

1966

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Recommended Citation

Walter C. Bailey, Correctional Outcome: An Evaluation of 100 Reports, 57 J. Crim. L. Criminology & Police Sci. 153 (1966)

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RESEARCH REPORTS

CORRECTIONAL OUTCOME: AN EVALUATION OF 100 REPORTS

WALTER C. BAILEY*

This article presents selected results of a content analysis of 100 reports of empirical evaluations of correctional treatment. The reports, which are listed at the end of the article, were systematically selected primarily from those correctional outcome studies published between 1940 and 1960.¹ Within these broad limits, actual selection of reports was guided by three principles: (1) the report must have been based upon empirical data; (2) the treatment evaluated must have been dependent upon the manipulation of some form of interpersonal relations as the independent variable, and (3) the behavior to be corrected must have had a negative value in the sense of being actually or potentially subject to legal sanctions.

Five preliminary questions are explored: (1) What is the relative frequency of various types of correctional outcome reports in terms of research

design? (2) What is the relative frequency of various forms of *group* treatment approaches as compared with *individual* forms such as *individual counseling*, *psychotherapy*, etc.? (3) What is the relative frequency of occurrence of study reports dealing with outcomes of treatment carried out in correctionally administered settings (forced treatment or "treatment at the point of a gun") as compared with treatment carried out in noncorrectional settings such as private practice, outpatient clinics, etc. (voluntary treatment)? (4) What kinds of persons, in terms of training and background, conduct correctional outcome research projects? and (5) What kinds of theories of causation of criminal behavior are implicit or explicit in the treatment programs evaluated? Finally, the main question is considered, namely, how effective is correctional treatment?

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Professor Bailey's article is a modified version of a paper prepared for the California Study of Correctional Effectiveness under grant OM89R from the National Institutes of Health, Public Health Service, U. S. Department of Health, Education, and Welfare. He expresses his sincere appreciation to Dr. Daniel M. Wilner, Director of the California Study of Correctional Effectiveness for his support and encouragement, and also to a number of assistants and assistant researchers for their help in collecting materials and annotating the research studies.

¹ A few unpublished papers were included because of availability and some correctional outcome reports published prior to 1940 were included either because of their reputation as "classics" or because of some specific area of relevance. Selection of reports for this analysis was made on the basis of a systematic search through books and monographs, relevant journals, the American Prison Association Index, the International Index to Periodical Literature, the Public Affairs Index, and various government publications. The reports, listed below, comprise the sample upon which this analysis is based. Obviously, they constitute neither an exhaustive nor representative account of the literature. Also, a few represent evaluations of somewhat different aspects of the same general study projects. Nevertheless, the relatively large number of reports included and the selection methods employed, suggest that this sample provides a reasonable basis for tentative judgments regarding the status of correctional outcome research in this country.

FREQUENCY OF TYPES OF STUDY REPORTS

Of the 100 correctional outcome reports evaluated, 22% were classified as describing experimental study designs (those utilizing some form of control group design); 26% were classified as describing systematic-empirical study designs (those using control procedures but no control groups); and 52% were classified as describing nonsystematic empirical study designs (those based upon empirical observations but lacking control procedures). As expected, the more rigorous experimental type study report was the least frequently encountered and the least rigorous, least controlled type of study report, the most plentiful.

GROUP VS. OTHER FORMS OF CORRECTIONAL TREATMENT

Since group treatment appears to be one of the most rapidly expanding forms of treatment of emotional and mental disorders generally, one would expect the same trend in correctional treatment.

Of the 100 correctional outcome reports under

consideration, we found that 58% of them dealt with an evaluation of the effectiveness of some form of group (as opposed to various kinds of individual) treatment. When treatment form (*i.e.*, whether group or individual) is compared with type of outcome report, we find that roughly 60% of the experimental type involved evaluations of group treatment compared with 58% of the systematic-empirical type, and 59% of the nonsystematic-empirical. In other words, consistently throughout the ranges of types of correctional outcome reports considered, the major focus was on evaluation of various forms of group treatment.

CORRECTIONAL VS. NONCORRECTIONAL SETTINGS

It is of interest to compare the frequency of evaluations of correctional treatment programs which are under the legal administration of a correctional agency (*e.g.*, prison, parole, probation, etc.) with the frequency of those studies evaluating correctional treatment or prevention programs carried out in community, private agency, or private practice settings. Here we included in the comparison only those research reports classified as either experimental or systematic-empirical, comprising a total sample of 48 reports. We find that 26 (54%) of these were evaluations of treatment programs under direct correctional administration as compared with 22 (46%) in noncorrectional settings. Thus, a slight majority of those outcome reports describing either experimental or systematic-empirical research designs, involved evaluations of correctional treatment in authoritarian settings where treatment is "forced."

PROFESSIONAL IDENTIFICATION OF RESEARCHERS

What kinds of persons conduct or direct correctional outcome studies? Here, we restricted our analysis to only the most rigorous type of outcome reports, those describing experimental designs. Ten of the 22 experimental studies (46%) were conducted by psychologists; next were the sociologists with 6 (28%). Ten percent (2) could not be classified. The fields of psychiatry, education, and social work each contributed one study (4% each). On the basis of this sample, it appears that psychologists and sociologists have a monopoly on conducting the experimental correctional outcome studies. Together, they authored 74% of the experimental outcome reports.

INTERVENTIONAL PREMISES IN CORRECTIONAL OUTCOME STUDIES

Treatment figures,² we assume, do not make interventions at random. Thus, all correctional treatment procedures and programs are based upon some theoretical frame of reference which, whether implicitly or explicitly formulated, explains the behavior being treated, establishes the goals of treatment, and provides plausible procedural connections between the problem and the goals in the sense that the interventions utilized are viewed as "correct" means to an end (treatment goals).

In this sample of 100 reports there were few attempts to either make explicit the behavioral theory undergirding the treatment approach or the procedural connections between the theory and treatment goals. One of the exceptions, for example, was the Grants' evaluation of group treatment with military offenders. They made a considered effort to spell out the causal theory underlying the criminal behavior and to specify the logical connections between the theory and the treatment procedure.³

Behavioral theories underlying the various types of correctional treatment described in our sample of reports were grouped under two major and two minor headings. The major, or primary type causation theories are those that assume either (1) the sick premise, or (2) the group relations premise.⁴ In the former kinds of theories, whether Freudian, neo-Freudian, or whatever, the basic assumption is that the behavior is only a symptom of some underlying psychopathology. From this point of view crime is like a disease, in the medical sense, and can be cured only by alleviating the underlying pathological condition. This may be accomplished, according to the terms of the theory, by *individual psychotherapy*, *group psychotherapy*, *psychoanalysis*, etc. This point of view implies that criminality can be treated in the privacy of the "Doctor's office," or in a clinic, or in the "group

² This term refers to any person or persons in the assigned role of treaters. It includes "untrained" lay counselors under certain institutionalized conditions (*e.g.*, parole officer, group counselors) as well as trained clinicians.

³ Douglas & Grant, *A Group Dynamics Approach to the Treatment of Nonconformists in the Navy*, 322 ANNALS AM. ACAD. POL. & SOC. SCI. 126 (1959).

⁴ Cressey, *Changing Criminals: The Application of the Theory of Differential Association*, 61 AM. J. SOCIOLOGY 116 (1955).

therapy room of a prison," without recourse to procedures designed to directly modify the person's day-to-day interpersonal associations and group identifications.⁵

The basic assumption of the major competing point of view is that behavior, including deviant and criminal behavior, is primarily a function of the individual's group relations. Major independent variables associated with this approach include social status, role, significant associates, group identifications and the attitudes and values learned through and reinforced in these interpersonal situations. This point of view sees "sickness" as unrelated to criminality as such. A criminal may be suffering from some type of psychopathology which, let us say, is cured. According to strict proponents of the group relations principle, he would then simply be an emotionally stable criminal. Treatment programs based upon this approach attempt to directly manipulate and modify the nature of the individual's group relations, social roles, group identifications, etc., in such a manner that law abiding attitudes and values take precedence over criminal attitudes and values.⁶

The two minor or secondary types of theoretical approaches are those based upon either the *deficit* premise or the *activity* premise. The deficit premise assumes that there is "something missing" in the criminal. In some instances it is possible to replace this "something that is missing." For example, the person has been unable to learn vocational or occupational skills adequate to equip him to compete economically in our society. The "answer" or "cure" is to give him such skills and the necessary attitudes and values with which to implement them.⁷ Or, he may be lacking in the right kind of religious attitudes and values; or he may simply have been deprived of the opportunity to learn "right" from "wrong."⁸ Whatever the content of the theory the treatment approach is implicit in it.

The activity premise simply assumes that there is something "bad" about too much leisure time. It may be subsumed under the old saying, "idleness is the devil's workshop."⁹ The "answer" is

to provide constructive leisure time activities and supervised recreational programs. Together, these two points of view (deficit plus activity premises) are considered as "minor" because they are almost never employed alone but usually occur in conjunction with one or both of the major assumptions.

When only one type of intervention premise is used in the treatment evaluated, we can speak of a single premise theory of causation. When two are used together we can describe it as a dual premise theory. When two or more of these premises are used in a treatment procedure, one may speak of a multiple premise theory.

In these terms, then, what kinds of explanatory theories of criminal behavior were implicit or explicit in the 100 treatment programs evaluated? Almost one-half (47%) employed the sick premise (single premise approaches). However, a substantial majority (67%) of the treatment programs evaluated in this sample of reports were based upon some form of the sick premise—either singly or in conjunction with one or more other types of conceptual formulations (dual and multiple premise theories). In contrast, only 9% of these programs were based solely on the group relations premise. The finding, previously noted, that well over 50% of the outcome reports described efforts to evaluate some type of group treatment underlines the paradoxical fact that most forms of correctional group treatment are based, not upon the group relations premise, but upon the individualized sick premise.¹⁰

EFFECTIVENESS OF TREATMENT

Finally, how corrective is correctional treatment? Of the total sample of correctional outcome reports evaluated, 10% described effects of the treatment as resulting in either "harm" or "no change" in behavior. Thirty-eight percent of the studies reported "some improvement." Thirty-seven percent reported a statistically significant difference in the direction of improvement for the group treated. Five percent of the reported results were classified as "not relevant" to the outcome problem posed by the study.

Thus, roughly one-half of the outcome reports

Idle Hands to Do, 24 FEDERAL PROBATION 40 (1960). Also see preface by John Harding to JOURNAL OF SOCIAL ISSUES (Therapeutic Camping for Disturbed Youth) 13 (1957).

¹⁰ Cressley, *Contradictory Theories in Correctional Group Therapy Programs*, 17 FEDERAL PROBATION 22 (1954).

⁵ *Ibid.* p. 116.

⁶ *Ibid.* p. 117.

⁷ Chenault, *Education*, TAPPAN, CONTEMPORARY CORRECTION 224-337 (1951).

⁸ Edmonds, *The Place of Religion in the Treatment of the Offender*, 15 FEDERAL PROBATION 14 (1951). Also see Gore, *The Antidote for Delinquency: God-Inspired Love*, 19 FEDERAL PROBATION 33-36 (1955).

⁹ Conner, *For Satan Finds Some Mischief Still for*

evaluated concluded considerable improvement¹¹ in the treatment group. Almost one-fourth of the reports concluded either harmful results or "no change." These results, based upon the reported findings themselves, raise some serious questions regarding the efficacy of correctional treatment.

Reports Describing Experimental Designs

Five of the 22 correctional outcome reports classified as experimental indicated either harmful results or "no change" in the treatment group. This amounts to roughly 23% of the sample of experimental studies. Four (17%) reported "some improvement"; four reported "marked improvement." Nine of these studies (43%) reported a "positive" statistically significant change in indices of the dependent variable applied to the treatment group.

Again, positive and negative findings are about equal. Roughly 60% ("marked improvement" plus statistically significant) may be classified as reporting successful outcomes. However, only 43% provided statistical evidence that the changes which occurred in the experimental group were not due to chance. On the other hand, roughly one-fourth of the experimental reports concluded that the treatment group either became worse, or, there was no statistically significant change in the index of the dependent variable employed.

Reports Describing Systematic-Empirical Designs

Only 3 of the 26 systematic-empirical studies reported harmful results or "no change" (12%). Ten reported "some improvement" (38%). Eleven reported "marked improvement" (42%). Only one reported a statistically significant positive change in the treatment group (4%). Finally, one study finding was considered "not relevant."

Reports Describing Non-Systematic Empirical Designs

At the level of the least rigorously designed correctional outcome studies only 2 of the 52 studies evaluated reported harmful results or "no change" (4%). Twenty-four (46%) reported "some improvement" in the treatment group. Twenty-two (42%) reported "marked improvement." No studies in this category used tests of statistical significance. Finally, 4 (8%) cited findings considered to be irrelevant to the question posed.

¹¹ This category includes those reporting "marked improvement" plus those reporting statistically significant improvement at the .05 level or below.

SUMMARY

A sample of 100 correctional outcome reports was subjected to a content analysis in an effort to obtain provisional answers to a number of questions relevant to an evaluation of the status of correctional treatment. Results of the analysis indicated that a slight majority of the correctional treatment programs evaluated in the reports was carried out in "forced treatment" settings (prison, parole or probation situations) as compared with correctional treatment programs carried out in "voluntary treatment" settings (private practice, private agencies, etc.). It was also found that psychologists and sociologists seem to have something of a monopoly on conducting this type of evaluative study. In addition, despite the fact that well over one-half of the reports were concerned with some form of group treatment, only a few described treatment procedures conceptually based upon the group relations premise. The most popular approach to explaining criminal or delinquent behavior and conceptualizing treatment goals and procedures involves some form of the sick premise regardless of whether the treatment deals with groups or individuals.

Over one-half of these reports described research designs of questionable rigor (classified as non-systematic empirical). Roughly one-fourth of the reports dealt with more rigorous designs (systematic empirical). The remaining one-fourth of the reports described experimental designs. However, variations in research design seemed to have exerted little influence on frequency of reported successful treatment outcome. As the rigor of design increases, the frequency of reported treatment success increases (nonsystematic empirical—42%, systematic-empirical—46%, experimental—60%). Although the differences are not marked, the trend is in the unexpected direction. This is clarified somewhat when we note that as the rigor of design increases, the frequency of irrelevant conclusions markedly decreases; and that as the rigor of the design decreases, there is a marked decrease in the frequency of reported "harm" or "no change" in the treatment group (experimental—23%, systematic-empirical—12%, nonsystematic-empirical—4%). In this sample of reports apparently wishful thinking, when not subject to appropriate design controls, tends to be expressed in a resistance to negative results and indulgence in obscure generalities.

Since positive results were indicated in roughly

one-half of the total sample of 100 reports analyzed, the problem of interpretation is not unrelated to that of determining "whether the cup is half empty or half full." But, when one recalls that these results, in terms of success or failure of the treatment used, are based upon the conclusions of the authors of the reports, themselves, then the implications of these findings regarding the effectiveness of correctional treatment become rather discouraging. A critical evaluation of the actual design and the specific research procedures described in each instance would substantially decrease the relative frequency of successful outcomes based upon reliably valid evidence. Therefore, it seems quite clear that, on the basis of this sample of outcome reports with all of its limitations, evidence supporting the efficacy of correctional treatment is slight, inconsistent, and of questionable reliability.

This negative conclusion regarding correctional treatment is in general agreement with those drawn from several reviews of the correctional outcome literature. For example, in 1952 Dalton reported his fairly pessimistic impression of the value of counseling techniques in probation work.¹² In 1954, Kirby reviewed the literature on the effects of treating criminals and delinquents and concluded that "most treatment programs are based on hope and perhaps informed speculation rather than on verified information."¹³ Two years later, Witmer and Tufts reviewed the literature on the effectiveness of delinquency prevention programs and concluded that such programs had not been notably effective.¹⁴

On the positive side there is impressive evidence of an increasing concern with correctional outcome research and progressive improvement in the calibre of the scientific investigations conducted. This is shown in the increasing numbers of experimental and systematic-empirical investigations, the greater involvement of professionally trained researchers and the resulting increase in sophistication and rigor of research designs, and in the growing efforts to more explicitly relate treatment practice to behavioral science theory.

¹² Dalton, *Value and Use of Counseling Techniques in the Work of Probation Officers*, 16 *FEDERAL PROBATION* 17 (1952).

¹³ Kirby, *Measuring Effects of Treatment of Criminals and Delinquents*, 38 *SOCIOLOGY AND SOCIAL RESEARCH* 374 (1954).

¹⁴ Witmer & Tufts, *The Effectiveness of Delinquency Prevention Programs*, Washington: U. S. Department of Health, Education, and Welfare, Government Printing Office, 1954.

But how can we account for the apparent fact that although the operational means and resources of correctional outcome research have substantially improved, there has been no apparent progress in the actual demonstration of the validity of various types of correctional treatment? There probably could be no one answer to this question which, at least for a period, must remain unanswered. However, one or more of the following "explanations" may be suggestive: (1) there is the possibility that reformatory treatment is "really" ineffectual either in its own right or as a consequence of the ambivalence of the "crime and punishment" setting in which it takes place; (2) one may hazard that much of the correctional treatment currently practiced is not corrective and that little of the rehabilitation work being done should be dignified by the term *treatment*; (3) it may be that some types of correctional treatment are "really" effective with some types of individuals under certain conditions, but so far we have been unable to operationally describe the independent variable (treatment), reliably identify in terms of treatment response the type of behavioral patterns being treated, adequately control the conditions under which such treatment takes place, or reliably delineate and measure relevant indices of the dependent variable; (4) perhaps much of the reformatory treatment currently practiced is based upon the "wrong" theories of delinquent and criminal behavior.

LIST OF THE 100 STUDIES REVIEWED

Experimental

- Walter C. Bailey, *Differential Communication in the Supervision of Paroled Opiate Addicts* (Paper read at the 1958 Meeting of the American Sociological Society).
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