questions was reduced in order to encourage the co-operation of the participants. The post-test included an equal number of different questions from the original SIS concerning similar situations. The context of some questions was also somewhat modified by my colleagues and I to be more relevant to adults as the original scale was targeted to school age children.

Four spheres of life are targeted in the questions including home and family relations, authority figures, play, and work. Participants check a response which can represent 1) Withdrawal - the individual avoids the problem by leaving the social problem area; 2) Passivity - the individual remains in the social problem area but does not participate in the solution of the problem; 3) Cooperation - the individual initiates an active and positive endeavour directed at the solution of the problem; 4) Competition - the individual engages in activity that elicits the attention of others. He/She attempts to excel or outdo others as a means of dealing with the social problem and 5) Aggression - the individual makes little effort toward solving the social problem and is primarily concerned with expressing hostility in direct response to the problem.

Originally developed in 1959, the SIS was revised in 1976. Cassel (1976), in commenting on the standardization of his instrument, noted total score corrected reliability indices routinely between .70 and .90, and the test-retest reliability (within seven to ten days) was $r=.85$ for females and $r=.82$ for males in the youth form. The SIS has demonstrated a significant relationship with measures of delinquency. In determining validity the scale compared delinquent groups with normals, compared test scores with peer status ratings, and compared test scores of groups having high and low hypothesized social insight. The researchers concluded: "In all instances significant differences were obtained, with the more favourable groups always obtaining the better (lower) mean total scores" (Cassel, 1976, p. 6).

Buss-Durkee (Appendix E)

The Buss-Durkee scale tests both anger and hostility as well as the manner in which the anger is expressed. It is rather lengthy at 80 questions but with only true and false responses it is easily completed by a population functioning at the academic level of the inmate participants and can be finished within a practical period of time.

The scale is divided into seven different subscales which indicate the manner in which the participant expresses anger. However, validation studies have found that it best measures hostility and aggressiveness. Edmunds and Kendrick (1980) noted items from the resentment and suspicion subscales could be combined for a total indicating hostility, while items from the assault and verbal aggression scales could be combined for a total indicating aggressiveness. When this was done they

found a test-retest reliability coefficient of $r=.71$ for hostility and $r=.74$ for aggressiveness at a level of significance of $p=.05$ after an eight week period. They also noted that scores indicating hostility and aggressiveness were unrelated to the age or the socio-economic class of the subjects.

Buss, Fisher, and Simmons (1972) related the subscales scores to psychologists' and psychiatrists' ratings of psychiatric patients. When compared to the ratings of 95 psychologists, they found a correlation of $r=.35$ for the resentment scale ($p<.05$). When compared to the ratings of 64 psychiatrists they found a correlation of $r=.36$ for the irritability score, $r=.49$ for the negativism score, and $r=.48$ for the verbal aggression score and noted $r=.28$ for the resentment score. Other correlations between the psychologists and psychiatrists were not found to be significant.

Knott (1970) found that high scorers on the questionnaire gave significantly more shocks and of a higher intensity on an aggression machine than did low scorers. Geen and George (1969) gave a word association test to a sample of college students and found that the number of aggressive associations to aggressive words was significantly correlated with the Buss-Durkee total score.

In summarizing the research conducted on the instrument, it was noted that while the validity of the specific subscales is suspect, it appears to be an accurate measure of aggressiveness and hostility as a more global measure (Edmunds & Kendrick, 1980).

Recidivism

As the participants in both the experimental and the Guelph Correctional Centre comparison group were released at various times during 1990, it was difficult to compare their rates of recidivism at a constant period after their release. In fact, of the 18 experimental participants, 13 had been released in 1990 for a period of 92 to 295 days. Of the 13 participants in the comparison group 9 had been released between 4 and 403 days (one was released in December 1989). Therefore we had to determine recidivism in terms of the number of days each group had been released. We then examined the number of days after discharge before the participants were reconvicted.

In order to further validate the study we examined the number of days each participant spent after being released from a correctional facility before being reconvicted and compared this to his previous record of time spent 'on the street' between convictions. We believed this would allow us to use each participant as "his own control".

Qualitative Data

Participants from the experimental group had left their forwarding addresses. A series of questions were developed to solicit responses indicating how they felt about the program and the differences if any they saw in their life after taking the program (Appendix F). We wanted to discover if the participants thought they had an improved ability to plan (means-end thinking) and select alternatives (alternative thinking) and if they associated this with our hypothesized decrease in recidivism.

Attempts were made to question the participants by telephone and by the completion of a questionnaire.

Ethical Considerations

No formalized programs in discharge planning presently exist at Guelph Correctional Centre or at Hamilton Wentworth Detention Centre. Because of this we were not denying any participant access to a program. Instead some participants received training above and beyond what they normally would have received. The comparison group merely maintained the status quo.

Originally consideration was given to fully inform the participants of the purpose of the study. However, it was pointed out that some inmates may use participation in the program to "blackmail" the institution (e.g. "if you don't get 'X' for me I will drop out of your study"). Therefore participants were only told that we were trying different forms of discharge planning. For this reason, as a senior administrator, I also had to be inconspicuous in the administration of the program. When due to problems, a second comparison group was developed at Hamilton Wentworth Detention Centre, participants were told that we were examining how inmates thought and that this would be of value in developing future programs.

When participants volunteered to participate in the Guelph Correctional Centre group they were advised that we required them to sign a waiver allowing the investigators to contact the Canadian Police Information Centre (CPIC) after their discharge (Appendix G). All readily agreed. They were also advised that if they wished and supplied us with

an address, the purpose and results of the program would be sent to them when the study was completed.

All information regarding individuals was for statistical purposes only. At Hamilton Wentworth Detention Centre, some participants expressed a fear that the information obtained could be used against them. As it was unnecessary to follow them through CPIC we agreed to allow them to use initials only so that the pre-tests and post-tests could be compared. All statistics gathered will not be used for any other purpose and will not be shared with a third person without the prior written approval of the participants.

THE INTERVENTION

The Cognitive Discharge Planning Program used ICPS (Spivack, Platt, & Shure, 1976) as a base. It added an affective component (Piscione, 1981) and attempted to develop concrete skills that the inmate could apply to his discharge and other personal problems. Elements of relapse prevention (Marlatt & Gordon, 19985) were drawn upon as well as a certain amount of life skills.

The program had six stages delivered in two, one and one-half hour sessions over 12 weeks. The first stage was a general orientation. This involved the presentation of a set of skills to the group that encouraged problem-solving behaviour. To introduce the process it was necessary to develop a set of preliminary skills. Participants were taught to recognize and identify feelings. This allowed them to identify problems as they are developing rather than after they had occurred (to anticipate problems and thus avoid being overwhelmed by them). Participants were also exposed at this time to exercises which enhanced their communication skills and increased their ability to share information. Once they were able to recognize their problems, the emotional content of them and express these problems they were encouraged to label the problems as challenges. They were shown that challenges were part of everyone's life and are not insurmountable. The inmates were also shown exercises in cognitive restructuring in which challenges were presented as opportunities. The inmates were then encouraged to begin to look upon the problems associated with their discharge as opportunities.

The second stage of the program aimed at teaching the participants skills in identifying a problem and its components and to seek out additional information to solve the problem. This stage began with exercises focusing on developing observational skills in the affective domain, (i.e., how to observe interpersonal behaviour). Cause and effect relationships were demonstrated. Decentering exercises were included to encourage the inmates to view a problem from different perspectives. This stage also included teaching the participants how to "filter" relevant information from irrelevant information and how to divide their problems into more manageable subproblems. Thus their problems began to be seen as more manageable.

The third stage was the generation of alternatives. In a process similar to "brainstorming" they were encouraged to "free wheel" and develop a quantity of solutions, rather than self-limit alternatives. This encouraged the inmates to become more self-confident and to incorporate novel ideas rather than merely using their old ideas (that may have got them into trouble in the first place). The main reason that brainstorming was used, was to separate the process of idea generation and evaluation, thus encouraging a greater number of creative ideas. It also allowed them to distinguish between the two processes. During this stage the inmates generated alternative suggestions to problems that they were about to face (example finding work) as well as problems within the unit.

The fourth stage was concerned with decision-making. The participants were taught how to consider the possible outcomes and consequences for the hypothetical solutions they had generated. As well

they were taught how to consider and plan for potential obstacles. This encouraged the participants to become more future-oriented, and to predict the consequences of any possible course of action. As well as elements of practicality, costs, time, and probability of success etc., the inmates were also exposed to the concept of values. They were taught how to select the "best" solution both in terms of effectiveness and appropriateness. At this stage, the emotional elements of the problems that they are about to face were explored. They were also shown means of coping with emotions, that they could experience, when acting out their chosen solution.

The fifth stage emphasized the implementation of the "best" solution for localized (e.g., unit) problems. They were shown how actions generate emotions and that often emotions determine how we behave. Role-playing was also used to help the participants prepare for real situations (e.g., family reintegration) that they would be facing. In this stage they role played the solution(s) which they had generated for their problem(s). Thus they were given the opportunity to make necessary modifications prior to the "real thing".

The sixth and final stage allowed the participants to self-assess and make the necessary changes and modifications. If the participant found their solution would match the targeted goal, they moved on to new challenges. If the selected solution proved to be ineffective they were encouraged to go through the process again until a successful match was achieved.

RESULTS

The pre-test scores of the experimental group were compared to the comparison groups at GCC and HWDC. The comparison involved three measures of means-end thinking employing the Means End Problem-Solving Inventory, five measures of alternative thinking employing the Social Insight Scale, and the eight measures of anger and hostility using the Buss-Durkee Scale, for all three groups. No significant differences were found among the three groups. It was also noted that there were no significant differences in the three groups in terms of their personal history or expectations as surveyed (i.e., age, highest grade achieved, participation in programs, job prospects, amount of money upon discharge, assistance available and record of convictions). Thus, as per the previously described methodology, the three groups were similar at the time of the pre-test.

The results revealed that the experimental group had significantly more improvement than the comparison group in terms of means end thinking, as measured by the Means End Problem-Solving Inventory. Contrary to the hypothesis the experimental group actually decreased abilities in alternative thinking as measured by the Social Insight Scale, when compared to the control group. The results supported the hypothesis that there would be no significant difference in anger or hostility as measured by the Buss-Durkee Scale. The results were very encouraging but not conclusive for the hypothesis that the experimental group would have a lower rate of recidivism than the comparison group. More specifically these results include:

Hypothesis 1 - The group receiving the cognitive discharge planning program will exhibit improvement when compared to a non-treatment control group in terms of means-end thinking, as measured by the Means End Problem-Solving Inventory.

In examining this hypothesis the total number of means generated by the experimental group was compared between the pre-test and post-test, using a paired t test (repeated measures) analysis. A highly significant improvement was noted ($t = -4.91$, $df = 17$, $p < .0001$). A similar analysis of the control group found no significant change.

A one-way anova was used to compare the change in scores of the experimental ($X^1 = .54$, $X^2 = 1.13$) and the HWDC comparison group ($X^1 = .57$, $X^2 = .49$) from pre-test to post-test, respectfully, with X^1 representing the pre-test score and X^2 representing the post-test score. A significant difference was obtained ($F = 9.26$, $df = 1,24$, $p < .001$). Observation of the data indicated that the experimental group showed significant improvement while the comparison group deteriorated slightly although not significantly. These analyses support the hypothesis. To put these results in context it should be noted that while the experimental group showed a significant improvement from a mean of .54 to a mean of 1.13, in terms of number of means generated, this is still less than mean scores of 1.32 for reformatory inmates in the United States, 1.36 for hospital employees, and 2.49 for university upper class men as recorded by Platt and Spivack (1989).

Information was also obtained indicating the number of means generated by the participant that would have not been successful in achieving the goal. These are referred to by Platt and Spivack (1989) as

no means. A one-way anova was used to compare the change scores of the experimental ($X^1 = .18$, $X^2 = .25$) and comparison group ($X^1 = .75$, $X^2 = 0$) in the number of no means generated from pre-test to post-test respectfully. This revealed a reading close to significant ($F = 3.90$, $df = 1,24$, $p < .06$). It was noted that no participant in the control group generated any responses that scored as no means in the post-test. No significant results were noted concerning irrelevant means generated by either the experimental or comparison group.

Hypothesis 2 - The group receiving the cognitive discharge planning program will exhibit improvement when compared to a non-treatment comparison group in terms of alternative thinking as measured by the Social Insight Scale.

Of the five variables measuring alternative thinking in the Social Insight Scale, the three variables of passivity, co-operation, and aggressiveness showed significant differences between the pre-test and post-test results of the experimental group and in the change scores comparing the experimental and comparison group.

Table 1 - SIS RESULTS

	Variable	Experimental Group		HWDC Comparison Group	
		T ¹	T ²	T ¹	T ²
	Withdrawal	.88	.72	1.62	1.37
(b) (d)	Passivity	1.50	2.27	.87	.75
(a) (c)	Cooperation	5.44	4.33	4.87	5.62
	Competition	.50	.44	.50	.25
(a) (c)	Aggressiveness	.44	1.3	1.12	.62

T¹ = Pretest Score

T² = Post Test Score

(a) significant at $p < .05$ between pre-post scores of experimental group

(b) significant at $p < .0001$ between pre-post scores of experimental group

(c) significant at $p < .05$ between change scores of experimental group and comparison group

(d) significant at $p < .001$ between change scores of experimental and comparison groups

The passivity score showed a significant increase when comparing the pre-test ($X^1=1.50$) and post-test ($X^2=2.27$) results from the experimental group using a paired t-test ($t=2.83$, $df=17$, $p<.0001$). This would indicate that the experimental group became more passive. The passivity score also showed a highly significant difference in the change scores when comparing the experimental and comparison groups ($F=14.69$, $df=1,24$, $p<.0001$).

The cooperation score showed a significant decrease when comparing the pre-test ($X^1=5.44$) and post-test ($X^2=4.33$) results in the experimental group using a paired t-test ($t=2.20$, $df=17$, $p<.05$). This would indicate that the experimental group became less cooperative. The cooperation score also showed a significant difference in the change scores when comparing the experimental and comparison group ($F=5.16$, $df=1,24$, $p<.05$).

The aggressiveness score showed a significant increase when comparing the pre-test ($X^1=.44$) and post-test ($X^2=1.3$) results of the experimental group using a paired t-test ($t=2.52$, $df=17$, $p<.05$). This would indicate that the experimental group became more aggressive. The aggressiveness score also showed a significant difference in change scores when comparing the experimental and comparison group ($F=5.86$, $df=1,24$, $p<.05$).

No other significant results were observed in either the experimental or comparison groups or in comparison of their change scores.

Hypothesis 3 - The group receiving the cognitive discharge planning program will exhibit no significant change when compared to a no-treatment comparison group in terms of anger and hostility as measured by the Buss-Durkee Scale.

In examining the results of the Buss-Durkee Scale, a one-way anova revealed a significant difference in the change scores of the experimental ($X^1=33.77$, $X^2=32.83$) and the comparison group ($X^1=45.87$, $X^2=47.87$) in terms of total score ($F=5.46$, $df=1,24$, $p<.05$). A paired t-test failed to reveal any significant change within any variables within either the experimental or comparison groups. Of the eight subscales, the three of assaultiveness, negativism, and suspiciousness indicated a significant difference between the change scores of the experimental and the comparison groups. A one-way anova was used to compare the change scores of the experimental ($X^1=3.77$, $X^2=3.72$) and comparison group ($X^1=6.12$, $X^2=6.37$) in terms of assaultiveness. A significant result was noted ($F=5.94$, $df=1,24$, $p<.05$). When the one-way anova compared the change scores of the experimental ($X^1=4.00$, $X^2=3.05$) and comparison group ($X^1=5.50$, $X^2=5.62$) on the subscale of negativism a significant result was also noted ($F=5.69$, $df=1,24$, $p<.05$).

When examining the subscale of suspiciousness using the one-way anova, the experimental ($X^1=4.16$, $X^2=4.16$) and the comparison group ($X^1=6.37$, $X^2=6.87$) a difference significantly from one another on the change scores for the variable was noted ($F=5.15$, $df=1,24$, $p<.05$). This would indicate that while no significant differences were detected within either the experimental or comparison group from pre-test to post-test, when they were examined in terms of changes scores the comparison group

became more assaultive, negative, and suspicious. Therefore as both groups started from a similar starting point, the change in scores can be attributed to the intervention.

However, as noted by Edmunds and Kendrick (1980), validation studies have found the Buss-Durkee to best measure hostility as a combination of the resentment and suspiciousness subscales and aggressiveness as a combination of the assaultiveness and verbal anger subscales. An analysis of these variables revealed no significant difference in the pre-test versus post-test scores of the experimental or comparison groups or in the change scores of the two groups. No other significant results were observed in either the experimental or comparison groups or in a comparison of their change scores.

Table 2 - BUSS-DURKEE RESULTS

Variable	Experimental		Comparison	
	T ¹	T ²	T ¹	T ²
Total	33.77	32.83	45.87	47.87
(a) Assaultiveness	3.77	3.72	6.12	6.37
Indirect Anger	3.72	3.72	4.50	4.75
(a) Negativism	4.00	3.05	5.50	5.62
Irritability	3.27	3.72	5.87	6.25
Resentment	4.11	4.33	5.75	5.62
(a) Suspiciousness	4.16	4.16	6.37	6.87
Verbal Anger	5.05	4.77	5.25	5.50
Guilt	6.33	6.22	7.00	6.87
Hostility (resentment and suspiciousness)	8.27	8.50	12.12	12.49
Aggressiveness (assaultiveness and verbal anger)	8.83	8.50	11.37	11.87

(a) significant at $p < .05$ between change scores of experimental and comparison groups

T¹ - Pretest Score

T² - Post Test Score

Hypothesis 4 - The group receiving the cognitive discharge planning program will have a lower rate of recidivism than a no-treatment comparison group.

The results are very encouraging for this hypothesis. Of the 18 participants in the experimental group, 13 were discharged prior to the criminal records check through CPIC. One of the participants was convicted of an offence after his discharge. As I was interested in the effect of the program, when calculating recidivism, I decided to include one inmate who after taking the course committed an offence and was convicted while in custody and was awaiting release. This resulted in a recidivism rate of 2 out of 14 or 14.18%.

Of the 13 participants in the comparison group, eight had been discharged prior to the CPIC check. Three of this group had been reconvicted for offences after their release. Similar to the experimental group, one member of the comparison group had been convicted of an offence committed while incarcerated and was awaiting release. For consistency he was included in the recidivism rates. This resulted in a rate of recidivism of 4 out of 9 or 44.44%.

Thus the experimental group had 14.28% rate of recidivism while the comparison group had a 44.44% rate of recidivism. It should also be noted that the experimental group had been "on the street", with more opportunity to offend, for a longer mean time. Due to the small sample size, no statistical analysis was completed to further examine these percentages but a difference of 30.16% would seem meaningful.

This would support our hypothesis. However, some caution must be exercised as it may be too early to make an absolute statement.

Tables 3 and 4 may be referred to by way of explanation. In doing so, a definition is required. As the information in these tables is a condensation of each participant's CPIC record, the term conviction may represent a number of convictions on one date. Thus, the second column lists the number of periods in which the participant was "on the street" between incarcerations while the third column lists the mean number of days between convictions, including periods on probation and parole.

The first column lists the number of days since the participant was discharged from GCC after the experimental program was completed. In those instances where the participant was convicted, a footnote lists the number of days after discharge until he was reconvicted.

In examining these tables it is apparent that more time is required before the hypothesis can be fully supported. The experimental group had been discharged for a mean period of 190.15 days. However their prior record showed a mean period between convictions of 295.60 days. Similarly the comparison group had been discharged for a mean period of 183.50 days while their prior mean period between convictions was 431.68 days. While promising, it may be that neither group had been on the street long enough to revert to their normal pattern of behaviour.

The period between all convictions was graphed for all participants. It was discovered that the pattern of convictions varied greatly between individuals. An analysis was completed to determine if there was a relationship between the number of prior convictions for the experimental and GCC comparison groups and their results on the pretest of the MEPS. A correlation of .24 was noted between an increase in

number of prior convictions and a decreased score on the MEPS. No other significant results were noted. For example, no relationship was found between the number of periods between convictions and the mean number of days between convictions. While an attempt was also made to compare the participants in terms of means-end thinking in relationship to their subsequent recidivism, there was insufficient information to perform an analysis. This test may be premature as more significant results may be found if and when more participants are found to reoffend.

Table 3

Number of Days Between Convictions
Comparison Group

Inmate	Number of Days Since Discharge	Prior Number of Periods Between Convictions	Mean Number of Days Between Convictions	Standard Deviation	Range of Days Between Convictions
1	172	4	1097.25	1085.33	172-2920
2	4	4	481.25	549.20	4-1352
(a) 3	223	4	472.75	340.37	85-946
(b) 4	403	18	237.11	174.33	180-570
5	151	2	275.50	124.50	151-400
6	44	10	225.50	274.09	11-914
(c) 7	263	6	439.66	72.12	28-964
8	208	5	224.40	94.94	51-276
Mean	183.50	6.62	431.68	383.30	4-2920

Does not include one inmate who offended and was convicted while in custody.

(a) Reoffended 3 days after release.

(b) Reoffended 386 days after release.

(c) Reoffended 59 days after release.

Table 4
Number of Days Between Convictions

Inmate	Experimental Group				
	Number of Days Since Discharge	Prior Number of Periods Between Convictions	Mean Number of Days Between Convictions	Standard Deviation	Range of Days Between Convictions
1	92	18	176.5	194.64	17-757
2	95	8	646.3	767.17	128-2569
3	295	8	363.2	70.38	104-581
4	120	1	120.0	0	120-120
5	235	6	278.8	152.02	139-499
(a) 6	130	8	182.0	115.02	6-276
7	224	14	195.7	125.48	29-485
8	200	3	935.6	701.98	104-2503
9	235	No information available			
10	224	9	214.0	167.68	4-479
11	272	1	272.0	0	272-272
12	97	4	207.0	146.32	95-453
13	253	1	253.0	0	253.0
Mean	190.15	6.75	295.6	299.45	4-2569

Does not include one inmate who offended and was convicted while in custody

(a) Reoffended 73 days after release

Clinical and Administrative Observations

Because the number of participants in the study was small, the observations of my colleague and I may be of interest. While personal perceptions of individual changes may be very subjective and the product of a certain amount of wishful thinking we believe we detected improvement in the participants in the experimental group. However observations regarding the groups and their behaviour may be more objective.

It should be noted that Dr. Piscione has had considerable clinical experience. He has delivered similar programs to school age children, has worked in psychiatric facilities and has worked in institutions with severely disturbed children. His experience and confidence gained from dealing with difficult populations was invaluable in the delivery of the program. In dealing with the inmates, he noted that the most difficult task was not teaching the skills of ICPS as applied to their discharge, but "cutting through" their defences. This required a willingness to be confrontational. Inmates had to be "called" when they were dishonest or when their plans were unrealistic. They also had to stop projecting the "macho" image often required in a correctional centre and stop making excuses for their life situation. Once these hurdles were overcome, the program had to be tailored to a particularly deficient population. The confrontations at the earliest stages are not recommended for the timid, with toe-to-toe, nose-to-nose arguments not being uncommon. But when the inmates realized that he could not be intimidated and that he really was trying to help them, changes became noticeable. Inmates began to use the skills that they were learning in preparation for discharge, to address problems on the unit.

Discussions took place in group regarding on unit conflicts and problem behaviour with inmates developing alternative solutions rather than having solutions applied by correctional staff. The result was a marked improvement in the milieu of the unit.

It has been my observation that often the "best" treatment programs in correctional centres come into conflict with the day-to-day operation of the institution. Empowering inmates to make decisions can be risky in a correctional centre, and they need to make decisions if they are to be prepared for their release. In this case, staff noticed improved co-operation from the inmates. There was a marked decrease in the number of conflicts between inmates and between inmates and staff. The number of misconducts (internal disciplinary charges) that I had to deal with was very noticeably reduced. The program became a way of resolving conflict and making group decisions.

DISCUSSION

The results demonstrated a significant improvement in the experimental group as well as a slight although statistically insignificant decrease in the comparison group in terms of means end thinking, after the twelve week program. The experimental group improved from a mean score of .54 appropriate means generated to 1.13 appropriate means generated. This was found to be very significant at $p < .0001$, thus supporting our hypothesis that the experimental group would show more improvement in means-end thinking. In the second measure from the MEPS, accounting for ineffective solutions, or no means generated, the experimental group increased from a mean score of .18 to a mean score of .25 while the comparison group decreased from .75 to 0. This would seem to imply that along with an increase in appropriate means generated, the experimental group also attempted to employ more means, sometimes resulting in ineffective steps. However, the comparison group appeared to not only generate fewer appropriate means in the post-test in comparison to the pretest, their lack of inappropriate means would seem to suggest that they may be deteriorating slightly and not trying to generate as many means. The results support the hypothesis that the experimental group would show greater improvement than the comparison group. The findings of this study are similar to the results of the meta-analysis of correctional programs as conducted by Garret (1985) and Ross and Fabiano (1985). In addition this study suggests that those who do not take part in such a program may show deterioration. This would seem to make intuitive sense. In a normal correctional setting inmates are told when to get up, when to go to bed,

when to eat, what they can eat, what programs to participate in etc. A decrease in cognitive functioning may be the result. This should be tested further as a separate study. The experimental group was kept challenged and taught new cognitive skills. This would seem to support cognitive programs such as the one described and also suggest that at a minimum programs involving cognitive elements may be necessary in order to prevent a regression of an inmate's cognitive ability due to the effects of incarceration.

A correlation of .24 was noted between an increase in number of prior convictions and a decreased score on the pretest of the MEPS for the experimental and GCC comparison groups. This is very similar to the findings of Tweedale (1990) who found a correlation of -.20 between results on the MEPS and subsequent recidivism. It is also supportive of the observations of Ross and Fabiano who concluded that offenders with the most pronounced cognitive deficits are also the most persistent in their criminality. Unfortunately more data are required (which may be acquired with time) to compare the participants' subsequent rate of recidivism to their post-test results on the MEPS. It would be of value to determine if those that made the most improvement in means-end thinking also showed the greatest decrease in recidivism.

It was also noted that the mean score obtained by both the experimental and comparison groups was significantly lower than the norms cited by Platt and Spivack (1989). The experimental group went from a mean score of .54 prior to taking the program to 1.13 in the post test score of .21. The average number of means reported by Platt and Spivack are

1.08 for penitentiary inmates (N=54) and 1.32 for reformatory inmates (N=32). A series of t-tests were completed comparing the mean scores on the pre-test of our three different groups with those listed by Platt and Spivack. In addition a t-test was completed comparing the mean score on the post-test of the experimental group with the scores obtained by Platt and Spivack. In all cases a level of significance at $p < .01$ was noted. It is believed that our participants did not come from populations with means equal to that of Platt and Spivack. In fact our groups were much more deficient in means-end thinking. Platt and Spivack fail to provide a description of the inmate population that was used to acquire their statistics. It is my experience that there is a great range of abilities within inmate populations. Because of the difficulties encountered in explaining the concepts, it is very possible that they merely were more selective in those that completed their tests. I believe that because we assisted the participants in trying to explain the process, we obtained scores more representative of actual inmate populations. The improved score in the MEPS, in number of means generated indicates that the participants were able to generate more alternatives and steps toward solving social problems. This improved cognitive ability is an important step. As Little and Kendall (1979), note being able to produce a number of alternative solutions to problems is the important first step in healthy cognitive behaviour. Our experimental group improved from a mean of .54 to a mean of 1.13, an important movement toward the mean scores of 1.36 for hospital employees and 2.49 for university upper class students (Platt & Spivack, 1989).

The results of the Social Insight Scale do not support the hypothesis of improved alternative thinking for the experimental group in comparison to the comparison group. In fact, the results are the opposite of what were expected. The results seem to show that the experimental group became both significantly more aggressive and passive while becoming significantly less co-operative when their pre-test and post-test results were compared and when they are compared to the comparison group. When we examined the scores and actual tests completed by the participants, one factor became apparent. The pre-test scores of the group were just too good to be true. Participants gave responses that indicated they would use a co-operative approach in situations where we believed they would employ an aggressive or withdrawal technique. We hypothesized that they were merely answering the questions with the response they thought we wanted to hear. In conducting studies in parallel with this program, Piscione used a number of different instruments which incorporated confidence scales. He noted that out of a total of 156 tests conducted, only 36 could be used with confidence due to detected manipulation by the participants (Piscione, personal communication, April 1991). We believe that while the experimental group "fudged" the pre-test, they became much more honest in their post-test as a result of the emphasis in the program of honestly assessing their responses. This resulted in an apparent decline in their scores. However, this increase in honesty can be viewed as an additional positive effect of the program.

The Buss-Durkee results seem to support this suspicion. While this test can be manipulated as well, it would require considerably more education and knowledge to do so. The aggressiveness variable formed by

combining the assaultiveness and verbal anger subscales indicates no significant difference between the pre-test and post-test results of the experimental group or in the change scores of the experimental group when compared to the comparison group. This is in direct contrast to the SIS score.

The co-operation score indicates a reduction in co-operation in both groups but a significantly greater reduction by the experimental group. The passivity score indicates a significant increase in passivity for the experimental group while a slight but insignificant decrease in passivity by the comparison group resulting in a significant difference in the change scores between the two groups. Could it be that the experimental group became more extreme in their choice of alternatives - choosing either an aggressive or passive response, rather than a co-operative one? Or did the experimental group give a more honest response in the post test? The Buss-Durkee negativism subscale would support this later possibility as the experimental group showed a significant difference in the change rate of the experimental group as compared to the comparison groups (that is the comparison group showed a slight increase in negativism while the experimental group showed a slight reduction in negativism). The ambiguity of these results would suggest that the reliability of the SIS instrument is highly suspect and too open to manipulation to be employed effectively with an inmate population. In examining the results of the Buss-Durkee it should be remembered that prior researchers have indicated that the validity of the specific subscales is suspect. However, the test appears to be an accurate measure of hostility and aggressiveness (Edmunds & Kendrick,

1980). No significant differences were noted in these created variables. This supports the hypothesis and gives rise to further suspicion regarding the usefulness of the SIS as an instrument with an inmate population.

Future researchers with this population are encouraged to select or devise instruments that are less obvious as to the desired course of action. As noted by Spivack et al. (1976), while some individuals cannot necessarily develop means and course of action, they are able to choose which of a number of alternatives is the more appropriate. If this is true, then it is unnecessary to emphasize alternative thinking in cognitive programs, and thus the emphasis should be on the remaining two components of cognitive thinking (as indicated by Little & Kendall, 1979) of generating alternative solutions, and perspective taking. While our program dealt with both of these components, we only measured the aspect of developing alternative solutions through means-end thinking. Future researchers are advised to continue to measure this important element but to also focus on perspective taking rather than alternative thinking.

As indicated in the results, the recidivism rates for the experimental group are promising. A first glance shows less recidivism for the experimental group than the control group. As such the study is supportive of the suggestion by Andrews, Bonta, and Hoyer (1990) that improved cognitive problem-solving skills may be one of the important predictors of decreased criminal recidivism. However, an examination of Figures 3 and 4 reveals that insufficient time has expired in order to reach a conclusive statement. Neither the experimental nor comparison group have been discharged longer than the mean period between their prior convictions.

Another CPIC check would be required for all participants in these two groups after a considerably longer period of time in order to support or refute the hypothesis. Of course, also of concern is the small size of the sample. There was only an $n=18$ in the experimental group, $n=13$ in the GCC comparison group, and $n=8$ for the HWDC comparison group. This is too small of a sample size in order to extrapolate our findings and be confident that our participants were sufficiently representative of the population to be accurate in terms of external validity. It is suggested that if more programs of a similar nature are conducted, the participants could be pooled together and sampled after several years. The results of this study warrant a larger project over a longer period of time.

The implications of the study can be extended beyond those incarcerated in correctional centres. The cognitive program delivered was placed within a discharge planning program in order to be meaningful to the participants. But other settings that are of value to the participants could be used with other offenders, I believe the deficiencies identified are common amongst all offenders. It is possible that programs such as the one described could be even more effective if taught to younger people, who are less entrenched in the criminal lifestyle and labelled as criminals. An early intervention with young offenders, probationers, or those in a minimum security correctional facility may be even more effective. This belief can be extended even further. It is possible that testing could be completed in public schools to identify those with cognitive deficiencies so that they may receive remedial programs or perhaps cognitive skills can be established as part of the school curriculum. These early interventions may prevent some people from living a life of crime.

COMPLICATIONS ENCOUNTERED AND IMPLICATIONS

This section will outline complications encountered while conducting this research and the implications these complications and the results of this study, have in correctional settings. A general pattern emphasizing the difficulties of conducting applied research in general and longitudinal studies in correctional facilities specifically was noted. Many of the problems were consistent with those discussed by Cowen (1978) in his article regarding the problems of conducting an evaluation of programs in the community. Fortunately, as an "insider" many of the problems he discussed did not exist for me. While the Ministry of Correctional Services has neither the funds nor personnel to conduct thorough analyses of all programs, because I was within the system I was able to conduct the research in addition to my regular duties. Both my colleague and myself were accepted by the staff and inmates and had ready access to data that would have been extremely difficult for "outsiders" to obtain. As well my colleague as leader of the experimental group was enthusiastic about a program evaluation. Despite these advantages many problems consistent with Cowen (1978) were encountered. These primarily concerned research design problems in conflict with the realities of programs within a closed institution and the difficulties of dealing with inmates.

The most obvious difficulty encountered was that while we were able to maintain the interest and involvement of the experimental group, the other groups at Guelph Correctional Centre which we were seeking to use for comparison became non-functioning. In fact it made us redesign the study. We originally intended to compare three discharge planning groups composed

of 1) the Cognitive Discharge planning group as previously described, 2) a group which received Interpersonal Cognitive Problem Solving skills only and 3) a more traditional discharge planning group which merely supplied information to the inmates (e.g., address of social welfare agencies). All three groups were to be compared to a no-treatment comparison group. Unfortunately the latter two groups were dissolved. When examined, the reasons for the dissolution included the transfer of inmates from the institution, conflicts between the inmates, and most notably lack of commitment by the inmates and lack of clinical experience by the group leaders.

The lack of commitment was expressed by the inmates who said, "there's nothing in this for me". This seems especially ironic. The inmates did not seem to be able to associate improved problem-solving ability or discharge information with something that would be of benefit to them. This would seem to support the belief that they were deficient in means-end thinking. They appeared to require immediate satisfaction from participating in the program. The inmates who continued in the experimental group seemed to enjoy participating in the program itself.

While attempts were made to have experienced, qualified leaders for the comparison groups, it became apparent that the leaders of the comparison groups had difficulty holding their groups together. This could have had important implications if the research would have continued as originally designed with with a number of comparison groups (i.e., it would have been difficult to separate the program influence versus the leader influence). As noted earlier in the eventual design, the experimental group

was compared to a no-treatment group, thus making the effect of leader as irrelevant in this instance. However for future programming, it is important to have a leader with sufficient clinical experience to not only deliver the program but also hold the group together through the challenges and trials encountered. In the practical application of clinical programs in correctional facilities, this has important implications. Corrections is viewed as a high stress job working with a population that is widely viewed as undesirable and unmotivated. There is a high turnover of clinical staff. Many clinicians tend to be recent graduates and although highly motivated, they often lack the experience to deal effectively with such a difficult group. Administrators and policy makers must begin to make a conscious attempt to recruit individuals as either qualified clinicians or who have the potential to become good program leaders after serving an "apprenticeship" with experienced clinicians. Perhaps practitioners could be established with universities. The benefits to the students would be in experience with dealing with such a difficult group under the guidance of an experienced clinician. For the correctional facilities, the benefits would be in terms of exposure to prospective employees.

The most ideal programs will not be successful if inmates don't participate in them. Based on these experiences, it is my opinion that especially when dealing with recidivist and jail experienced inmates, programs must focus on issues that are real, important, and immediate to the inmate and lead by experienced clinicians. Hopefully such programs can teach inmates skills that are sufficiently universal that they can then be applied in other situations that they will face.

While attempting to establish another comparison group, another unusual problem was encountered. Members of our experimental group began to leave through parole. It appeared that we were becoming a victim of our own success. As the inmates began to solve problems better through our training programs, it was as if we were training them for a parole interview. When questioned regarding situations that they would encounter after release they seemed better prepared to respond. If they actually do handle their situations more appropriately, this can be regarded as a positive side effect. We hope they were not merely saying what they thought the Parole Board wanted to hear. Six of the 24 original participants with the experimental groups were discharged by the Parole Board. Thus, we were losing participants from our experimental group and could not sustain another group for an adequate no treatment control group. Eventually by running a second experimental group we had sufficient subjects for a N=18 for our experimental group. However the problem still remained with devising an adequate comparison group. In the course of completing this study I was promoted to the Hamilton Wentworth Detention Centre. We decided to establish a no-treatment comparison group at this institution. While it did not allow us to answer all the questions we wished to explore, it gave me more immediate control and I was able to seek the assistance of participants as a control. This allowed us to change to the research design as described.

The next problem encountered actually dramatized the inmates' deficiencies in means-end thinking. We expected many inmates to have difficulties reading the questionnaires and were prepared to assist them.

However, most did not have great difficulties in this regard. What they had trouble with was the basic concept. Despite many explanations some could not understand that intermediate steps were required in order to go from one social situation to an improved social situation. They stated that the ending of the story was the answer to the question and could not seem to grasp the fact that other steps were required in order to get to the desired situation. This left some participants in both the experimental and comparison groups frustrated and they gave up trying to respond to this area of the questions. I believe the zero that they scored in this area is an accurate assessment of their ability to handle the question.

Another frustration was encountered by the researchers. We wished to compare the recidivism rates of our experimental and comparison groups with the rates of other discharged offenders. Unfortunately, a thorough review of the literature and contacts with both federal and provincial corrections departments revealed that there were no current statistics concerning recidivism. While American recidivism rates were discovered, they cannot be used as a basis of comparison due to different methods of classifying government responsibilities. In the United States, inmates are sent to state or federal institutions dependent upon the offence committed while in Canada they are sent to provincial or federal institutions dependent upon length of sentence. It would have been desirable to determine if our apparent success was significant when compared to a norm, but this proved impossible.

Finally, another problem became apparent. We wished to obtain qualitative data regarding the perceptions of the experimental group

concerning the program. However despite having their addresses, we discovered that many had unlisted telephone numbers. Those that we were able to contact, refused to respond to the questions of the volunteer. We attempted to get their input by mailing them a questionnaire along with a stamped, addressed return envelope. None of the participants returned the questionnaire. It is suggested that future attempts to get qualitative data from inmates emphasize interviews prior to discharge.

It is recognized that there are deficiencies in this research project consistent with those difficulties encountered to various degrees any time that research is attempted outside the laboratory. As noted by Cowen, Lorion and Dorr (1974), it is really the choice of doing less than ideal research or no research at all. When we are dealing with the taxpayers' money and the lives of the inmates, I believe it is critical to determine if our programs are working, even if our methodology is less than perfect.

CONCLUSION

The results of the study are promising. The Cognitive Discharge Planning Program demonstrated that inmates can be taught skills to improve their cognitive functioning in terms of means-end thinking. Initial results show that it may reduce recidivism. Further study is required to determine if this pattern will continue over a longer period of time. While the sample size was small in this study the results are sufficiently encouraging as to be looked upon as a pilot study. It is a program that can be installed with minimal disruption to other programs, has a positive effect upon the management and atmosphere of an institution and can be a lasting intervention in the lives of offenders.

References

- Abramson, L., Seligman, M., & Teasdale, J. (1979). Learned helplessness in human. In P. Sjoden, S. Bates & W. Dockens (Eds.), Trends in behaviour therapy. New York: Academic Press.
- Andrews, D.A., Bonta, J., & Hoyer, R.D., 1990. Classification for effective rehabilitation: Rediscovering Psychology. Criminal Justice and Behaviour, 17, 19-52.
- Amerasinghe, E.P. (undated). Resocialization of offenders through the correctional system of Sri Lanka, National Criminal Justice Reference Service.
- Beccaria, C. (1981) On crimes and punishment (David Young ed.) Indianapolis: Hackett Publishing (Original work published 1764).
- Buss, A.H., Fisher, H. & Simmons, A.J. (1962). Aggression and hostility in psychiatric patients. Journal of Consulting Psychology, 26, 84-89.
- Brown, J. (1981) State of New Hampshire - pre-release manual, National Criminal Justice Reference Service.
- California Assembly (1980). Community release programs. Sacramento: California Board of Corrections.
- Carkhuff, R.R. (1983). Interpersonal skills and human productivity. Amherst, Mass.: Human Resources Development Press.
- Carkhuff, R.R., & Berenson, B.G. (1976). Teaching as treatment. Amherst, Mass.: Human Resource Development Press.
- Carlson, E.W., & Park, E.C. (1981). Model pre-release centers, New Orleans - final report, National Criminal Justice Reference Service.
- Cassel, R.N. (1976). Examiners manual for the test of social insight (Rev. ed.) New York: M.M. Bruce.
- Cassel, R.N. & Clayton, J. (1961). A preliminary analysis of certain self concepts of women in correctional institutions. Sociology and Social Research, 45, 316-319.
- Chan, J.B.L., & Ericson, R.V. (1981). Decarceration and the economy of penal reform. Toronto: Centre of Criminology.
- Cobean, S.C., & Power, P.W. (1978). Role of the family in the rehabilitation of the offender, International Journal of Offender Therapy and Comparative Criminology, 22, (1), 29-38.

- Cowen, E.L. (1978). Some problems in community program evaluation research. Journal of Consulting and Clinical Psychology, 46, 792-805.
- Cowen, E.L., Lorion, R.P., & Dorr, D. (1974). Research in the community cauldron. Canadian Psychologist, 15, 313-325.
- Curry, S.G., & Marlatt, G.A. (1985). Unaided quitter strategies for coping with temptations to smoke. In Shiffman & T.A. Wills (Eds.), Coping and substance use (243-265). New York: Academic.
- Czudner, G. (1985). Changing the criminal, Federal Probation, Sept., 64-66.
- Czudner, G. & Mueller, R. (1987). The Role of Guilt and Its Implication in the treatment of criminals, International Journal of Offender Therapy and Comparative Criminology, 31, (1), 71-77.
- Davidson, J., Eull, J., & Schnoll. (undated). A comprehensive approach to discharge planning, Research and Development Committee, Association of Mental Health Discharge Planners.
- DeCharms, R. (1976). Enhancing motivation. New York: Wiley.
- Downey, D. (1988, June 18). Killer should never be freed, judge warns parole officials. Globe and Mail, p. A11.
- D'Zurilla, T.J. & Goldfried, M.R. (1976). Problem solving and behaviour modification. Journal of Abnormal Psychology, 78, 107-126.
- Edmunds, G., & Kendrick, D.C. (1980). The measure of human aggressiveness. West Sussex, England: Ellis Horwood Ltd.
- Fairweather, J.S. (1980). Parole and the return to crime - the effects of pre-release and post-release factors, National Criminal Justice Service.
- Feldhusen, J. (1975). Problem solving and the concrete abstract dimension. The Gifted Child Quarterly, 19, 122-129.
- Garnet, S.E., & Lubell, I.L. (1982). For exinmate to exoffender - a prevention program for abusive partners in transition. In S.E. Garnet & I.L. Lubell (Eds.), Abusive partner - An analysis of domestic battering. New York: Van Nostrand Reinhold.
- Garret, C.J. (1985). Effects of residential treatment on adjudicated delinquents: A meta-analysis, Journal of Research in Crime and Delinquency, 22 (4), 287-308.
- Geen, R.G. & George G. (1969). Relationship of manifest aggressiveness to aggressive word associations, Psychology Reports, 25, 711-714.

- Gremmo, S. (1981). Parent orientation program. Federal Probation, 45(1), 53-56.
- Heller, K., Price, R.H., Reinharz, S., Riger, S., Wandersman, A. & D'Aunno, T.A. (1984). Psychology and community change, Chicago: Dorsey Press.
- Hiew, C.C. & MacDonald, G. (1986). Delinquency prevention through promoting social competence in adolescents, Canadian Journal of Criminology, 28(1), 291-301.
- Houtz, J.C., & Feldhusen, J.F. (1975). Problem solving ability of disadvantaged elementary school children under four testing formats: A replicated experiment. Psychology in the Schools, 12, 26-33.
- Ignatieff, M. (1987). Imprisonment and the need for justice, Proceedings of the 1987 Criminal Justice Congress, Toronto, Ontario, Canada. Unpublished.
- Kappel, B. (1986). Community impact study: The effect of locating correctional group homes in residential neighbourhoods, Canadian Training Institute.
- Klein, N.C., Alexander, F.J., & Parsons, B.V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. Journal of Consulting and Clinical Psychology, 45, 469-474.
- Knott, P.D. (1970). A further methodological study of the measurement of interpersonal aggression. Psychology Reports, 25, 807-809.
- Larcen, S., Spivack, G., & Shure, M. (1972). Problem solving thinking and adjustment among dependent neglected pre-adolescents. Paper presented at the Eastern Psychological Association.
- Le Clair, P.D. (1981). Community reintegration of prison releases - results of the Massachusetts experience, National Criminal Justice Reference Service.
- Lewis, D.K., & Bresler, L. (1981). Is there a way out? A community study of women in the San Francisco county jail, Boston: Unitarian Universalist Service Committee.
- Little, V.L., & Kendall, P.C. (1979). Cognitive-behavioural interventions with delinquents: problem solving, role playing and self control. In C. Kendall & S.D. Hollon (Eds.), Cognitive-behavioural interventions: Theory, research and procedures, New York: Academic Press.

- Lipton, D., Martinson, R., & Wilks, J. (1975). The effectiveness of correctional treatment: A survey of treatment evaluation studies. New York: Praeger.
- Marlatt, G.A., & Gordon, J.R. (1985). Relapse prevention. New York: Guilford Press.
- Mershon, R. (1978). Analysis of recidivism rates among residents released from Massachusetts correctional institutions in 1976. National Criminal Justice Reference Service.
- Mullen, B. (1981). Recidivism by young male felony offenders in New York State as related to type of prison training programs, cognitive and personal variables. (Doctoral dissertation, University of Sarasota, Florida) National Criminal Justice Reference Service.
- Ontario Ministry of Correctional Services (undated). Discharge planning. Unpublished manuscript. Division of Policy Development and Implementation.
- Palmer, J. (1975). Martinson revisited. Journal of Research in Crime and Delinquency, 12, 133-152.
- Parker, K.H. (1979). Parole: prison accommodation and leave from prison in Western Australia - report, National Criminal Justice Reference Service.
- Perry, L.J., (1985). Commitment to change: ex-inmates intentions to cease criminal activity. (Doctoral dissertation, University of Toronto, 1985). Dissertation Abstracts International, 47, 107A.
- Philadelphia Prisons Prerelease Program (undated). Unpublished policy and operations manual.
- Piscione, J.A. (1981). A field examination of social problem-solving training with junior high school aged children. Unpublished doctoral dissertation, University of Toronto, 1981.
- Powers, S.B. (1974). Wisconsin's mutual agreement program. Proceeding of The National Workshop on Corrections and Parole Administration. National Criminal Justice Reference Service.
- Platt, J.J., & Spivack, G. (1972a). Content analysis of real-life problem solving thinking in psychiatric patients and controls. Paper presented at Eastern Psychological Association, Boston, Mass.
- Platt, J.J., & Spivack, G. (1972b). Problem-solving thinking of psychiatric patients. Journal of Consulting Psychology, 39, 148-151.

- Platt, J.J., & Spivack, G. (1989). Means End Problem-Solving. Unpublished manuscript. Centre of Excellence in Addictions Treatment Research - Dept. of Psychiatry University of Medicine and Dentistry of New Jersey, Camden, N.J.
- Platt, J.J., Spivack, G., Altman, N., & Peizer, S.B. (1974). Adolescent problem-solving thinking. Journal of Consulting and Clinical Psychology, 42, 787-793.
- Platt, J.J., Sevra, W.C., & Hannon, J.R. (1973). Problem-solving thinking of youthful incarcerated heroin addicts. Journal of Community Psychology, 1, 278-281.
- Pradoni, J.R., James, G.C., Kapit, R.M., Jones, J.M., & Ridley, B.A. (1985). Use of an interagency team approach and mental health referral criteria to improve the effectiveness of pre-parole mental health evaluations. Journal of Offender Counselling Services and Rehabilitation, 9(4), 5-18.
- Priestly, P., McGuire, J., Flegg, D., Hemsley, V., Welham, D., Barnitt, R., (1984). Social skills in prison and community problems solving for offenders. Boston: Routledge and Kegan Paul, Ltd.
- Rabkin, J.F., (1979). Criminal behaviour of discharged mental patients: A critical appraisal of the research. Psychological Bulletin, 86, 1-27.
- Rappaport, J. (1977). Community psychology: Values, research and action, New York: Holt, Rinehart and Winston.
- Roesch, R., & Corrado, R. (1983). Criminal justice system interventions. In E. Seidman (Ed.) Handbook of social intervention, (pp.385-407). Beverly Hills: Sage.
- Ross, R.R., & Gendreau, P. (1980). Effective correctional treatment. Toronto: Butterworth.
- Ross, R.R., & Fabiano, E. (1985). Time to think, Johnson City Tenn.: Institute of Social Sciences & Arts Inc.
- Sauber, S.R. (1973). Preventive educational intervention for mental health, Cambridge, Mass.: Ballinger.
- Seidman, E. (1981). The route from successful experimentation to policy formation. In R. Roesch and R.R. Corrado, (Eds.). Evaluation and criminal justice policy. Beverly Hills: Sage.
- Seligman, M. (1988). Social interactional training and incarcerated juvenile delinquents. Canadian Journal of Criminology, Apr.

- Shure, M.B. (1984). Enhancing childrearing skills in lower income women. In A. Rickel, M. Gerrard, & I. Iscoe (Eds.), Social and psychological problems of women. Washington: Hemisphere Publishing Corp.
- Shure, M.B., & Spivack, G. (1972). Means-end thinking: Adjustment and social class among elementary school aged children, Journal of Consulting and Clinical Psychology, 38, 348-353.
- Speas, C.M. (1979). Job seeking interview skills training - a comparison of four instructional techniques, Journal of Counselling Psychology, 26, 405-312.
- Spickenheuer, J.L.P. (1979). Rehabilitation - attitudes and opinions of individuals supervising rehabilitation - a study of the time expended and the functioning of rehabilitation team, Netherlands National Institute of Justice (translated by National Criminal Justice Reference Service).
- Spivack, G., & Levine, M. (1963). Self-regulation in acting-out and normal adolescents. Report M-4531, Washington, D.C.: National Institute of Health.
- Spivack, G., Platt, J.J., & Shure, M.B. (1976). The problem-solving approach to adjustment, San Francisco: Jossey-Bass.
- Tweddale, M. (1990). Interpersonal problem-solving and deterrence: Effects on prison adjustment and recidivism. Unpublished doctoral dissertation, University of Ottawa, Ottawa.
- Urieff, P.J. (1984). Furlough program - an evaluation. Honolulu: University of Hawaii at Manoa, Youth Development Research Center.
- Winfield, M., & Riddick, M. (1983). Links or chains? A guide to community involvement with prisons. London: Prison reform trust.

MEANS ENDS STORES - (MALE FORM)

INSTRUCTION

In this procedure we are interested in your imagination. You are to make up some stories. For each story you will be given the beginning of the story and how the story ends. Your job is make up a story that connects the beginning that is given to you with the ending given to you. In other words, you will make up the middle of the story.

Write at least one paragraph for each story.

1. Mr. A. was listening to the people speak at a meeting about how to make things better in his neighbourhood. He wanted to say something important and have a chance to be a leader, too. The story ends with him being elected leader and presenting a speech. You begin the story at the meeting where he wanted to have a chance to be a leader.

2. Mr. P. came home after shopping and found that he had lost his watch. He was very upset about it. The story ends with Mr. P. finding his watch and feeling good about it. You begin the story where Mr. P. found that he had lost his watch.

3. During the Nazi occupation, a man's wife and children were viciously tortured and killed by an SS trooper, and the man swore revenge. The story begins one day after the war when the man enters a restaurant and sees the ex-SS trooper. The story ends with the man killing the SS trooper. You begin when he sees the SS trooper.

MEANS ENDS STORES (2) - (MALE FORM)INSTRUCTION

In this procedure we are interested in your imagination. You are to make up some stories. For each story you will be given the beginning of the story and how the story ends. Your job is make up a story that connects the beginning that is given to you with the ending given to you. In other words, you will make up the middle of the story.

Write at least 1 paragraph for each story.

1. H. loved his girlfriend very much, but they had many arguments. One day she left him. H. wanted things to be better. The story ends with everything fine between him and his girlfriend. You begin the story with his girlfriend. You begin the story with his girlfriend leaving him after an argument.

MODIFIED SOCIAL INSIGHT SCALE - (A)JANUARY, 1990DIRECTIONS

On the following pages there are a number of questions about social situations. Each question is followed by five possible answers. Choose the ONE answer you consider best. Mark your choice by putting a circle around the letter.

- 1) You observe two boys from your neighbourhood shoplifting (stealing) in a nearby store. What do you do?
 - a. Do nothing, and mind your own business.
 - b. Call the police, and report the incident.
 - c. Leave the store, and forget the incident.
 - d. Ask the boys to return the stolen materials.
 - e. Give the boys a lecture on honesty loud enough for others to hear.

- 2) Members of your family insist that you join them on a holiday picnic, but you prefer to remain home and rest. What do you do?
 - a. Discuss the matter and your reasons with the family.
 - b. Insist that they go with you.
 - c. Suggest everyone go deep sea fishing instead.
 - d. Go on the picnic, and sleep in the car after you arrive.
 - e. Agree to go, but pretend to be sick at the last minute.

- 3) A fellow worker often tries to give you orders. What do you do?
 - a. Pretend you don't hear what he says.
 - b. Walk away, and say nothing.
 - c. Tell him to mind his own business.
 - d. Order him around.
 - e. Discuss the matter with the supervisor.

- 4) While reading in a crowded library, you are disturbed by a loud talker. What do you do?
 - a. Check out some books, and go home.
 - b. Look for a quiet corner to study in.
 - c. Ask the loud person to be quiet.
 - d. Talk very loudly yourself.
 - e. Call the librarian, and insist that the talking be stopped.

- 5) A friend calls you a liar in the presence of other friends. What do you do?
- Get into a fight immediately.
 - Tell him he has told many lies which you have heard about.
 - Ask him to explain such a serious charge.
 - Pretend you don't hear what he says.
 - Walk away, and say nothing.
- 6) You observe two fellow workers smoking pot (marijuana) in the work washroom. This is against work rules. What do you do?
- Suggest that they are making a serious mistake, and will be arrested if they are caught.
 - Say nothing, but remain there.
 - Say nothing, but leave immediately.
 - Smoke along with them.
 - Argue that it is unfair not to be able to smoke pot.
- 7) Your friends are all a couple years younger. Your family insist you find friends your own age. What do you do?
- Look around for older friends.
 - Get real angry with your family.
 - Ask your family to allow you to select your own freinds.
 - Start reading and don't see any friends at all.
 - Try to find friends who are older than you.
- 8) You approach a person of the opposite sex whom you mistook to be a new friend. After several minutes of conversation you discover your error. What do you do?
- Apologize, and walk away.
 - Stop talking, and smile in a friendly way.
 - Apologize, and introduce yourself.
 - Insist that you recall the person, and try to remember from where.
 - Scold yourself for the mistake.
- 9) You enjoy dancing very much, and so do most of your friends, but your wife is strongly opposed to dancing for religious reasons. What do you do?
- Go to dances in secret.
 - Listen to your wife, and don't dance.
 - Discuss the matter with your wife, and try to get her to see your point of view.
 - Tell her you can make up your own mind on the issue.
 - Ask your wife to join another church that approves of dancing.

MODIFIED SOCIAL INSIGHT SCALE - (B)**JANUARY 1990****DIRECTIONS**

On the following pages there are a number of questions about social situations. Each question is followed by five possible answers. Choose the **ONE** answer you consider the best. Mark your choice by putting a circle around the letter.

1. You observe your neighbour's girl stealing money in your home while she is visiting. What do you do?
 - a) Pretend you did not see the stealing.
 - b) Insist that the girl leave your home and not return.
 - c) Volunteer to give the girl money to buy what she wants.
 - d) Watch her very carefully while she is in your home.
 - e) Call her parents and discuss it.

2. Other members of your family are eager to watch a special television show at the time of your favourite programme. What do you do?
 - a) Go to your room and read a book.
 - b) Go to a friend's house and see your programme on their T.V. set.
 - c) Say nothing and look at the special show with the rest of the family.
 - d) Get angry and "blow up".
 - e) Go to an expensive stage show during the television performance.

3. Your older sister who works in the same company as you continues to insult you in front of your friends. What do you do?
 - a) Walk away and say nothing.
 - b) Remain and pay no attention to her.
 - c) Get angry with her and really tell her off.
 - d) Try to embarrass her in public.
 - e) Explain the problem to your friends.

4. The person sitting next to you in a public bus is annoying you very much by chewing and cracking gum loudly. What do you do?
 - a) Tell the person to quit chewing so loudly.
 - b) Chew some gum yourself just as loudly.
 - c) Change seats immediately.
 - d) Say nothing and remain.
 - e) Get off of the bus and take the next one.

- 2 -

5. You have been told that a friend has been spreading damaging rumours about you that are not true. What do you do?
 - a) Spread rumours about your friend.
 - b) Call on your friend for an explanation of the rumours.
 - c) Get angry at your friend and tell him off.
 - d) Do nothing.
 - e) Avoid seeing your friend in the future.

6. You see fellow workers destroying company property. What do you do?
 - a) Walk away and say nothing.
 - b) Pretend you do not see what they are doing.
 - c) Tell them to stop destroying the property or you will report it to the boss.
 - d) Help the men to break up the company property.
 - e) Give the men a stern lecture about vandalism.

7. A minority group member is being very friendly with you lately but your other friends insist that you break off this friendship immediately. What do you do?
 - a) Act the same to this person as to other friends.
 - b) Avoid seeing the person.
 - c) Invite the person to social functions.
 - d) Get angry with your friends and tell them you will select your own friends.
 - e) Discuss the matter with your friends and indicate how you feel.

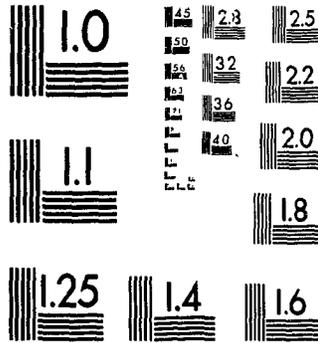
8. You are walking in an important wedding procession. You stumble and tear your new jacket very badly. This leaves you exposed. What do you do?
 - a) Try to hold the torn parts together.
 - b) Let the torn parts hang open.
 - c) Leave the wedding procession.
 - d) Get real angry at yourself for being so clumsy.
 - e) Try to follow the suggestions of those near you.

9. You have decided to return to school and have moved in with your parents. You only have enough time for a part time job. Your parents insist that you pay room and board at a rate that you think is too high. What do you do?
 - a) Quit your job immediately.
 - b) Say nothing but do not pay the money.
 - c) Quit school and go to work full time.
 - d) Discuss the matter, indicating your strong desire to save the money to buy a car.
 - e) Get real angry with your parents and tell them off.

2

of/de

2



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No 2)

BUSS & DURKEE HS

NAME: _____

Instructions:

DATE: _____ UNIT: _____ AGE: _____

Please put a check mark in the T (TRUE) or F (FALSE) box to show whether each statement does or does not apply to you.

- | T | F | |
|-----|--------------------------|--|
| 01. | <input type="checkbox"/> | <input type="checkbox"/> I seldom strike back even if someone hits me first. |
| 02. | <input type="checkbox"/> | <input type="checkbox"/> I sometimes spread gossip about people I don't like. |
| 03. | <input type="checkbox"/> | <input type="checkbox"/> Unless asked nicely, I won't do what people want. |
| 04. | <input type="checkbox"/> | <input type="checkbox"/> I lose my temper easily but get over it quickly. |
| 05. | <input type="checkbox"/> | <input type="checkbox"/> I don't seem to get what's coming to me. |
| 06. | <input type="checkbox"/> | <input type="checkbox"/> I know that people talk about me behind my back. |
| 07. | <input type="checkbox"/> | <input type="checkbox"/> When I disapprove of my friends' behaviour I let them know it. |
| 08. | <input type="checkbox"/> | <input type="checkbox"/> The few times I have cheated, I suffered unbearable feelings of remorse (sorrow and guilt). |
| 09. | <input type="checkbox"/> | <input type="checkbox"/> Occasionally, I can't control my urge to harm others. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> I never get mad enough to throw things. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> When I don't like a rule, I am tempted to break it. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> Sometimes people bother me just by being around. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> Other people always seem to get the breaks. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> I am on my guard with people who seem more friendly than I expected. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> I often find myself disagreeing with people. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> I sometimes have bad thoughts which make me feel ashamed of myself. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> I can think of no good reason for hitting anyone. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> When I am angry I sometimes sulk. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> I often do the opposite of what a bossy person asks. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> I am irritated much more than people are aware of. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> I don't know anybody that I downright hate. |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> Several people seem to dislike me very much. |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> I can't help arguing when people disagree with me. |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> People who shirk on the job must feel very guilty. |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> If somebody hits me first, I let him have it. |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> When I am mad, I sometimes slam doors. |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> When I am mad at someone I may give him the "silent treatment". |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> I am always patient with others. |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> When I look back on what's happened to me, I can't help feeling a little resentful. |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> There are some people who seem to be jealous of me. |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> I demand that people respect my rights. |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> It depresses me that I didn't do more for my parents |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> Whoever insults me or my family is in for a fight. |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> I never play practical jokes. |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> When people are bossy I slow down just to show them. |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> It makes my blood boil if somebody makes fun of me. |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> Almost every week I see someone I dislike. |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> I sometimes feel that others are laughing at me. |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> Even when I am angry I don't use "strong language". |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> I am concerned about being forgiven for my sins. |

- 41.[.] [] People who keep bugging you are asking for a punch in the nose.
- 42.[.] [] I sometimes pout when I don't get my own way.
- 43.[.] [] It's fun to take the opposite position from everyone else.
- 44.[.] [] I often feel like a powder keg ready to explode.
- 45.[.] [] Although I don't show it, I am often eaten up with jealousy.
- 46.[.] [] My motto is: "Never trust strangers"
- 47.[.] [] If somebody yells at me I yell back.
- 48.[.] [] I do many things that make me feel remorseful later.
- 49.[.] [] When I really lose my temper I am capable of slapping someone.
- 50.[] [.] Since the age of ten I've never had a temper tantrum.
- 51.[.] [] If someone annoys me I will do just what I think he wants me not to do.
- 52.[.] [] I sometimes carry a chip on my shoulder.
- 53.[.] [] If I let people see how I feel, I'd be considered a hard person to get along with.
- 54.[.] [] I sometimes wonder what hidden reason a person might have for doing something nice for me.
- 55.[] [.] I could not put someone in his place even if he needed it.
- 56.[.] [] Failure gives me a feeling of remorse (shame/guilt).
- 57.[.] [] I get into fights about as often as the next person.
- 58.[.] [] I can remember being so angry that I picked up the nearest thing and broke it.
- 59.[.] [] I often pretend to go along while really doing the opposite of others around me.
- 60.[.] [] I can't help being a bit rude to people I don't like.
- 61.[.] [] At times I feel I get a raw deal out of life.
- 62.[.] [] I used to think most people tell the truth, but now I know otherwise.
- 63.[] [.] I generally cover up my poor opinion of others.
- 64.[.] [] When I do wrong my conscience punishes me severely.
- 65.[.] [] If I have to resort to physical violence to defend my rights, I will.
- 66.[.] [] I sometimes show my anger by banging on the table.
- 67.[] [.] I seldom feel others are just trying to be difficult.
- 68.[] [.] I don't let a lot of unimportant things irritate me.
- 69.[] [.] I don't remember feeling resentful about anything.
- 70.[] [.] I have no enemies who really wish to harm me.
- 71.[] [.] I would rather give in on a point than get into an argument about it.
- 72.[.] [] I often feel I have not led the right kind of life.
- 73.[.] [] Some people have pushed me so far we came to blows.
- 74.[.] [] To tell the truth I enjoy breaking dishes sometimes.
- 75.[] [.] I don't do things just to be difficult.
- 76.[.] [] Lately I have been kind of grouchy.
- 77.[.] [] I resent the bad luck I have had.
- 78.[] [.] I don't think anybody tries to anger or insult me.
- 79.[.] [] When arguing I tend to raise my voice.
- 80.[.] [] When someone is angry at me I feel as if I had done something wrong.

NAME: _____ TELEPHONE # _____

ADDRESS: _____

Introduction

Hello, my name is Pauline and I'm doing some follow-up for Dr. Joe Piscione at Guelph Correctional Centre concerning a program in which you were a participant.

We've done C.P.I.C. checks on everyone that went through the program and we've noticed that you haven't had any new charges since you were discharged. We'd like to find out if you think Dr. Piscione's program was helpful to you.

Would you answer some questions about your thoughts about the program?

1. In general, how did you feel about the program?

2. Do you think it made a difference? Was it of help to you?

7. Were there any other changes in your life that have helped you stay out of trouble with the law?

8. Do you have any other comments you'd like to make?

Thank you. Are you still interested in receiving feedback concerning the results of this study?

(If so) Is this your current address:

DISCHARGE PLANNING

IN ORDER TO DETERMINE IF THE DISCHARGE PLANNING PROGRAMME WAS HELPFUL, WE NEED TO FOLLOW UP AFTER YOUR RELEASE. ONE OF THE EASIEST WAYS IS TO SEE IF YOU HAVE COME INTO CONTACT WITH THE POLICE AFTER RELEASE.

I, _____, HEREBY GIVE AUTHORIZATION FOR THE GUELPH CORRECTIONAL CENTRE TO CHECK INTO MY POLICE RECORD AFTER MY DISCHARGE. THIS MAY INCLUDE THE USE OF THE CANADIAN POLICE INFORMATION CENTRE (C.P.I.C.) AND THE FINGERPRINT SERVICE (F.P.S.).

Date

Signature

IF YOU WOULD LIKE TO GET MORE INFORMATION ON THE SUCCESS OF THIS PROGRAMME, PLEASE PROVIDE A FORWARDING ADDRESS BELOW, AND A REPORT WILL BE SENT TO YOU.

Guelph Correctional Centre
P.O. Box 3600
Guelph, Ontario
N1K 6P3

[REDACTED]

Dear Mr. [REDACTED]

We are trying to get some information about the effectiveness of our groups.

A recent C.P.I.C. check showed that you have not received any additional charges since your release from Guelph. Therefore, we would appreciate it if you could complete the attached form and return it to me in the enclosed envelope.

This could be of help to others taking the program in the future. Thank you for your assistance.

Yours truly

JT

Dr. J. Piscione

5 Do you handle problems any differently after taking the program?

6. Do you have any other comments you'd like to make?

Thank you. Are you still interested in receiving feedback concerning the results of this study? If so, please note your current address below.