12-1994

Effects of Pro-Socialization Skills Training On Self-Efficacy in Correctional Institution Inmates

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by

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Presented to the Faculty of
George Fox College
in partial fulfillment
of the requirements for the degree of
Doctor of Psychology
in Clinical Psychology

Newberg, Oregon
December 2, 1994

Approval

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Date: 12-13-94

Date: December 12, 1994

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ABSTRACT

Prison inmates released to the community following incarceration often have difficulty adapting socially. Previous research indicates that prison treatment programs aimed at increasing cognitive and prosocial skills can improve ex-felon adaption and decrease recidivism. The current study explored the effects of an 8-week prison treatment program (Transitional Counseling Program [TCP]) designed to teach prosocial skills. This was expected to enhance Bandura's (1977, 1982, 1986) construct of self-efficacy (SE) within inmates. Self-efficacy enhancement was seen as a first step in a program of future research which may show a connection between higher inmate SE at release,

improved post prison adaption, and recidivism reduction.

Inmate participants were members of three preexisting TCP groups: Prior TCP (n = 5), Current TCP (n = 8), and Partial TCP (n = 6). Prior TCP inmates completed training six to eighteen months prior to data collection. Current TCP inmates completed training at the time of the study. Partial TCP inmates completed some training (two to four weeks long) at the time of the study. Fourteen inmates who declined TCP were assigned to a non-equivalent control (Control) group.

Measures included a demographic questionnaire (DQ); the SE research scale developed by Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs and Rogers (1982), containing two subscales: General SE and Social SE; and the Shipley Institute of Living Scale (Shipley) (Zachary, 1986).

As predicted, a main effect for treatment was found (F = 3.94, df = 3, 21, p = .02) using General SE scores as the dependent variable in an analysis of covariance. Six covariates including Shipley IQ, were examined for possible preexisting differences between groups. None of the covariates were significantly related to SE scores. Post hoc comparisons revealed

two groups, Current TCP and Control, as significantly different at the .05 level for General SE scores. Prior TCP and Partial TCP means did not differ significantly from the Control group. Total SE scores showed no significant differences between groups using Tukey post hoc criteria. Further research is needed to confirm the causal role of TCP, to explore ways to prevent decay in training effects, and to establish generalizability limits.

Acknowledgments

The idea for this research began during my work at Comprehensive Options for Drug Abusers, Inc. (CODA) with mandated clients from the federal penal system. Staff members who actively encouraged me in the germinal stage of this project were Sally Mae Warnke, David Poppleton, Parvin Garbowicz, Sandy Seeman, Terry Forrest, Karleigh Falk, Cynthia Wickre, Roz Ringor-Carty, Kathy Norman, and the Drs. Costa Columbus, Olga Parker, and Barbara Campbell. CODA clients were also generous in their suggestions for making this a practical work.

Further encouragement came from the U.S. Probation Office in Portland, Oregon. Several probation officers offered specific observations concerning the potential design and focus of this research; Eric Suing, Leo Roberts, Liz Kerwood, Rudy Guise, and John Crocker provided feedback in a formal meeting. In that same office, Lisa Chase, Gregory Hare, James Hill, Ernie Karlson, and Cynthia Palmer were also helpful.

In refining the conceptualization of this project, the Drs. Carl Gordon, David Schlink, and Gary George, staff psychologists at the Sheridan Federal Correctional Institution in Sheridan, Oregon were helpful.

During my internship at the Metropolitan Detention Center (MDC) in Los Angeles, Calfornia, I received valuable support and counsel from Drs. Ralph Ihle, Maureen Burris, Cheryl Hennig, and Camille Clemens-Clayton, and fellow interns, David Munoz, David Tatera, and Michael Schaeffer. Kuma Deboo took time from her busy schedule to generate a randomized computer list of potential volunteers for research. Associate Warden Gary Katsel assisted in organizing logistical aspects of the research.

Finally, I want to thank all of the MDC inmates and correctional officers who assisted in this research; without them this could not have become a reality.

The George Fox College Graduate School of Clinical Psychology dissertation committee members, the Drs. Gale Roid, Rodger Bufford, and Barbara Campbell did a wonderful service in critiquing the dissertation, making it much more understandable and reader-friendly.

The initial work at George Fox College was enhanced by Dr. Mark McMinn as he challenged me towards the goal of parsimony. Further editing for organization and style was graciously provided by Mike Bay and Carla Hopp. Any errors remain my responsibility.

I could not have completed this work without a place to live during my internship in Los Angeles, initially provided by Ray and Charlene Osborne in Glendora, Calfornia and later by Hayden Ditzler in Reseda, California. My friends and family have endured being placed on "hold" so to speak, for quite some time. Their patience has been more than commendable and their love has spurred me to continue working.

Finally, my wife Marian, and sons Mitch and Chris have demonstrated much forbearance in supporting me through this work. Marian has shown enormous fortitude and support as she has patiently encouraged me to complete this project. I cannot fully express what her love has meant to me throughout this process.

Through all of the people, events, and work involved, God has made His grace evident. Unquestionably, He has sustained me and made this possible. I remain grateful to Him.

"All discipline for the moment seems not to be joyful, but sorrowful; yet to those who have been trained by it, afterwards it yields the peaceful fruit of righteousness." Hebrews 12:11

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CHAPTER 1

INTRODUCTION

Self-efficacy, the belief in one's abilities to perform given behaviors, is theorized as a facilitating factor in behavior change and adaptation to life (Smith, 1989; Bandura, 1977). By contrast, the person low in self-efficacy tends to avoid situations requiring behavior change and adaption, perceiving them as threatening. Instead of confidence, persons with low self-efficacy will exude fearfulness when faced with such situations, believing that they exceed their coping skills (Bandura, 1977).

Self-efficacy expectations influence decision-making, such as whether an attempt will be made to cope with a perceived threat. Also, efficacy expectations influence the amount of energy invested in overcoming obstacles and the duration of effort despite hurdles and unpleasant experiences surrounding the perceived threat (Bandura, 1977).

Self-efficacy is not simply a recent topic of study. William James (1911) addressed the phenomena of people who accomplish much in the face of overwhelming odds while others seem to give up at the first sign of resistance.

A relationship has often been observed between fearful, avoidant behavior and behavioral deficits. Avoiding feared activities hinders one's potential to develop appropriate coping skills. This may result in a realistic sense of fear concerning one's skill deficit in the given area. It has been demonstrated that if a person experiences failure sufficiently in the learning process there will be a tendency to withdraw from further attempts, contributing even more to a sense of inefficacy (Bandura, 1977).

On the other hand, if a person experiences modest, genuine successes in the process of learning a new skill, self-efficacy expectations rise and performance behavior shows an increase as well. Bandura (1982) concluded from his studies that people are more influenced by their percepts of self-efficacy than they are by past behavioral achievements. Thus, self-efficacy is more predictive of future behavior than is past performance.

Given the nature of prison life and the barriers many inmates face in transitioning from prison back into the community, there appears to be a natural progression of thought which develops as follows. Consider that an inmate who is being released to the community has a variety of needs which must be met in order for the releasee to make a legitimate return to society. These needs tend to be very basic, for example, a place to live, food to eat, a means to support one's self, and so forth. Additionally, the releasee will usually be accountable to someone in authority such as a probation officer. The probation officer usually expects the probationer to report to the probation office regularly, leave urine specimens, avoid associations with other ex-felons, find a job, remain legitimate in his or her transactions with other people, and so on. Unless the newly released ex-felon has developed some general competencies to meet these needs appropriately and without feeling overwhelmed the stage is set, so to speak, for relapsing into criminal behavior.

Thus, prison systems such as the Bureau of Prisons (BOP) seek to train prisoners in some basic skills to cope with future societal demands upon their release

from prison (Harer, 1994), hoping to avoid the problem of recidivism altogether.

In this case, self-efficacy appears directly related to the problem of adjustment just described. Applying Bandura's theory (1982), it follows that if a prisoner experiences moderate, genuine successes in learning new prosocial skills, self-efficacy expectations will increase and performance behaviors will increase as well. Furthermore, if inmates are influenced by their self-efficacy percepts (as are other people), then according to Bandura (1982) their self-efficacy may have greater influence on them than their past behavioral accomplishments or failures. Following this thought out to its logical conclusion yields Bandura's (1982) suggestion that self-efficacy is more predictive of future behavior than is past performance. Hence, the concern with measuring an inmate's self-efficacy to ascertain if it was modulated by treatment within the prison system. If self-efficacy was increased through treatment in prison, then, according to Bandura's (1977, 1982) theory, it would be a significant predictor of improvement in an inmate's future behavior. Taking this idea one step further, it appears reasonable to suggest that

increasing self-efficacy through training in prison should help to reduce recidivism.

Recidivism is a tendency to return to criminal behaviors. Returning to criminal behaviors usually results in a person being returned to the criminal justice system to bear additional penalties. Self-efficacy, or the lack thereof, appears to be related to whether an inmate believes he or she has the ability to execute the required behaviors to make a legitimate adjustment to the community upon release. If his or her self-efficacy score demonstrated a significant degree of fearfulness or avoidance, then perhaps appropriate remedial measures could be suggested to work on the inmate's deficits or specific fears.

The remainder of this chapter will state the problem, establish the rationale for the study, review relevant literature, and present basic assumptions. The chapter will conclude with statements of the research problem and hypotheses.

Statement of the Problem

Self-efficacy, the belief in one's abilities to perform given behaviors, is theorized as facilitating a

person's adaptation to life and promoting productive behavioral change (Smith, 1989; Bandura, 1977). Likewise, it has been observed that one who is low in self-efficacy may avoid or fail in activities which appear to exceed one's coping skills. The latter condition appears to describe many inmates as they attempt to transition from prison back into the community. Many seem unable to cope with societal pressures and with meeting their own needs. Regrettably, they may feel overwhelmed and revert back to maladaptive behavior which in turn, may lead to re-arrest and return to prison. Contrary to this apparent revolving door, it appears that self-efficacy theory suggests a way to circumvent this seemingly inevitable course of events for so many ex-felons.

If prison treatment increases self-efficacy and self-efficacy is related to more effective coping in the community then self-efficacy theory provides a credible rationale for treating inmates in prosocial skills. Thus, increased inmate competence due to behavioral intervention may not only increase self-efficacy, but also show a secondary effect of reducing recidivism. The present study will examine the fundamental question of whether an inmate's self-

efficacy can be increased by means of a training program such as Transitional Counseling Program.

Literature Review

According to Bandura (1977, 1982) and Smith (1989), self-efficacy theory suggests modifying fearful and avoidant behavior by changing the appraisal of one's ability to execute a given behavior and expectancies regarding the resulting behavior. It is also suggested that any successful psychological intervention should increase self-efficacy (Bandura, 1977, 1982; Barrios, 1983). Thus, it is not surprising that researchers have tested self-efficacy theory in many settings with diverse populations, as seen in the following studies: treating unassertive clients (Alden, Safran & Weideman, 1978; Kazdin, 1979, 1980, 1982; Pentz & Kazdin, 1982; Valerio & Stone, 1982), assessing adult coping styles (Ilfeld, 1980), reviewing self-efficacy and work-related behaviors (Sadri & Robertson, 1993); examining learned helplessness (Brown & Inouye, 1978); treating phobic clients (Bandura, 1977, 1980, 1982, 1986; Bandura, Adams, Hardy & Howells, 1980; Sappington, Russell, Triplett & Goodwin, 1981)

treating test anxiety (Smith, 1989), teaching personal evangelism (Loomis, 1985), preparing patients for coronary bypass surgery and postoperative behaviors using videotape (Mahler, Kulik & Hill, 1993); predicting survival for patients with chronic obstructive pulmonary disease (Kaplan, Ries, Prewitt, & Eakin, 1994); developing self-efficacy in dementia family caregivers (Steffen, Gallagher-Thompson, Zeiss, & Willis-Shore, 1994); predicting opiate abusers' treatment response (Piotrowski, Sees, & Reilly, 1994); developing relapse prevention skills (Bandura, 1982; Condiotte & Lichtenstein, 1981; Donovan & Marlatt, 1988; Marlatt, 1985; Miller, Ross, Emmerson & Todt, 1989; Norcross, Ratzin, & Payne, 1989), treating heterosocial or social anxiety (Barrios, 1983; Gormally, Varvil-Weld, Raphael, & Sipps, 1981; Mahone, Bruch, & Heimberg, 1993; Yocky, 1983) developing children's math achievement skills (Bandura & Schunk, 1981; Schunk, 1981), examining the influence of efficacy cognitions and social support on exercise adherence in adults, (Duncan & McAuley, 1993); teaching coping skills to enhance self-efficacy and locus of control (Smith, 1989), examining parental competence (Mondell & Tyler, 1981); and examining differences

between self-report of self-efficacy and actual performance in incarcerated rapists and child molesters, (Segal & Marshall, 1986).

The above list, though extensive, is not exhaustive. It provides a quick overview of how the self-efficacy concept has been researched and well-documented in a wide variety of applications. Later, some examples will be cited of treatment methods used in prison settings; none, however, studied the self-efficacy construct in terms of treatment effect upon self-efficacy.

Instead, the studies which were discovered in the course of reviewing literature, included drug treatment, prosocial skills training, confronting criminal thinking, general life skills, and, as noted above (Segal & Marshall, 1986), the self-efficacy of rapists and molesters. In the last case, though self-efficacy was studied, it was in terms of the sexual offenders' perception of their ability to deal with heterosocial anxiety. Thus, none of the studies addressed the effect that treatment may have upon self-efficacy itself, within a prison population.

The focus of this study is on the role training plays in changing community reentry behaviors in a

sample of federal prison inmates. While prison inmates may have a wide repertoire of fearful and avoidant behaviors unique to the prison setting, the behaviors addressed in this study included cognitive skills such as those employed in goal setting and problem-solving (e.g., writing a resume, preparing for a job interview), social interaction and interacting with authority figures. These behaviors are thought to facilitate probationer/parolee adjustment to community reentry. Problems with these behaviors are frequently cited in recidivism statistics. For example, how did the probationer/parolee adjust to the community? Was he or she rearrested and returned to jail or prison?

However, this study has neither the scope nor resources to follow releasees into the community to ascertain their adjustment. Instead, it will focus on inmates' beliefs about their ability to perform some general life behaviors such as those mentioned in the preceding paragraph. Unfortunately, there appear to be no studies of self-efficacy in prisoners who are preparing to be released into the community. Likewise, there do not appear to be any studies linking self-efficacy to a prisoner's post release behavior which might prevent recidivism. Therefore, as mentioned

earlier, this study will address the basic question of an inmate's self-efficacy. Can self-efficacy be increased in an inmate by means of a training program such as TCP? As noted earlier (Bandura, 1977, 1982; Barrios, 1983), any psychological intervention should increase self-efficacy. Therefore, if an inmate's self-efficacy can be increased by TCP then perhaps a beginning is suggested as far as encouraging new prosocial behaviors in inmates who are about to be released from prison.

Rehabilitation

The prison system is primarily based upon the concept of rehabilitation of prisoners (Eisenman, 1990; Federal Bureau of Prisons, 1993; Hall, Loeb, Coyne, & Cooper, 1981; Rogers, 1993). Not all researchers agree with that premise, however. One author concluded there was no need for rehabilitation since West Bengal probationers showed an apparent <u>self-correction</u> quality (Chakrabarti, 1993). At least one country, England, has been shifting in its position from rehabilitation (sometimes called <u>treatment training</u>) to humane containment (Carlie, 1993). The United States,

likewise, has appeared to cycle through a similar paradigm shift. For instance, the Martinson report issued in 1974 concluded nothing seems to work, whereas, 18 years later the Palmer report suggested treatment does work in some cases probably using multimodal approaches (cited in Williamson, 1993).

Recidivism

Recidivism reduction, according to Steadman and Braff's study (cited in Wiederanders & Choate, 1994) is not a clinically appropriate treatment goal. However, though they suggested such in 1983, it appears most researchers continue to use recidivism figures as an indicator of treatment effectiveness.

Though the focus of this study is not on reducing recidivism as such, the training offered to the experimental group specifically stated that its main objective was to cut recidivism. Regrettably, for the purposes of this study, no studies were found that directly link self-efficacy treatment of prisoners with reductions in recidivism. An additional difficulty is that recidivism studies vary in their definition of recidivism. Some researchers define it as rearrest, or

reconviction, or parole revocation. Some researchers do not define recidivism; instead they apparently assume the reader's understanding.

The studies that follow present an overview of reported recidivism rates. Also included are diverse prison-based treatment programs reporting mixed results in achieving recidivism reductions (see Table 1).

Table 1

Research Reports of Recidivism of General Prison Populations and Recidivism of Prison-based Treatment Programs.

	Ages	n	Recidivism%
Little et al. (1991)			
Treatment	Adult	70	24.3
No Treatment	Adult	82	36.6
Hagan & King (1992)			
Treatment	Teens	55	51.0
Bonta et al. (1992)			
Treatment	Adult	282	66.0

(table continues)

Table 1--Continued

	Ages	n	Recidivism%
Mair & Nee (1992)			
Treatment	Adult	966	63.0
Rogers (1993)			
(Sweden)	Adult	NA	65.0
(Holland)	Adult	NA	50.0
Eisenman (1990)			
(California)	Juvenile	NA	69.0
Youngstrom (1991)			
Group Counseling	Adult	NA	50.0
New Drug Treatment	Adult	NA	21.0
Harris et al. (1991)			
Psychopathic	Adult	52	77.0
Non-psychopathic	Adult	117	21.0
Teplin et al. (1994)			
Cook Co. Jail	Adult	664	50.0

Little, Robinson, and Burnette (1991) reported a recidivism reduction for felony drug offenders treated with moral reconation therapy (this is apparently a

value-based cognitive behavioral approach to impulse or desire control) as compared to a higher rate of recidivism for the control group, over a period of 38 months as reported in Table 1. Hagan and King (1992), addressing intensive cognitive behavioral modification treatment which targeted aggressive behaviors while encouraging prosocial behaviors of youthful offenders in a juvenile correctional facility, reported reduced recidivism after a two year follow-up (see Table 1). Bonta, Lipinski, and Martin, (1992) reported the results of their review of recidivism data for aboriginal Canadian offenders (see Table 1). Mair and Nee (1992) reported an offender recidivism rate of those receiving treatment (social and life skills such as group work on criminal behavior], self-care, and recreation) in day centers, noting variation in rates between day centers over a two year period (see Table 1). Ross, Fabiano, and Ewles (1988) concluded that prisoners receiving cognitive skills training from probation officers in prosocial adjustment had a significantly lower rate of recidivism (see Table 1) than prisoners who were untreated or received general life skills training.

Rogers (1993) reported recidivism rates for Sweden and Holland during 1988 (see Table 1). These roughly correspond to recidivism rates in the United States, reported by Eisenman (1990) and Youngstrom (1991) (see Table 1). Eisenman (1990) observed that recidivism for youthful offenders in California based on the 1988 statewide rearrest rate was 84 percent. If recidivism is based on convictions instead of arrests, the figure falls from 84 percent to 69 percent. Youngstrom (1991) reported the results of prerelease drug treatment for state prison inmates in an attempt to reduce recidivism (see Table 1). She observed that a new intensive prerelease drug treatment program was more than twice as effective in reducing recidivism as was traditional group counseling. Wexler, Falkin, and Lipton (1990) reported their conclusion (see Table 1) that prison-based drug treatment (Therapeutic Community [TC] modality) of adult offenders significantly reduced recidivism.

Harris, Rice, and Cormier (1991), in a study of criminally mentally disordered adult male patients in a Canadian psychiatric hospital, reported that psychopathic offenders had a recidivism rate almost

four times as high as the rate for non-psychopathic offenders over an average 10 year follow-up (see Table 1).

Teplin, Abram, and McClelland, (1994), likewise concluded from a six year longitudinal study (n = 664, Cook County Department of Corrections) of a random sample of routine adult male jail intakes, that psychiatric disorder does not significantly predict recidivism. Since this was a jail, treatment as such, was not an option. Their recidivism rate was comparable to that of the country of Holland, as reported by Rogers (1991) (See Table 1).

Finally, Harer, (1994) reported on a representative sample (n = 1,205) of Federal prisoners who were released in the first six months of 1987. He discovered that 40.8 percent had been rearrested or received parole revocation within three years of their release. Recidivism was 20.3 percent within the first year, following release. Other intriguing results were that male and female recidivism show essentially the same rates. Generally, the more years of education a person had completed when commencing incarceration, the lower the recidivism. Those who successfully completed at least one educational program for each six months of

incarceration recidivated less than those who declined the same amount of education. Those who attended school or were employed full-time for at least six months during the last two years prior to imprisonment, recidivated at a 35 percent lower rate than those who chose not to be involved in either activity. Recidivism was almost 28 percent lower among those who received at least one social furlough compared to those who did not. Those releasees who obtained post release employment before leaving the institution recidivated about 26 percent less than those who had not. This finding had indirect support from results indicating that those released to a half-way house were less likely to recidivate due to the fact they were coerced to obtain employment. Multivariate analysis revealed 20 percent less recidivism for those in halfway houses, compared to those released directly from prison. Finally, those living with a spouse after release recidivated almost 28 percent less than those who did not (see Table 2).

Table 2

Harer Federal Adult Prison Releasees in 1987

	n	Recidivism%
Total Population	1,025	40.8
Males	1,069	40.9
Females	136	39.7
Some Education	189	35.5
No Education	1,016	44.1
FT Education or FT Work	619	25.6
No FT Education or FT Work	377	60.2
1 Social Furlough	302	19.5
No Social Furlough	903	47.8
Post Release Job	551	27.6
No Post Release Job	654	53.9
Halfway House	614	31.1
No Halfway House	585	51.1
Living With Spouse	401	20.0
Not Living With Spouse	582	47.9

Rouse (1991) reported that almost 100 percent of the 59 programs reporting statistics for prison drug

treatment programs reflected at least ten percent less recidivism than control groups (no figures available on the actual number of programs reporting recidivism rates). Interestingly, Feder (1991) reported an 18-month follow-up study comparing mentally ill offenders (received psychiatric treatment during incarceration) and non-mentally ill offenders (general prison population); excepting drug offenses, there was no difference in their rates of recidivism according to the published abstract. McMurran and Boyle (1990) addressed the needs of men imprisoned for alcohol-related offenses. To enhance treatment they used a behavioral self-help manual for each inmate. No recidivism rates were given; a follow-up study was reportedly in progress. Robertson and Gunn (1987) taking more of a case history approach, inferred that inmates who were more intelligent and more motivated responded better to treatment than did others, although recidivism results seemed inconclusive.

Hall et al. (1981) found that training ex-heroin addicts (n = 55) (who were also probationers and parolees) in job-seeking skills resulted in 86 percent of the experimental group having jobs at a three-month

follow-up, as compared to 54 percent in the control group.

From the above studies it seems reasonable to conclude that adult non-psychopathic inmates provided a modest training program to orient them towards adjustment upon their release to society generally show reduced recidivism. Based upon Bandura's (1977, 1982) theory, this researcher suggests that those results are consistent with a hypothesized increase in self-efficacy in the treated inmates. Obviously, no direct claims were made by the above cited researchers regarding self-efficacy. However, if treatment enhances self-efficacy and self-efficacy is related to more effective coping, then self-efficacy theory provides a plausible account of the reductions in recidivism due to behavioral interventions. The fact remains, some form of intervention was utilized by those who recidivated less.

Self-efficacy

Self-efficacy, the belief in one's abilities to perform given behaviors, is theorized as facilitating a person's adaptation to life and promoting productive

behavioral change (Smith, 1989; Bandura, 1977). Personal efficacy expectations are drawn from four basic informational sources: learning from personal achievements, learning from others' achievements, learning from persuasion, and learning from emotionally taxing situations (Bandura, 1977).

An adaptation of Bandura's (1977) representation of these four informational sources illustrates this as seen in Table 3.

Table 3

Efficacy Expectations

Source	Mode of Induction
Performance Accomplishments:	
	Participant Modeling
	Performance Desensitization
	Performance Exposure
	Self-instructed Performance
Vicarious Experience:	
	Live Modeling
	Symbolic Modeling
Verbal Persuasion:	
	Suggestion
	Exhortation
	Self-instruction
	Interpretive Treatments
Emotional Arousal:	
	Relaxation, biofeedback
	Symbolic Desensitization
	Symbolic Exposure

SOURCE: Bandura, 1977.

Bandura (1977) observed that once self-efficacy is enhanced through any of the above means, it tends to generalize to other situations in which performance previously had been deficient due to feelings of personal inadequacy.

The training which the inmates received at MDC used several efficacy informational sources (see Table 3). These sources included: performance exposure, i.e., preparing a basic resume for job applications and interviews; symbolic modeling, as former group members shared their success in using a resume and their interviewing skills to secure a job (via letters to group leader(s) read aloud to succeeding groups); suggestion and exhortation employed by outside speakers as well as regular group leaders, likewise, self-instruction was encouraged through homework in examining one's attitude; and finally, in dealing with emotional arousal, group members were challenged to consider their attributions towards probation officers and police officers. This was carried into symbolic exposure as they were challenged to imagine themselves confronted with an unjust officer, how they would choose to responsibly respond for the sake of their families. Bandura (1982) noted that all four general

efficacy information sources have been consistently shown to strengthen self-efficacy expectations across diverse age groups, settings, pathological and non-pathological conditions.

Efficacy expectations also vary on at least three different dimensions: magnitude, generality, and strength. That is, tasks that are ordered by level of difficulty from simple to very complex (magnitude), are judged by people according to their own expectations of being able to cope with the given complexity. Some learning experiences are self-limiting in their applicability to other situations (generality) and will be perceived accordingly by the person involved when he or she encounters a different situation. Likewise, people hold expectations in varying degrees, that is, from weak to strong (strength); the stronger the person's expectations, the more effort will be expended to cope with circumstances despite difficulties (Bandura, 1977).

Bandura (1977) reasoned "An efficacy expectation is the conviction that one can successfully execute the behavior required to produce the outcomes" (p. 193). Bandura inferred that self-percepts of efficacy

influence behavior choices, thus people tend to avoid tasks they believe exceed their coping capabilities.

Self-judged efficacy determines the quantity and quality of effort people will invest as well as the length of time they will devote to an endeavor despite unpleasant experiences and barriers. This is similar to Mager's (1968) observation that when people are strongly attracted to a subject they will expend proportionately more energy to overcome obstacles to come into contact with it and, likewise, more effort to remain conversant with it. The stronger the sense of self-efficacy, the stronger and more enduring will be their efforts (Bandura, 1980).

Thus, as a person matures it becomes clear that success experiences will tend to encourage growth in a person's expectations along the dimensions of magnitude, generality, and strength.

Another way to approach the relationship between the strength of self-efficacy and the strength of efforts to complete a task is to consider the effect of competence upon self-efficacy. Competence, the condition of being qualified or capable of performing a given task, is manifested to a greater or lesser degree in all people.

People manifest competence in specific role-related domains (e.g., being a psychologist) or in general life domains (e.g., communication, interpersonal relationships, or problem-solving skills). Discharging these specific role-related and general kinds of tasks, as well as interacting with others competently, draws recognition and respect from others. Likewise, it causes one's self-respect to increase and nurtures a sense of self-efficacy (Cowen, 1991).

Cowen (1991) suggests competencies evolve as a person matures and changes in a primary life role (e.g., from graduate student role to psychologist). Becoming a prisoner usually requires the assumption of a life role sharply contrasted to what one previously did (e.g., thief, or misguided citizen). Then, having acclimated to a prisoner role one must later (upon release) attempt to shift from prisoner to yet another life role (e.g., productive citizen).

Cowen's (1991) study suggests this requires life competencies of a more general nature, such as problem-solving, communication, and so forth. Ilfeld (1980) approaches general life role competencies from a stress perspective. This seems particularly poignant, given

the significant stressors an ex-convict faces. Ilfeld revealed three coping strategies used by Chicago adults responding to stressors: "(a) taking direct action against the perceived stressor, (b) rationalizing or avoiding the stressor, and (c) accepting the stressor without trying to change it" (Ilfeld, 1980, p. 1239).

Ilfeld's (1980) study concluded that one coping style (optimistic action) was a strong predictor of lower stress and feelings of lower distress. This makes sense as there seems to be a reciprocal relationship between stressors and one's coping style. That is, coping strategies seem to reflect the degree of self-efficacy one feels in light of the particular stressor he or she is facing. In other words, self-efficacy perceptions affect emotional response to stressors as well as behavioral responses. To the degree that a person can preclude, stop, or reduce the severity of a stressor, there will be a corresponding decrease in fear of the stressor. This in turn increases one's sense of self-efficacy in dealing with what was at first, an aversive, previously dreaded experience (Bandura, 1982).

Self-efficacy Facilitating Behavioral Change

Covert and Overt Rehearsal and Modeling

Kazdin (1979) reported the success of using imagery elaboration with participants who were judged as being unassertive. In this case, participants in the study were asked to imagine a model performing the behaviors that they would like to develop (otherwise known as covert modeling). Of interest is that the covert modeling group using elaboration surpassed all of the other groups (covert modeling, covert modeling plus yoked elaboration, covert modeling plus scene elaboration and assertion-relevant scenes) involved in the study in their follow-up assertive behavior. That is, the group that engaged in covert modeling and then chose to elaborate on those imaginal scenes (e.g., a model performing the behaviors they wished to develop) performed assertive behavior in a superior fashion to all other groups at the six-month follow-up. They also showed increases in self-efficacy.

Later, Kazdin (1980) set up four treatments using covert versus overt rehearsal and elaboration versus no elaboration of training. He discovered that modality of rehearsal treatment did not influence the outcomes,

therapeutically. Overt and covert rehearsal were equally effective in altering the degree of assertiveness of the clients.

Again, Kazdin (1982) set up treatment conditions using covert modeling, overt rehearsal, and covert modeling-overt rehearsal combined. He concluded that covert and overt rehearsal treatments were equally effective; however, the combined rehearsal group had superior performance to the other two groups.

The applicability of this is apparent as we consider that the client's degree of assertiveness appears related to an ability to overcome fear of particular stressors in the environment by rehearsing and learning a variety of coping skills through overt or covert rehearsal and modeling.

Bandura (1977) says clear modeling with clear behavioral outcomes offers more efficacy information than if the effects of the modeled behaviors remain nebulous.

Likewise, it is reasonable to conclude that prisoners, probationers, and parolees will often show fearful and avoidant behavior. Furthermore, fearful and avoidant behavior fit within the self-efficacy heuristic, thus enabling treatment from a self-efficacy

perspective. Earlier in this chapter, the concern was mentioned (Bandura, 1977, 1982; Smith, 1989) with assisting a person in learning how to change fearful and avoidant behavior. Bandura and Smith contended this could be accomplished by helping the person change the appraisal of his or her ability to execute a given behavior and expectancies regarding the consequent behavior.

Recall Bandura's (1982) definition, "Perceived self-efficacy is concerned with judgments of how well one can execute courses of action required to deal with prospective situations" (p. xxx). Appraisal may enter the picture, ". . . because acting on misjudgments of personal efficacy can produce adverse consequences, accurate appraisal of one's own capabilities has considerable functional value."

Shortly before leaving Los Angeles, this author was approached by an inmate requesting a few minutes to talk. He related he had been released almost two months earlier and had just been ordered the previous week to submit for arrest. Tears welled up in his eyes as he related that upon his release he did not know what to do with himself. He described literally standing in front of the jail for over an hour trying

to decide how to proceed. Ultimately, he reported relief at having his probation revoked because it relieved him of the burden of coping with the hectic pace of the world.

Contrast with that another inmate who had in a session only an hour before, confidently spelled out his living arrangements, awaiting job, and his plans for the coming year.

The contrast in demeanor was striking. The first inmate's self-appraisal seemed one of defeat even as he left the jail on his release date. He admitted relapsing on drugs shortly after release because of the overwhelming pressure he felt from societal demands. The second inmate, however, emanated confidence as he described circumstances that may arise presenting obstacles, but his self-appraisal appeared entirely different. He observed that it was going to be difficult at times, but he reported that what he has learned since being incarcerated will help him to deal with his problems, rather than run from them.

Basic Assumptions of the Study

The following assumptions form the basis for this study, they also help to summarize the foregoing sections of Chapter One. Considering the recidivism studies (e.g., Eisenman, 1990; Little et al., 1991; Youngstrom, 1991; and so on) it is reasonable to assume that many inmates are not only fearful of failing, but they do, in fact, fail miserably in their attempts to reenter community life. Of special interest are drug-treatment, cognitive behavioral treatment, and job-seeking skills workshops that show significant success rates amongst probationers (Hall et al., 1981; Little et al., 1991; Ross et al., 1988; Rouse, 1991; Wexler et al., 1990; Youngstrom, 1991). Harer (1994) helps clarify the seemingly muddy waters of recidivism studies by reporting numerous variables which apparently reduce recidivism. These include: education in prison, education prior to incarceration, employment both in prison and following release, having at least one social furlough during imprisonment, halfway house placement rather than direct release into the community, and living with a spouse following release. What seems clear from these studies is that

when some form of intervention is used with prisoners, there is a measurable, significant, positive effect. This positive effect is often measured in terms of reduced recidivism. Another way to measure the impact of prison-based treatment programs is to consider positive indicators such as if the probationer is employed.

This researcher postulates that the positive results of a prison-based treatment program will also be seen in increased self-efficacy. The purpose of this study, therefore, is to examine the effects of TCP on self-efficacy. Self-efficacy may, in turn, reduce recidivism; however, that is beyond the scope of the present study.

Another expansion of the above assumptions is realized with Cowen's (1991) role-related and general life competencies. The latter include such competencies as interpersonal, communication, and assertiveness skills. When one does these well, one's self-efficacy is nourished. Approaching it from yet another perspective, Ilfeld (1980) observes that one approaches or avoids stressors through usually one of three coping strategies. It was assumed that

participants can be encouraged to generate their own alternatives in self-efficacious behavior.

Likewise, this researcher assumed that since self-efficacious expectancies are needed to perform socially and within society (Bandura, 1977), and following inmate treatment could measure changes in those expectancies by administering a general self-efficacy test (dealing with self-efficacy expectancies in general situations and dealing with self-efficacy expectancies in social situations) (Sherer & Maddux, 1982) to reflect inmate growth in self-efficacy.

Concerning fearful and avoidant behavior, it seemed reasonable to assume it could be addressed through cognitive-behavioral strategies such as used above (e.g., Kazdin, 1979, 1980, 1982) when participants recognized that models similar to them in competence succeeded in mastering certain tasks, they appeared to learn mastery of the same tasks. Taking this thought one step further, perhaps participants can be encouraged to see the applicability of this mastery to other similar situations, thus effecting generalization of positive behavioral change and enhancing personal self-efficacy (Sherer et al., 1982).

Research Problem

This study attempted to address inmates' needs in increasing self-efficacy by increasing competency in behaviors related to adjustment to community reentry. This was an attempt to address their needs on the more basic level of fearful and avoidant behaviors.

It was proposed that an inmate's participation in the TCP group would increase his SE scores. The prosocial skills training in the group consisted of social interaction skills such as communication techniques, goal setting, problem-solving, and interacting with authority figures. Methods included lecture, group discussion, overt modeling (videos), bibliotherapy, writing assignments, and practice sessions of specific skills.

One primary instrument was used after treatment to measure inmates' self-efficacy, namely, the Self-Efficacy Scale (SES) (Sherer et al., 1982). Also, the Shipley Institute of Living Scale (Zachargy, 1986) provided a statistical control for any difference in initial IQ between the treatment and control groups. In other words, since IQ is considered to be relatively stable under normal conditions, it can present a

relatively durable estimate of a participant's functioning prior to being involved in treatment.

Additionally, this researcher assumed intelligence to be an important factor in the cognitive operations TCP members employ, for example: (a) using overt and covert modeling, (b) using imagery to elaborate covert modeling strategies, (c) learning and applying goal-setting and problem-solving strategies, and (d) improving communication skills. Additionally reading ability, a correlate of IQ, is required in understanding the self-efficacy scale. Thus, for the inmate to profit from treatment, intelligence appears instrumental in not only learning a new skill but also in applying it to subsequent diverse situations. Robertson and Gunn (1987) also concluded that those who were more intelligent and more motivated profited most from treatment in prison.

Significant differences in self-efficacy were predicted to be found between the three treated groups as compared to the control group.

Hypotheses

The hypotheses were as follows:

1. The treatment groups will manifest higher mean self-efficacy scores on the SE than the control group after treatment.

2. The treatment effect will be significant even when age, education, number of arrests, number of marriages, length of current sentence, and intelligence measured by Shipley are statistically controlled through an analysis of covariance design.

CHAPTER 2

METHODS

This chapter describes the following: the operationalization of concepts discussed in Chapter One in a treatment setting; the implementation of instruments and procedures, and; the application of the study's design. This will be set forth in six sections.

1. Description of participants and their setting.
2. Detail of instruments utilized for the study.
3. Elaboration of procedures.
4. Explication of research design and data analysis.
5. Consideration of methodological assumptions.
6. Observation of limitations of the study.

Participants and Setting

The 33 participants in this study were male inmates at the Metropolitan Detention Center (MDC) in

Los Angeles, California. This maximum security facility is located in downtown Los Angeles. In essence, it is a jail for Federal prisoners. The MDC population fluctuated in size from 858 to 1032 inmates from April through September of 1994. Approximately 75 percent of the MDC population was being held for court appearances such as for trial or sentencing. Ultimately, these prisoners would be transferred to other institutions in the Federal system once convicted and sentenced. The remaining 25 percent of the inmates serve their long-term sentences at MDC. Their primary purpose was to maintain the MDC facility and grounds. Inmates living on the fifth floor in the North unit were called the Cadre. Participants were drawn from the Cadre unit population.

At the time of the study the jail, a ten-story high-rise, was five years old. As such, it is still a state-of-the-art facility in prison technology. Beyond the hardware and electronic configurations, the movement and containment of inmates was also included in this technology. Five of the floors were used to house inmates; the other five were used for support services, (i.e., hospital services, laundry service, commissary, etc.).

Floors containing inmates generally consisted of two self-contained units; these were designated either North or South (e.g., 5th floor = 5 North and 5 South). The units house up to 150 inmates and it contain their own eating areas (including food preparation), television rooms, recreation deck (rec deck), staff offices, and cells (often called houses by inmates). Prisoners did not have an opportunity to mix with the rest of the population in a common courtyard such as might be found in a penitentiary. Generally speaking, the most contact an inmate had was with the 150 unit inmates and staff members.

Correction officers (formerly called guards) inside MDC do not wear weapons. Instead, they carry radios and body alarms. The correction officers (COs) are accountable to Control, the first floor monitoring station for the entire facility.

The multi-purpose room used for this study was located on the fifth floor, adjacent to 5 North. Two inmates usually led each TCP group. Each group received written materials for each session (copies may be obtained by writing Associate Warden Gary Katsel, Metropolitan Detention Center, P.O. Box 1500, Los Angeles, CA, 90012).

Description and Number of participants

Participants were all male, ranging in age from 24 to 62 years, with a mean age of 37.8. There were 12 caucasians, 10 African-Americans, 8 Hispanics, 2 Native Americans, and one who described himself as Other. Their time in prison ranged from 3 to 84 months, with the mean time served being 12.6 months. There were 5 inmates in the Prior TCP group, 8 inmates in the Current TCP group, 6 inmates in the Partial TCP group, and 14 inmates in the Control group.

Selection method

Volunteers for the treatment and control groups were solicited from the 5 North population. Most volunteers were anticipating release within six to twelve months. Inmates who have previously or were currently participating in the TCP volunteered for the three (Prior, Current, and Partial) treatment groups. Potential participants were drawn by a randomized computer-generated list for the control group. From that list volunteers entered the control group. Each volunteer was briefed on the general nature of the study. Initially, there were 36 volunteers, ultimately three were excluded from the data sample based upon the apparent invalidity of their test scores. Participants

in the TCP groups (Prior, Current, and Partial) were a convenience sample. In other words, since participation in TCP functions on a voluntary basis, participants were likewise volunteers for research. Statistical control over possible preexisting differences between treatment (TCP) and control groups was accomplished by comparing demographic variables such as age, education, arrests, number of marriages, length of current sentence, and use of Shipley IQ as a measure of intelligence.

Instrumentation

Instrumentation was mentioned briefly in Chapter One. Psychometric properties are discussed in this chapter. The primary instrument used was the Self-efficacy Scale (SES) (Sherer et al., 1982). In addition, the Shipley Institute of Living Scale (Shipley) was also used to correct differences in general cognitive ability (IQ). Demographic data on each inmate, gathered at the time of testing by this researcher, was utilized for further group comparison.

Self-efficacy as a Measurable Construct

There are reasonable concerns as to whether self-efficacy is a testable concept. Several researchers have examined it in different domains such as: measuring physical self-efficacy (Ryckman, Robbins, Thornton, & Cantrell, 1982), testing social skills self-efficacy (Moe & Zeiss, 1982), measuring Israeli and American student self-control (Rosenbaum, 1980), or measuring self-efficacy (Sherer et al., 1982). Sherer et al. (1982) generated a 23-item self-efficacy scale with two subscales: The General Self-efficacy subscale (consisting of 17 items) plus the Social Self-efficacy subscale (consisting of 6 items).

Sherer et al., (1982) stated part of the rationale for developing the Self-efficacy Scale was to explore Bandura's (1977) premise that all types of psychotherapy and behavioral change function through a common mean: modification of one's expectations of personal competence and success. Taking note of Bandura's (1977) precision in observing the difference between outcome expectancies and self-efficacy expectancies, Sherer et al. (1982) proceeded to the next logical step of attempting to develop an instrument which would measure self-efficacy

expectancies generalizing to broader situations. They concluded there should exist a general self-efficacy expectancy for each person which would account for individual differences observed in behavioral correlates. This researcher concurs with that conclusion, it appears as if one's set of self-efficacy expectations might be almost as personally identifying as a fingerprint. In the anecdote shared earlier contrasting one inmate who recidivated, admitting that he had no plan prior to release, to another inmate who has his living arrangements and job established prior to release, personal efficacy expectations seemed to be a deciding factor in their respective approach to the world. A significant portion of their individual behavioral differences may be accounted for by self-efficacy expectations. The first inmate admitted he had few specific expectations; he had not really given his release any thought other than he would at last be free. The latter inmate has been planning how to legitimately resume his life for months. The result of his commitment to recovery was that he consistently communicated through correspondence and personal talks with family, friends and a past employer.

Sherer et al. (1982) hoped to develop a generalized self-efficacy scale that would assist therapists in tailoring therapy to fit the client's needs. Likewise, they expected self-efficacy expectancies to change in the course of treatment, hence, the scale might serve as an index of a client's progress. They concluded that the instrument may prove useful "in determining the success of psychotherapy and behavioral change procedures" (p. 671); they do not recommend it as a substitute for tests geared to measure specific targeted behaviors.

Self-efficacy Scale

Developed by Sherer et al. (1982) this 23-item scale consists of two subscales: The General Self-efficacy subscale (17 items) and the Social Self-efficacy subscale (6 items). Fourteen items are scored in reverse direction. A 14-point Likert-type scale ranging from strongly disagree to strongly agree is scored by participants on statements like: "When I make plans, I am certain I can make them work;" and "It is difficult for me to make new friends." The first quote is from the General Self-efficacy subscale; the second

from the Social Self-efficacy subscale. Sherer et al. observe:

> Confirmation of several predicted conceptual relationships between the Self-efficacy subscales and other personality measures (i.e., Locus of Control, Personal Control, Social Desirability, Ego Strength, Interpersonal Competence, and Self-esteem) provided evidence of construct validity. Positive relationships between the Self-efficacy Scale, and vocational, educational, and military success, established criterion validity. (p. 663)

Items 1-17 constitute the general self-efficacy subscale; items 18-23 comprise the social self-efficacy subscale. Cronbach (1951) alpha reliability coefficients of .86 and .71 were reported respectively for the General Self-efficacy subscale and Social Self-efficacy subscale.

Construct validity of the Self-efficacy Scale was determined by correlating Self-efficacy scores with the following personality measures: Internal-External Control Scale (I-E) (Rotter, 1966); Personal Control Subscale of the I-E Scale (Gurin, Gurin, Lao, & Beattie, 1969); Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964); Ego Strength Scale

(Barron, 1953); Interpersonal Competency Scale (Holland & Baird, 1968); and Self-esteem Scale (Rosenberg, 1965). Sherer et al. (1982) noted:

> The predicted correlations between the two Self-efficacy subscales and the other measures were obtained; all were moderate in magnitude in the appropriate direction. The predicted conceptual relationships with the Self-efficacy Scale were confirmed. The correlations, however, were not of sufficient magnitude to indicate that any of these scales measures precisely the same underlying characteristic as the General and Social Self-efficacy subscales. (p. 667-668)

To examine discriminant validity and resistance to faking good the scale was also correlated with the Marlowe-Crown Social Desirability Scale (Crowne & Marlowe, 1964). Criterion validity was ascertained by weighing results from a demographic questionnaire structured to measure success in educational, vocational, and military areas. Results were correlated with results obtained from the General Self-efficacy and Social Self-efficacy subscales.

As expected (Sherer et al., 1982) high scorers on this scale had a more positive employment record, quit

fewer jobs, and had been fired less frequently than low scorers. The General Self-efficacy scores correlated positively with achievements such as military rank, vocational goals, and educational level.

Some evidence for criterion validity of the Social Self-efficacy Scale was seen in that a negative job history (number of times fired or jobs quit) correlated negatively with the scores on this subscale. Thus, persons with a poor job history had lower Social Self-efficacy expectancies.

Shipley Institute of Living Scale

The Shipley provides a brief estimate of overall intelligence. It is composed of two subtests: (a) a 40-item Vocabulary subtest, requiring the participant to choose one of four listed words equivalent or most nearly equivalent to the designated target word; and (b) a 20-item Abstract Thinking subtest, requiring the participant to fill in letters or numbers which logically complete a stated sequence.

The Shipley is based on clinical and research studies which indicate existing differential intellectual deficits and can be estimated by two brief subtests. For example, vocabulary seems relatively

impervious to change while abstract thinking appears to be far more fragile and more easily damaged in relationship to such insults as mental disorders, brain dysfunction, or aging. Additionally, the Shipley is used to estimate a full-scale IQ which would normally be measured by a one-hour test battery.

The Shipley generates three summary scores: (a) Vocabulary (Conceptual Quotient - an impairment index), (b) Abstraction (Abstraction Quotient - age adjustment of the Conceptual Quotient), and (c) Total (Estimated Full Scale WAIS-R IQ Scores). The Total score was used in this study to compare Estimated WAIS-R mean scores of the treatment groups to the Estimated WAIS-R mean scores of the control group.

Demographic Questionnaire

The demographic questionnaire (DQ) administered by this researcher to all participating inmates gathered information in areas of interest such as age, ethnicity, marital status, education, recent employment, criminal history, length of incarceration, length of sentence, personal support system, etc. (see Appendix C). Due to constraints imposed by two different human subjects research committees, during

different stages of the approval process the demographic questionnaire was significantly shortened and less comprehensive in scope than the originally proposed DQ. This was done to accommodate policy interpretations in two different institutions. Consequently, the remaining questions on the DQ were considered important for understanding inmate traits such as educational level (Harer, 1994) which may account for differences between groups. For example, as noted in Chapter One, if intelligence is instrumental in increasing self-efficacy, then education would also be indicative of an inmate's ability to employ cognitive skills. Furthermore, an individual's intelligence and capabilities cannot be measured directly, so to speak (Sattler, 1988), but are instead indicated by a variety of IQ tests, educational achievements, occupational benchmarks, and so on. Thus, it became necessary to attempt to compare participating inmates by asking questions concerning their personal history which may indicate differentiating qualities between groups.

Outline of Procedures

Research Approval Obtained From Bureau of Prisons

Upon receiving tentative approval from the George Fox College dissertation committee to proceed, this researcher submitted a proposal to the Human Subjects Research Committee at MDC in Los Angeles. After several revisions to comply with Bureau of Prison policy, the proposal was approved by MDC. It was then sent to the Regional and Central offices of the Bureau of Prisons, for additional approval. The Regional office granted approval without further revision. The Central office suggested minor changes to the wording of the Informed Consent (see Appendix B) and the Demographic Questionnaire. Upon receiving recommended changes, Central Office granted approval one week later. The entire process to obtain Bureau of Prison approval required approximately 13 weeks.

Upon receiving permission, this researcher contacted George Fox College's Human Research Subjects Committee to inform them of acquired approval. They, likewise, granted permission to proceed with collecting data.

Solicitation of Volunteers

Due to the nature of their groups, volunteers from Prior TCP and Partial TCP were solicited individually through personal contacts with the researcher or the inmate group leader. Copies of group rosters were non-existent, thus, the researcher was reliant upon the inmate group leader to generate lists of names of group members who had participated in Prior TCP or Partial TCP. All individuals in Prior TCP had previously completed training, some completing it 18 months earlier. All individuals in Partial TCP had previously attended two to four training sessions, some as recent as one week earlier.

Volunteers for Current TCP were likewise solicited through personal contact with the researcher or the inmate group leader. In this case, a formal list of all group members was maintained; this facilitated contacting all potential participants. All three TCP groups (Prior, Current, and Partial) had experienced TCP training to one degree or another, at one time or another. Control group participants were solicited through an MDC 5 North Townhall meeting.

A Townhall meeting is one called by unit management and attendance is mandatory. After calling

all names from the randomized computer-generated list of inmates scheduled for release from MDC within the next year, the researcher dismissed the rest of the inmates and presented his request to the remaining inmates (see Appendix A). Upon conclusion of the Townhall meeting, several inmates volunteered. Follow-up solicitation was required on an individual basis (by the researcher) to talk with those who had not been on the unit due to work schedules, legal, family, or hospital visits. The following points were clearly stated: (a) participation was voluntary, (b) each participant would be asked to fill out a demographic questionnaire and complete two tests, (c) each control group participant was randomly chosen (d) time involvement would be approximately 40 minutes.

Self-selection to Groups

Though 72 participants were drawn from a randomized computer-generated list as potential members of the control group, only 14 eventually volunteered. As noted above, all three TCP groups were treatment groups: 5 men were in Prior TCP, 8 men were in Current TCP, 6 men were in Partial TCP, and 14 men were in the control group.

Also as stated earlier, initially 36 inmates volunteered (data from three was later excluded due to questionable validity), each of whom received a personal interview with the researcher. They were scheduled as follows in Table 4.

Table 4

Quasiexperimental Design of Treatment and Control Groups

Group	Treatment	Post Test
#1 Experimental	Yes	SE
n = 5	Prior TCP	Shipley
#2 Experimental	Yes	SE
n = 8	Current TCP	Shipley
#3 Experimental	Yes	SE
n = 6	Partial TCP	Shipley
#4 Control	No	SE
n = 14		Shipley

This necessitated implementation of a quasi-experimental design (Campbell & Stanley, 1963). The difference between groups would be attributable to higher mean self-efficacy scores for the treatment groups as compared to the control group. It was decided that Age, Number of Arrests (Arrests), Education, Number of Marriages (Marriages), Length of Current Sentence (Sentence), and Shipley IQ scores would serve as covariates with Self-efficacy scores.

As mentioned above, inmates were drawn from a randomized computer-generated list as a pool of potential volunteers for the control group. However, given the nature of the criteria for admission to the Transitional Counseling Group (e.g., voluntary basis, scheduled releasees within 6 to 12 months), and the nature of choosing inmates for the control group, random selection of participants from the prison population was not possible. Participation in the research was offered to inmates on 5 North, as they were the only population preparing to leave MDC within the stated time period of one year.

Training of the Treatment Groups

A benefit of the TCP was that professional counselors were not involved. From beginning to end the group was conducted by inmates. This placed the responsibility for growth primarily on participants. This unobtrusiveness of counselors and techniques is considered therapeutically advantageous (Haemmerlie & Montgomery, 1982) both for immediate and long-term gain in behavioral changes.

Secondly, the group was relatively short in length (eight to ten sessions). It nonetheless should show some effects of behavioral change (Hall et al., 1981). Because the group was voluntary, it required a therapeutic enhancement, that of commitment (Omer, 1990), to participate.

Given that the group was composed entirely of inmates, their mutual counsel was context-dependent, (i.e., they all came from the same unit with essentially the same living conditions) and hopefully, more easily understood because they, likewise, often shared a similar history in the penal system. This set the stage for their interactions to be more efficient than they would have been with a staff counselor who

did not share a similar history or context (Chessick, 1990).

Two treatment groups (Prior TCP and Current TCP) each met weekly on Wednesday evenings for eight weeks in two-hour sessions. Group time was scheduled so that if make-up was necessary due to illness or work, the inmate in question would be able to keep pace with the group.

One treatment group (Partial TCP) was not allowed to finish its complete cycle of training due to a change in staffing. The staffing change caused a temporary suspension of staff supervision. Additionally, due to group members' varying work schedules, illness, etc., Partial TCP group members only attended a range of two to four sessions.

Treatment Staff

All treatment groups were conducted by an inmate who had been leading the Transitional Counseling Group during the previous 24 months. He was assisted by another inmate who worked with him during the last 12 months. Periodically, certain speakers from the community of Los Angeles made presentations to the group as part of the curriculum. They, likewise, have

been involved with the Transitional Counseling Group for a minimum of six months each, respectively.

As a result, treatment personnel were the same, for all treatment groups (i.e. Prior, Current and Partial TCP).

SE and Shipley Post Test

Inmates were informed in the post test interview that testing would require approximately 35 to 45 minutes for administration, including checking materials for completeness and answering any questions they might have. Each group member received the SE scale, the Shipley and the DQ in a post test session. Most inmates completed the SE scale and the Shipley within 35 to 45 minutes. Following the testing, materials were checked by the researcher to ensure that completeness. Once done, the remaining questions were answered. Inmates then returned to their unit. The researcher was careful to answer all questions regarding testing, confidentiality, and so on.

Summary of Procedures

Study volunteers were solicited through a 5 North Townhall meeting and personal contacts with this researcher and/or the primary inmate group leader. Nineteen men volunteered for the study from three different TCP groups. Seventy-two inmates were randomly drawn by a computerized random-number generator from a list of inmates scheduled for release within one year as potential members of the Control group. Of those 72 inmates, ultimately 14 volunteered for the Control group. Thus, 36 men volunteered for the three treatment and one control groups. For a variety of reasons, three men were not included in the final data sample. All three treatment groups and one control group were post tested with the SE scale and Shipley at the same time. The mean scores on SE and Shipley were obtained for all four groups.

The treatment groups received training which was completed in approximately eight weeks for both Prior TCP and Current TCP. Partial TCP consisted of men who received only two to four sessions of training. The training staff consisted of an inmate leader and his

assistant both (of whom had significant prior experience with the treatment program).

Once training was completed, all four groups received the SE scale and Shipley IQ post tests. The SE and Shipley IQ mean scores were obtained for the treatment and control groups.

Research Design/Data Analysis

Independent Variable

Exposure to the TCP was the independent variable for this study. Three variations of the independent variable (Prior, Current, and Partial TCP) were examined. Each training group offered basic instruction in the given area(s) of prosocialization training. That is, fearful and avoidant behaviors were addressed through the prosocial skills training in communication techniques, goal setting, problem-solving, interfacing with authority figures, and so forth.

Dependent Variable

Scores on the SE Scale were the dependent variables for self-efficacy. Two variations of the

dependent variable (self-efficacy general mean scores and self-efficacy total mean scores) were examined. Age, arrests, education, marriages, sentence, and Shipley scores were used as covariates so that group means would be statistically corrected for preexisting differences.

Descriptive Variables

Demographic information collected on each inmate by the researcher at the time of testing were the descriptive variables for this study. This included such items as age, ethnicity, marital status, employment and educational history, military history, criminal history, support network, and history of programs used while incarcerated.

Data Analysis

One-way analyses of variance were conducted on the demographic variables (Age, Arrest, Education, Sentence) and Shipley scores to ascertain the similarities between treatment and control.

Analysis of covariance (ANCOVA) was used to perform comparisons of differences between groups using the Shipley scores and demographic variables (age,

arrests, education, marriages, and sentence) as covariates. Post hoc t tests, using Tukey honestly significant differences (HSD) provided multiple comparisons between groups to ascertain which groups, if any, had differences greater than what could be accounted for by chance.

Methodological Assumptions

The SE Scale (Sherer et al., 1982) is an effective measure of change in one's self-efficacy, that is one's belief in his/her ability to perform a certain behavior. It also measures outcome expectancy, that is, one's belief that a given behavior will produce certain outcomes. Therefore, it was assumed that positive changes in self-efficacy scores would reflect fewer fearful and avoidant behaviors.

Potential Threats to Validity

Threats to validity were unique to this study. Since group members both for treatment and control groups were volunteers and were subsequently assigned to their respective groups, the resulting study was a

quasiexperiment. Cook and Campbell (1979) observe that quasi-experiments, ". . .have treatments, outcome measures, and experimental units, but do not use random assignment to create the comparisons from which treatment-caused change is inferred" (p. 6). Obviously, since this was a convenience sample, it was necessary to attempt to control group differences by paying close attention to several possible threats to validity.

For example, history and maturation were somewhat minimized since the population of inmates was primarily isolated from external events; the inmates as adults were slowly maturing and there was a short time between the beginning and end of the study (Mitchell & Jolley, 1988). Control attempts for those factors were also made in comparing demographic data of the inmates by group. Mortality was diminished as an issue since inmates were willing volunteers, as evidenced by their completion of all experimental requirements. Also, participants had originally volunteered to be in TCP and upon completion of TCP they again volunteered to be tested. Likewise, the control group was composed entirely of volunteers who were also tested in one brief sitting, keeping mortality to a minimum. To

reduce testing effects, all participants were tested only once on each instrument. Concerning instrumentation, the SE, the Shipley, and the DQ were all printed instruments with standard directions administered to all participants (Mitchell & Jolley, 1988).

Data Limitations

Data was originally collected from 36 inmates; three inmates' data was omitted from the study due to the following reasons. It became obvious during data processing on SPSS (Norusis, 1990) that one inmate had answered the SE scale questions directly opposite to the way he presented during the test-taking period. Further information following the testing (from a source unaware of the inmate's involvement in the research effort) strongly suggested that he may have been deliberately attempting to skew the results. His responses were more than a full standard deviation lower than the lowest score of any other respondent. Two inmates' data were omitted due to apparent difficulty in answering both the Shipley IQ test and the SE scale. Both were recent immigrants and their

efforts (though apparently very strenuous) yielded test results that were clearly invalid. Their effort was commendable and though they were offered several opportunities to end the testing, they insisted in completing the material to the best of their ability. Disallowing these three extreme sets of data gives some protection from potential skewing of the data and results (Mitchell & Jolley, 1988).

CHAPTER 3

RESULTS

This chapter is presented in three sections. The first section reports descriptive data which includes general demographic and biographic data from the sample. The second section presents descriptive results from each instrument administered in the study. The third section reports results obtained for the two primary hypotheses which predicted differences between means on self-efficacy, controlling for the influence of covariates, such as IQ. The significance level for all statistical analysis was set at the $p < .05$ level. All data were analyzed using SPSS (Norusis, 1990).

Biographical Data

General Demographics

Frequency and percentages of ethnicity, marital status, and employment, are offered in Table 5. Ethnicity was diverse with five ethnic groups

represented in the sample. Marriage was the most frequent kind of relationship reported. Employment was claimed by 76 percent of the population prior to incarceration. Roughly 63 percent reportedly worked in blue collar, white collar, or professional positions.

Table 5

Ethnicity/Marital Status/Employment

	n	Percent
Race:		
African-American	7	28.0
Hispanics	8	32.0
Native American	1	4.0
Caucasians	8	32.0
Others	1	4.0
Marital Status:		
Single	7	28.0
Married	9	36.0
Divorced	4	16.0
Widower	1	4.0
Common-law	4	16.0

(table continues)

Table 5--Continued

	Ages	n	Recidivism%
Employed Prior to Incarceration:			
Yes	19		76.0
No	6		24.0
Type of Employment:			
No answer	1		4.2
Unskilled labor	3		12.5
Blue Collar	7		29.2
White Collar	5		20.8
Professional	3		12.5
Unemployed	5		20.8

n = 33

Other sample demographics are seen in Table 6. For example, the average age of male inmates in this study was 37.84 years, while the median age was 34. The length of marriages ranged from 0 to 27 years, with the mean length reported as 11.39 years. The mean number of children was approximately two.

Educational history, defined as the number of years completed, (see Table 6) revealed strong high school or high school equivalent training as reflected in the mean of 12.92. A frequency tabulation of education showed that at least 84 percent finished high school or its equivalent, compared to 16 percent who did not complete high school. Rather surprising was that 48 percent of the sample went on to complete at least one year of college, vocational, or trade school.

Table 6

Sample Demographics

	Mean	Median	S.D.	Mode	Range
Age	37.84	34.00	9.27	31.00	24-62
Length (years) of Current Marriage	11.39	9.50	7.70	5.00	0-27
Number of Times Married	1.08	1.00	.99	1.00	0-4
Number of Children	1.91	2.00	1.28	2.00	0-5
Education	12.92	12.00	2.16	12.00	9-19

n = 33

Criminal History

Self-reported criminal history disclosed in the demographic questionnaire is presented in Table 7. Twenty-two inmates (67%) chose to disclose the amount of prior time served, the range of time served was 0 to 204 months, the mean was 43.8 months, median prior time served was 29.5 months. Of 33 inmates reporting, frequency data showed 46 percent (n = 15) claimed this was their first incarceration. Yet, of 30 inmates who chose to disclose prior imprisonment on a subsequent question in the DQ, 67 percent (n = 19) admitted they had had more than one incarceration. During testing, this question frequently elicited interesting responses to the examiner, several inmates did not count short incarcerations as incarcerations until questioning revealed that they had been imprisoned for a couple of months. The number of reported previous incarcerations ranged from 0 to 10, the mean was 1.0. The number of reported prior arrests ranged from 0 to 43, the mean was 3.8, the median was 5 arrests.

Table 7

Criminal History

Variable	Mean	Median	Range	n
Length of Current Sentence (mos.)	12.57	18.00	3 to 84	33
Length of Prior Sentences (mos.)	43.77	29.50	0 to 204	22
Number of Times Imprisoned	1.03	3.50	0 to 10	30
Number of Times Arrested	3.81	5.00	0 to 43	33

Reliability Analysis

A reliability analysis was conducted of both test instruments because of concern with the internal consistency of the Self-efficacy scale and the Shipley in their use for this research. The reliability results are presented in Table 8.

Table 8

Reliability Analysis - (Alpha) for Self-efficacy and Shipley IQ Tests

	Number of Items	Reliability Coefficient
Self-efficacy (SE) Test Scores:		
SE General Scores	17	.88
SE Social Scores	6	.69
SE Total Scores	23	.89
Shipley IQ Test Scores:		
Abstract Subtest	20	.89
Vocabulary Subtest	40	.90
Total Shipley Test	60	.93

Note: Analysis based on n = 33.

Table 8 shows that the Self-efficacy scale, except for the Social Self-efficacy scores, had a high level of internal consistency as measured by Cronbach's (1951) alpha coefficient for this sample of 33 inmates. The Social Self-efficacy scale was subsequently dropped as a separate dependent variable. The remaining

scales, General Self-efficacy and Total Self-efficacy have an acceptable reliability. Also, the Shipley reliability estimates were quite strong compared to those reported in the Shipley manual (Zachary, 1986).

Analysis of Covariance Results

Differences between groups were examined first on the SE General Scores as the dependent variable (see Table 9). ANCOVA revealed that none of the covariates showed significant effects on the dependent variable (e.g., $F = 2.75$, $p = .11$ for sentence). The covariates were age, education, arrests, number of marriages (Nummarr), length of sentence (Sentence), and Shipley estimated IQ scores (Ship IQ).

Table 9

Analysis of Covariance of Mean SE General Scores by Group

Source of Variation	Sum of Squares	df	Mean Square	F	p
Covariates	7687.1	6	1281.2	1.13	.38
Age	404.8	1	404.8	.36	.56
Education	855.7	1	855.7	.75	.40
Arrests	1482.0	1	1482.0	1.31	.27
Nummarr	1180.3	1	1180.3	1.04	.32
Sentence	3118.9	1	3118.9	2.75	.11
Ship IQ	660.2	1	660.2	.58	.45
Main Effects	13,428.1	3	4476.0	3.94	.02
Group	13,428.1	3	4476.0	3.94	.02
Explain	21,949.2	9	2438.8	2.15	.07
Residual	23,853.8	21	1135.9		

As shown in Table 9, the mean SE General scores were significantly different between groups controlling for the effects of the covariates ($F = 3.94$, $df = 3, 21$, $p = .02$). Thus, the differences between group means is not attributable to effects of the covariates.

In other words, if differences existed prior to treatment on the variables of sentence length, intelligence, education, etc., these differences did not significantly affect the post treatment self-efficacy scores.

An analysis of covariance similar to the one presented in Table 9 was calculated using the SE Total scores as the dependent variable. Again, the group means were significantly different ($F = 3.38$, $p = .037$), and none of the covariates showed significant effects on the dependent variable (e.g., $F = 1.59$, $p = .22$ for Sentence). The complete ANCOVA results for SE Total scores are included in Appendix E.

Subsequently, cell means for each of the treatment groups and control group were inspected (See Table 10). Also, post hoc comparisons were calculated using the Tukey procedure. None of the pairs of group means on SE Total were found to be statistically significant from the conservative Tukey test of pair-wise mean differences. Therefore, despite the overall F-test showing a difference between groups, the post hoc comparisons showed that differences in SE Total scores were not sufficiently large to be noted as significant. Given the findings of the Tukey post hoc tests, the

remainder of the results section focuses on the results of the analysis of SE General scores. Self-efficacy Total scores will be mentioned periodically, for the sake of comparison. Other justifications for concentration on the SE General results include (a) the acceptable level of reliability for the SE General scores (r = .88), and (b) SE General scores are based on 17 of the 23 total items that comprise the SE Total score. In other words, the SE General scores are based on a reliable subset of items, forming the majority of the Self Efficacy scale.

Table 10

Self-efficacy Total, Self-efficacy General Scores Means, Standard Deviations and Range in Scores by Group

Test	n	Mean	SD	Range
Self-efficacy Total Score				
Prior TCP	5	217.20	55.98	147-286
Current TCP	8	264.00	27.79	215-304
Partial TCP	6	270.50	34.24	228-317
Control	14	217.50	43.70	139-297
Self-efficacy General Score				
Prior TCP	5	158.60	46.40	103-205
Current TCP	8	204.00	22.85	168-234
Partial TCP	6	203.17	26.72	172-237
Control	14	163.29	35.20	101-227

Test Results

Cell Means and Standard Deviations

To make comparison easier between groups, mean SE scores, standard deviations, and ranges of raw scores, as presented in Table 10. Self-efficacy Total and

self-efficacy General scores showed differences between Current TCP and Partial TCP as compared to the Control group as shown earlier in Table 10.

Therefore, even without randomization, the groups appear to be roughly equivalent in terms of background and ability measures examined. This has been established by analysis of covariance (no significant correlations were found between demographic variables, IQ, and self-efficacy test scores), analysis of variance on the background variables (groups were not found to differ significantly in their means for demographic variables, and IQ) (see Appendix E) and finally, Levene's test for homogeneity of variances (groups were not found to be significantly different in their variance from each other).

Post Hoc Tests

A multiple range test was performed on each pair of means of the Total self-efficacy and General self-efficacy scores of TCP treatment groups and the Control group. The Tukey-Honestly Significant Difference (HSD) post hoc test with a significance level of $p < .05$ was employed. As seen in Table 11, a

significant difference between Current TCP and the Control group was found for self-efficacy General scores.

Table 11

Tukey Post Hoc Tests of Mean Differences for the Variable of General Self-efficacy Scores

Group:		1	4	3	2
Mean:		158.60	163.29	203.17	204.00
Prior TCP:	Group 1				
Control:	Group 4				
Partial TCP:	Group 3				
Current TCP:	Group 2		*		

Note: (*) Denotes pairs of groups significantly different at the $p < .05$ level.

The effect size was 1.0 (one full SD) as calculated from the formula by Cohen (1988), p. 41:

$$\text{Effect size} = \frac{M_1 - M_2}{SD_c} = \frac{\text{Grp 2} - \text{Grp 4}}{SD_c}$$

In other words, the effect size is the difference between the means of the Current TCP and the Control group General self-efficacy scores divided by the standard deviation of the Control group, 204.00 - 163.29 / 35.20 = 1.16 SD, or more than one full SD difference. It should be noted that the Control standard deviation was higher than the Current or Partial TCP group standard deviations. Therefore, the use of the Control standard deviation, rather than a pooled standard deviation as some have recommended (Cohen, 1988), was a conservative procedure for computing effect size in this study. Thus, the analysis indicates the difference between groups was quite large as compared to effects found in other psychological research (Cohen, 1988). Cohen defines a large effect size as any effect greater than .8 SD units.

Homogeneity of Variance

One of the major assumptions of analysis of variance and covariance is the equality of the variance of the dependent variable in each of the groups. The Levene Test for Homogeneity of Variances was employed

to test this assumption. The self-efficacy total and self-efficacy general scores by group, respectively, reflected no significant differences between any of the four groups at the $p < .05$ level demonstrating that a critical assumption of ANOVA was not violated. The assumption was that all four groups came from a population with equal variances (Norusis, 1990). These results are seen in Table 12.

Table 12

Levene Test for Homogeneity of Variances for Self-efficacy Total and Self-efficacy General Mean Scores Following ANOVA

Dependent Var.	Statistic	df	2-tail Sig.
SE Total	1.13	3, 29	.353
SE General	1.44	3, 29	.251

$n = 33$

Hypotheses

Results for the hypotheses were as follows:

1. Hypothesis One stated that the treatment groups will manifest higher mean self-efficacy scores on the SE scale, than the control group after treatment. This hypothesis is supported by group differences which were that the mean self-efficacy scores of Current TCP and Partial TCP were higher than the Control group. The main effect was significant for both Total and General scores on the Self-efficacy scale according to the F-test. However, post hoc tests verified only self-efficacy General scores as significantly different for those groups. Thus, Hypothesis One, is not confirmed for the Prior TCP group; neither is it confirmed in the self-efficacy Total scores.

2. Hypothesis Two stated that this effect (higher mean self-efficacy scores) will be significant even when intelligence, measured by Shipley and other demographic variables are statistically controlled through analysis of covariance design. ANCOVA revealed that IQ, measured by Shipley, and other demographic

variables were not significant covariates, thus confirming the hypothesis.

CHAPTER 4

DISCUSSION

This chapter examines and interprets the results of Chapter Three. Sections discussing the hypotheses, implications, limitations of the study and suggestions for future studies are included.

Hypotheses

At the outset of this study, anecdotal information suggested that TCP intervention was a significant factor in helping inmates adjust to community life following release from the Metropolitan Detention Center. This held an intuitive appeal. Based upon literature review, it was inferred that any successful psychological intervention might increase self-efficacy (Bandura, 1977, 1982; Barrios, 1983). Therefore, TCP should have some positive effect upon self-efficacy in inmate participants.

The first hypothesis articulated that treatment groups would manifest higher mean SE scores on the SE scale, than the control group after treatment. Main effects for group were found for self-efficacy Total and self-efficacy General scores using an F-test. However, post hoc comparisons did not show significant differences among self-efficacy total scores according to Tukey's HSD range test. Current TCP General SE mean scores were significantly higher than Control group scores thus confirming the hypothesis.

General SE scores showed a strong effect indicated by Tukey-HSD post hoc comparison tests. A significant difference between Current TCP and the Control group was found at the $p < .05$ level. Confusion enters the picture, however, with the Prior TCP mean score being significantly lower than the Partial TCP mean score. This raises the question of why Prior TCP shows no apparent SE strength as compared to Partial TCP. Despite the question, the result is that the first hypothesis is supported by the higher scores for the Current TCP group. However, the hypothesis was not supported by SE mean scores of the Prior TCP group.

A second aspect of this research which held intuitive appeal was the inference that treatment and

control groups would be similar or equal, in terms of background variables such as intelligence or other demographic variables. The second hypothesis was crafted with this in mind, namely, that the treatment effect will be significant even when intelligence, measured by Shipley and other demographic variables are statistically controlled through an analysis of covariance design. For instance, Harer (1994) reported that educational level or active educational involvement while in prison, was indicated as a factor in reducing recidivism. Robertson and Gunn (1987) inferred that higher intelligence was indicative of better treatment results. This researcher, likewise, inferred that intelligence and education appear to play a significant role in TCP training. Therefore, it seemed necessary to consider both along with several other variables as possible influential covariates. Subsequent extensive analysis of covariance of six different variables, (age, education, number of arrests, number of marriages, length of current sentence, and Shipley estimated IQ scores) and self-efficacy scores revealed that none of the covariates was significantly correlated to self-efficacy scores. Consequently, the second hypothesis was supported.

Implications of the Results

From a review of the literature, it became apparent that this study was exploring an area which has not received much empirical attention. Thus, it became necessary to postulate the possible linkages between treatment and SE and consequent behavior as seen in a prison population. As mentioned in Chapter One, if prison treatment increases SE and SE is related to more effective coping in the community, then SE theory provides a plausible rationale for training inmates in prosocial skills. Though it is tempting to claim TCP produced higher mean scores in SE for Current TCP than in the Control group, the fact is this quasiexperiment failed to establish a causal link between the treatment and the higher SE mean scores. As noted above, the results are consistent with the hypotheses, but unfortunately, consistency does not equal causality. In fact, though attempts were made to control statistically for group demographic differences on a large number of covariates, these efforts still do not account for all possible causes of the apparent treatment effect. Nor do these variables account for

the apparent link between TCP and resultant higher SE mean scores.

The truth is, there could be just one more unmeasured variable which has yet to be tapped that could explain the apparent treatment effect. It might be something as innocuous as selection of subjects or maturation effects where treatment and control group members were naturally predisposed to grow in different directions, (Mitchell & Jolley, 1988). As will be noted later, there are apparently different characteristics for those who volunteer and those who do not. Likewise, there appear to be different characteristics between volunteers depending on what they volunteer to do.

An additional concern is that the Prior TCP group appeared to show an extremely weak or no treatment effect. Compared to the Control group, Prior TCP was statistically no different. Thus, if there were some treatment effect six to eighteen months ago, it had decayed significantly over time.

Of additional interest is the strength Partial TCP showed both in SE Total and SE General mean scores of 270.50 and 203.17, respectively, although not significantly different. In SE Total it ranked highest

in mean score, even outstripping Current TCP inmates who had just completed training. Although a significant main effect was found, Tukey-HSD on Total SE revealed no two groups were significantly different at that level. This maybe due to the small sample size. It seems apparent that larger sample sizes would give a clearer indication of the strength of inmates' SE scores.

In contrast, ANCOVA on General SE revealed a significant difference between Current TCP and the Control group, and in this case Tukey-HSD confirmed a significant difference.

Limitations of The Study

Unique features of the population in this study limit generalizability. For instance, it is limited by gender, since the participants were all male. It would be unwise to claim that it is applicable to another Federal inmate population. Consider that prison populations vary from prison to prison within the federal system (e.g., one facility may be a maximum security penitentiary while another is a minimum security camp). This study is also limited in

generalizability because it is a quasiexperiment. In this case, the 5 North Cadre population appeared to be unusually motivated to volunteer for treatment which may have biased study results.

Convenience Sampling

Since this was a convenience sample, the end result is that generalizability is probably limited to other volunteer federal prison populations in a similar prerelease status, who are also undergoing training for community readjustment.

The issue of randomization is difficult to work around since prisoners must be made aware through confidentiality disclosure that they are volunteering for research. Isaac and Michael (1989) suggest a counterbalanced design as a creative possibility if the researcher must work with non-randomized samples. In this case, variations of the treatment, or absence of the treatment are presented to all treatment and control groups, respectively. Additionally, each variation is presented simultaneously to each group, to counteract order-of-presentation effects.

Characteristics of Volunteers

Little is known about prisoners who are volunteers for research, as compared to volunteers for research in the non-imprisoned population. Furthermore, little has been done in researching the difference between prisoners who volunteer as compared to prisoners who do not volunteer. A brief literature review yielded the following information.

No studies were found that directly addressed volunteer bias in prison inmates. Volunteer bias was studied by Dollinger and Leong (1993) in 404 undergraduate psychology students using a five factor model of personality. The results indicated that agreeableness and openness to experience predicted volunteering in that sample. Extraversion also predicted a willingness to participate in a longitudinal study.

A telephone study of 326 adults concerning their volunteering practices, indicated that altruism is a motive for volunteering (Unger, 1991). Another study concluded from a sample of 215 Israeli police officers that volunteers were more committed to an organization than non-volunteers (Koslowsky, Caspy, & Lazar, 1988).

Two additional studies involving 100 undergraduates each, found that informing subjects of legal liabilities or certain conditions of informed consent reduced volunteerism rates respectively, thus, biasing the samples. Additionally, there was some support for social desirability and sensation-seeking behavior manifested in some volunteers as opposed to non-volunteers (Trice, 1986; Trice & Ogden, 1986). Another study of 120 adults concluded that those active in volunteer organizations demonstrated a higher level of social interest than non-volunteers; however, the social interest effect was not significantly stronger than availability of leisure time in explaining volunteerism (Hettman & Jenkins, 1990).

Generally speaking, it appears that existing research indicates that volunteers are prone to manifest agreeableness and openness to experience, extraversion (predicted a willingness to do longitudinal research), altruism, commitment to an organization, social interest, some traits of social desirability, and sensation-seeking. In addition, informing subjects of legal liabilities or certain conditions of informed consent causes a reduction in volunteerism.

All these characteristics may indeed enter into the makeup of the population that volunteered both for treatment and control groups at the MDC. It may also help to explain, in part, the difficulty in securing volunteers for the non-equivalent Control group. As was noted earlier, out of a possible pool of 72 volunteers, only 14 agreed to participate. This may have been due to many inmates' expressed fear of being manipulated by the "Feds." For example, hesitancy to sign the informed consent form was expressed by numerous prisoners.

Distinct Factors in Correctional Research

Distractions

Finally, conducting this study within a prison setting raises fundamental questions as to how reliable were the training and testing conditions given the nature of the setting, and the inmates? The inmate group leaders, for example, expressed frustration on several occasions with their inability to get staff commitment to regular meeting times, and regular, reliable access to a group room.

Testing likewise, generally occurred under less than ideal conditions. Often testing took place in situations that were generally distracting. For example, some inmates due to scheduling pressures were available for testing only in their house during lockdown for count (i.e. all inmates are locked in their cells several times a day for a head count). One inmate literally needed to be tested in a utility closet adjacent to the prison kitchen's main door, most were tested in a small room adjacent to 5 North unit, and two inmates were tested in a tiny office on 5 North unit. Interruptions occurred frequently from curious inmates not involved in the research, or correctional officers checking to be sure everything was secure.

One incident aptly illustrates the atmosphere which surrounded inmate testing. On this occasion, even though the shades were drawn and the door closed, an inmate uninvolved in the research, pushed open the door and began asking a number of questions of an inmate taking a test. He became angry when asked to leave. Needless to say, this was disruptive.

Concealing Personal Information

Within the actual testing process, inmates reflected their own fears concerning how the material might be used. For instance, numerous inmates refused to give full disclosure of their criminal history. In the first set of questions on the Demographic Questionnaire concerning crime history, the participant was asked, "For what are you presently incarcerated?" Several inmates chose not to answer the question. The second set of questions concerning crime history asked the inmate, "If applicable, for what other offenses have you been incarcerated?" (i.e., county, state, and other federal incarcerations). Again, several inmates chose not to answer that question. Comments by inmates made it clear they understood the questions, "Well, I know this is s'posed to be for research or whatever, but I mean, like, it's not mandatory I answer this completely, is it?" or "Yuh seem to be a nice guy, I've seen yuh on the unit, and it's not that I don't trust yuh,...but I've been burned by the Feds before when I told the truth...so no offense, but I'd rather not say...."

Teplin et al. (1994) note that criminal self-reports tend to be relatively accurate about minor

offenses; however, more serious offenses are frequently distorted or concealed. Since the SE does not have a validity scale as such, the best that could be hoped for, was that by drawing upon the inmates' sense of contributing to something worthwhile, for themselves and other prisoners, that they would make a sincere effort to support the research.

The current study had the advantages as well as limitations of a real setting, rather than a simulated one. Sadri and Robertson (1993) suggest that SE studies can be viewed in two different ways: connecting SE to either behavioral choice or intentions, or to assessment of actual performance. They proceed to elucidate their concern with the problem of SE studies being conducted in simulated as contrasted to real settings. For example, the effect size of expected behaviors and expected outcomes may be inflated in simulated situations because simulation is much more controlled in presenting situations, the parameters are more clearly defined. In real settings, the participants may have high efficacy and high outcome expectations and still fail to perform well because of the intrusion of unexpected stressors of real life.

The immediate application of this concern to TCP training within a jail setting becomes apparent. Even though there is practice in writing a resume and on occasion there is role-playing in communication, the fact remains, TCP within prison walls, remains partially, a simulated setting. The very nature of the jail setting prevents inmates from experiencing the demands of a free society upon their newly acquired skills. In other words, there remains a tension between simulated training in TCP, and the actual degree of realism that can be introduced into the setting (Sadri & Robertson, 1993).

Thus, beyond Sadri and Robertson's (1993) concern is the realization that prison life places an additional distortion into the prisoner's perception of reality. The skills needed to survive in prison are not necessarily the skills needed to be proactive in free society.

While society in prison life is very real, it is often not representative of life in free society. Likewise, the training in prison may be very real, but it may miss the requisite reality of free society by some very subtle differences. So the tension appears to remain, as to how much realism can be introduced

into a prison training program while the inmates remain behind bars.

One subpopulation of inmates who could conceivably experience real and simulated training would be the limited group of inmates who receive furloughs prior to their release. These inmates could conceivably interact with society during furloughs by trying out new skills (e.g., job interviewing techniques), debriefing with the TCP group, and then planning immediately responsive coping strategies for problems encountered. This would benefit both the inmate encountering the problems and the group members actively assisting in problem-solving, and goal-setting.

Advantages of an Established Program

This study does not attempt to say that a particular protocol, TCP is the only choice. No evaluation or experimental comparison was made of other possible interventions to enhance self-efficacy. The desire was to test an established program for the purpose of examining its particular effectiveness in raising SE scores. An additional advantage to studying

TCP, which has been in existence for approximately two years, was that there was no apparent sense of novelty to the inmates regarding TCP. Any novelty probably involved the testing itself.

Advantages to working with this sample of volunteers were: (a) homogeneity of the sample, i.e., all members were self-selected; (b) convenience, it was a population willing to be tested without coercion; and (c) cooperation, since the population was not coerced, what effort they did expend was from all appearances freely given.

Suggestions for Future Studies

There is an obvious need for future research to plan a controlled, true experiment, with randomized assignment of inmates to groups, and randomized assignment to treatment condition. Further research might replicate this study with a larger sample to see if the effects of training are further clarified.

A prison population might be amenable to a longer TCP program, that is, 12 to 16 weeks as compared to the current 8 weeks. Another possibility might be sequential TCP groups (e.g., Phase I, II, III, etc.)

each group building upon previous training possibly producing a stronger effect which might prevent decay in the training effect.

Future research would be useful in refining SE measures, for example, more SE studies could be done of specific skills training. Additionally, work needs to be done on norming the SE scale so that more meaningful interpretations may be made from test results. There also appears to remain further need for refinement of the SE construct as it is applied in diverse prison settings using different modalities to enhance it.

Another possible direction is to examine other interventions. For example, though cognitive behavioral interventions are commonly used with inmates, perhaps object relations interventions would have a similar effect using appropriate modalities. Similarly, teaching prosocial skills needs to be carefully considered for the target audience. Social skills which are seen as primarily applicable to the "outside" may be construed as being too distant compared to immediate concerns. Recall the research (Bandura, 1982; Bandura & Schunk, 1981) which demonstrated that distant goals have much less motivational influence than immediate goals. Since

this research has shown that the Current TCP group had a significantly higher SE mean score than the Control group, the next logical step would be to try to determine what it was that caused this positive effect. Finally, a longitudinal study would be helpful in forging the links between treatment, self-efficacy, post release behavior, and reducing recidivism of ex-felons.

Summary

In summary, the current study explored the effects of TCP, an established 8-week prison treatment program, designed to teach inmates prosocial skills. This treatment was expected to enhance Bandura's (1982) construct of self-efficacy within inmates. Self-efficacy enhancement was seen as an initial step in a program of future research which may demonstrate a connection between higher inmate SE at release, improved post prison adaption, and recidivism reduction.

As predicted in Hypothesis One, a significant main effect for groups was found. An analysis of covariance using general SE scores as the dependent variable

showed a significant main effect for the group. Post hoc comparisons revealed two groups, Current TCP and Control, as significantly different at the .05 level. Prior TCP and Partial TCP means did not differ significantly from the Control group. The Prior TCP group mean was lower than expected and did not support Hypothesis One. The lower mean may be due to decay in the effects of training.

Six covariates including Shipley IQ scores, educational level, and prison sentence length were examined for possible preexisting differences between groups. As predicted in Hypothesis Two results were significant with covariates controlled. However, none of the covariates were significantly related to SE scores.

As the present study was quasi-experimentation, future research is needed to confirm the causal role of TCP. Likewise, further study could explore ways to prevent decay in TCP training effects, and help to establish generalizability limits.

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Appendix A

Introductory Narrative

INTRODUCTORY NARRATIVE

Thank you for coming to Townhall this morning. I realize your schedules are very full, some of you need to return to work soon so I'll be as brief as possible. There is a select group of people I need to talk to this morning. I will read your names from a randomized computer-generated list and I would like you to stay and listen to a brief presentation I will be making. Once I have read the list if your name is not on it, you are free to leave.

(Read list of names.)

Thank you for staying. Let me tell you what this meeting is about. You may be aware that I am working on research which is part of the process in completing a dissertation which goes towards finishing my doctoral degree. This research has nothing to do with the Bureau of Prisons, other than that they have given me approval and guidelines on how to conduct the research in the BOP.

Due to the nature of the research there are no incentives offered. Your participation will help me gain an understanding of the effectiveness of BOP programs. Though this may not be of immediate benefit to you, I sincerely hope it will benefit future inmates as it may encourage the Bureau to continue developing more programs for inmates. This is strictly voluntary, you are not required to do this.

This involves taking two tests and filling out a questionnaire which asks some personal questions about your history. Your answers are confidential, your name will not be on any of the testing materials. You will be asked to sign an Informed Consent, however, it is not filed with your tests or the questionnaire. No one else from the prison will see your test results or the questionnaire. The total time will probably be about 35 to 45 minutes for testing. Do you have any questions?

(Respond to questions.)

Appendix B

Bureau of Prison Proposal
Informed Consent for
Participation

BUREAU OF PRISON PROPOSAL

INFORMED CONSENT FOR PARTICIPATION

You are being asked to participate in a research project which is being conducted in order to satisfy the requirements of the Doctorate in Psychology degree granted at George Fox College, Graduate School of Clinical Psychology, Newberg, Oregon. Your participation is essential to the completion of this study. Therefore, it is important you be given information of what you are being asked to do in this research so that you may make an informed decision as to whether or not you wish to volunteer.

Your participation in completing the following questionnaires is intended for research purposes only. While this research is done with the approval of the Bureau of Prisons (BOP), it has nothing to do with your relationship to the BOP. That is, involvement in this study will have no bearing upon your parole eligibility, release date, or conditions of confinement within the BOP.

You are free to choose whether or not you will be involved. If you begin, and then decide you want to leave without finishing the materials, you are free to do so. In other words, there will be no negative consequences if you decide not to participate or if you choose to withdraw. You may withdraw at any time.

Due to the nature of this research project there are no incentives offered. Your participation will help the researcher gain an understanding of the effectiveness of programs. The results of this study will be available for you to see once it is completed, if you so desire.

Your answers to any questions will not be revealed to anyone other than the researchers involved. Informed consent forms will be separated from completed questionnaires. Questionnaires will not contain your name or registration number. All materials will be stored in locked cabinets and your responses to the questionnaires will be destroyed once they have been entered into a computer. The computer and the cabinet are not located on BOP property. Your participation is completely voluntary and anonymous. Your time involvement will be approximately an hour and a half,

this includes completing the questionnaires and debriefing once the questionnaires are finished.

The purpose of this study is to determine the effectiveness of programs. This research inquires into some personal and perhaps sensitive areas of your life, such as your: educational level, and criminal history. These types of questions are useful for the purposes of this study. It is normal for most people to have some level of anxiety with virtually any kind of questionnaire or test. Given that understanding, it is anticipated most inmates will be able to answer these questions with little, if any, psychological discomfort. However, some individuals may experience anxiety or worry concerning the nature of these questions. If you do feel concern about answering these questions, you will be given opportunity to discuss your thoughts and feelings during a group debriefing session immediately following questionnaire completion. If you require further help, you may contact Staff Psychologists who may be able to provide individual or group counseling. To make such a request simply fill out an "Inmate Request" or "Cop-out". Any questions concerning this research may be directed to Daniel Fry, M.A. at the Metropolitan Detention Center, Los Angeles, CA, (213) 485-0439.

Should you decide to volunteer, your participation is appreciated very much. Once again, your involvement is voluntary, and your responses will be kept anonymous. Employees of the Bureau of Prisons are authorized to conduct research in the correctional environment under 18 USC 4001(b) and 18 USC 4042(2).

_____ _____

Signature/Date
Student Researcher

Signature/Date
Faculty Supervisor

* *

I have read and have had read to me the above Informed Consent Form and I agree to participate in this research.

_____ (Print name)

_____ (Signature)

Appendix C

Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Participant ID # _____ Group Assignment #_____

* *

1. Age at last birthday: _____

2. Ethnicity: African American___ Hispanic____
   Native American____ Caucasian___
   Asian American_____ Pacific
   Other_____ Islander____

3. Marital Status: Single _____ Widower_____
   Married_____ Common-Law
   Separated___ Marriage____
   Divorced____

4. Length of relationship _____(Number of years)

5. Number of marriages _____

6. Number of children _____

7. Education: (circle the highest grade completed)
   Mark any other appropriate designations.

   Public/Private School: 1 2 3 4 5 6 7 8 9 10 11 12
   Diploma GED
   College: 1 2 3 4
   Vocational School: 1 2 3
   Graduate Study: 1 2 3 4 5+
   Trade School: 1 2 3

8. Were you employed prior to incarceration? Y N
   (circle)

9. If so, what was your occupation? (circle)

   Unskilled Labor Blue Collar
   White Collar Professional
   Unemployed Student

10. Is this your first incarceration? Y N

11. If not, how many other times have you been incarcerated? _____

12. How many times have you been arrested in the past? _____

13. What are you presently incarcerated for?

Drug crimes	Y	N
Crimes against a Federal agency/facility	Y	N
Murder	Y	N
Bank robbery or theft	Y	N
Manslaughter or attempted murder	Y	N
Assault	Y	N
Kidnap	Y	N
Fraud (e.g., forgery, credit card fraud)	Y	N
Sex Crimes	Y	N
Parole Violation	Y	N
Other crimes	Y	N

14. If applicable, what other offenses have you been incarcerated for? (i.e., county, state, and other federal incarcerations):

Drug crimes	Y	N
Crimes against a Federal agency/facility	Y	N
Murder	Y	N
Bank robbery or theft	Y	N
Manslaughter or attempted murder	Y	N
Assault	Y	N
Kidnap	Y	N
Fraud (e.g., forgery, credit card fraud)	Y	N
Sex Crimes	Y	N
Parole Violation	Y	N
Other crimes	Y	N

15. How long have you been incarcerated for present sentence? _____

For prior sentences? _____

16. Your age at the time of your first incarceration? _____

17. Military service: Army_____ Air Force_____
Navy_____ Marine Corps___
Nat.Guard___ Coast Guard____
Mer.Marine__ Other_____
How Long?_____
Does Not Apply:_____

Discharge: Honorable
Dishonorable
General

18. Do you have a support system of family, friends, and/or laypersons or professionals who are ready to assist you upon your release? Y N

19. If so, who are they? (circle all that apply)

Family Friends Laypersons Professionals

20. Have you ever attended or completed the Transitional Counseling Program before? Y N

If so, when (mo/yr) _____

How many times have you completed TCP? _____
-or-
How many times did you attend without completing? _____

21. Have you completed other programs in the last year? Y N

Prerelease Program (one hour in length) Y N
Drug Education Program (40 hrs.) Y N
GED Program Y N
If so, when _____

Any other programs? Y N

Please use the remainder of this page and back side if necessary to list.

Appendix D

Analysis of Covariance of SE Total

ANALYSIS OF COVARIANCE OF SE TOTAL

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Covariates	7270.841	6	1211.807	.636	.700
Age	317.959	1	317.959	.167	.687
Arrests	1038.182	1	1038.182	.545	.469
Educ	1204.996	1	1204.996	.633	.435
Nummarr	1311.596	1	1311.596	.689	.416
Sentence	3024.628	1	3024.628	1.588	.221
ShipIQ	357.500	1	357.500	.188	.669
Main Effect	19332.222	3	644.074	3.383	.037
Group	19332.222	3	644.074	3.383	.037
Explained	27605.648	9	3067.294	1.610	.176
Residual	39999.126	21	1904.720		

Appendix E

Mean Table for Six Covariates

MEAN TABLE FOR SIX COVARIATES

	Group Range	n	Mean	SD
AGE BY GROUP				
Prior TCP	31-47	5	39.80	7.26
Current TCP	28-51	8	36.63	7.58
Partial TCP	31-47	6	39.33	6.47
Control	24-62	14	36.14	10.57
ARRESTS BY GROUP				
Prior TCP	1-20	5	6.20	7.92
Current TCP	0-3	8	1.25	1.28
Partial TCP	1-20	6	6.33	6.95
Control	0-43	14	7.86	13.06
EDUCATION BY GROUP				
Prior TCP	12-15	5	13.00	1.41
Current TCP	12-16	8	13.63	1.85
Partial TCP	11-17	6	13.50	2.07
Control	9-19	14	12.78	2.49
NUMBER OF MARRIAGES BY GROUP				
Prior TCP	1-4	5	1.80	1.30
Current TCP	0-3	8	1.13	1.13
Partial TCP	0-2	6	1.00	.89
Control	0-2	14	.92	.79
SENTENCE BY GROUP				
Prior TCP	20-78	5	36.80	24.03
Current TCP	3-22	8	13.37	6.67
Partial TCP	4-20	6	8.67	5.75
Control	3-84	14	21.00	21.18
SHIPLEY IQ BY GROUP				
Prior TCP	84-103	5	93.00	6.82
Current TCP	73-120	8	98.13	14.50
Partial TCP	87-113	6	94.83	9.75
Control	57-109	14	87.93	16.27

Appendix F

SPSS Commands and Raw Data

SPSS COMMANDS

```
DATA LIST FILE='C:\GF\DISS\FRY94.DAT' /ID 1-2 GROUP 3-4
     AGE 5-7 ETHNIC 9 MARITAL 11
LENGTHR 12-14 NUMMARR 16 NUMCHIL 18 EDUC 19-21 EMPLOY
     23 OCCUP 25
FIRSTIN 27 TIMESIN 29-30 ARRESTS 31-33 CRIME1 35-36
     CRIME2 38-39
SENTENCE 41-43 PRIORSEN 45-47 MILITAR 52 DISCHAR 54
SUPPORT 56
SFAMILY 58 SFRIEND 60 SLAYPER 62 SPROFES 64 TCP 66
TCPMONTH 68-69
TCPTIMES 71 OTHERP 73 PROGRAM 75 SHIPV SHIPVT SHIPA
     SHIPAT SHIPTOT
SHIPTOTT 76-93 SHIPCQ CHIPAQ SHIPIQ SEGEN SESOC SETOT
94-117.
FREQUENCIES VARIABLES=ALL.
ANOVA
  VARIABLES=setot
  BY group(1 4)
  WITH  shipiq age educ nummarr arrests sentence
  /MAXORDERS ALL
  /METHOD UNIQUE
  /FORMAT LABELS .
ONEWAY
     segen BY group(1 4)
     /RANGES=LSD
     /RANGES=TUKEY
     /HARMONIC NONE
     /STATISTICS DESCRIPTIVES HOMOGENEITY
     /FORMAT NOLABELS
     /MISSING ANALYSIS .
DESCRIPTIVES
     VARIABLES=age educ lengthr marital numchil nummarr
     arrests shipaq timesin
     segen sesoc setot shipa shipat shipcq shipiq
     shiptot shiptott shipv shipvt
     /FORMAT=LABELS NOINDEX
     /STATISTICS=MEAN STDDEV MIN MAX
     /SORT=MEAN (A) .
```

RAW DATA

```
01 1 31 1 2 13 1 3 15 1 2 1  0 01 08    030     31 0 0
1 1 1 0 0 1    05 1 1 1 31 51 30 57 61 55  94  28 103
205  81 286
02 1 33 4 6 05 2 2 12 1 1 2  3 20 01 19 036 060 18 0 0
1 1 0 0 0 1    05 1 1 2 32 53 16 42 48 45  68  28 091
103  71 174
04 1 44 1 2 10 4 2 12 1 2 2  1 01 11 11 020 036 30 0 0
1 1 1 1 1 1    05 3 1 0 30 48 20 48 50 47  77  24 093
115  32 147
05 1 44 4 2 15 1 1 12 1 3 2  2 04 03    078 144 17 0 0
1 1 1 0 0 1    05 6 1 4 33 53 08 36 41 41  56  26 084
191  51 242
06 3 41 1 3 06 2 2 14 1 4 1  0 01 03    008     41 4 1
1 1 1 0 1 2    0 1 2 30 48 16 44 46 44  71  24 089 176
52 228
07 3 47 4 3 07 2 2 17 2 0 2  1 04 03 03 004 012 43 1
2 0 0 0 0 1    01 1 2   31 50 20 50 51 49  74  25 096
210  68 278
08 3 37 4 3 10 1 2 13 1 2 1  0 02       020     35
                  27 43 26 53 53 49  93  21 096 237
80 317
09 4 62 2 2 20 2 2 13 1 2 1  0 00       012 000 61
                  19 34 08 44 27 38  76  05 076 156
51 207
10 4 28 2 1 00 0 1 09 1 1 1  0 02       022 012 20
                  09 15 06 32 15 22         057 170
52 222
11 3 46 4 3 07 1 0 14 1 3 2  2 06       006 026 23
                  32 52 10 40 42 43  59  25 088 172
70 242
14 4 46 1 2 26 1 2 19 1 3 1  0 00       012 000 45
                  34 55 32 62 66 60  97  28 109 165
31 196
15 4 24 3 1    0 0 12 2 5 1  0 01       009 001 19
                  23 42 08 34 31 35  68     072 135
52 187
16 4 32 2 6 05 0 1 14 1 4 2  1 01       018 021 26
                  26 43 26 53 52 49  95  23 095 113
26 139
17 4 29 4 1    0 0 12 2 5 1  0 00       003 004 29
                  31 51 34 61 65 58 103  26 107 101
57 158
```

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18 3 34 2 6 11 0 5 11 2 5 2 10 20        006 036 13
                    24 39 20 46 44 43  87  18 087 196
62 258
19 4 30 2 2 09 1 2 12 1 1 2  1 01        018 001 22
                    20 32 22 49 42 41 101  15 084 163
60 223
20 4 43 4 5     2 2 12 1 2 1 10 32       084 180 14
                    26 41 26 54 52 49  95  19 095 151
49 200
21 4 32 1 2 05 1 3 12 2 5 2  2  5        026     29
                    17 27 08 34 25 29  82  11  67 153
75 228
22 4 31 2 6 07 2 4 14 1 2 2 10 10        006     12
                    29 48 22 49 51 48  81  26  94 177
53 230
23 3 31 7 1     0 0 12 1 3 2  5  5        008 001 21
                    33 55 38 65 71 62 111  29 113 228
72 300
24 4 26 2 1         10 2 5 2  6  6        006 027 15
                    22 37 28 54 50 47 112  17  93 167
47 214
25 4 33 2 1         11 1   2  4 43        036 084 13
                    23 37 10 36 33 35  72  19  75 182
71 253
26 4 47 1 2 27 1 3 13 1 2 2  1  5        037 024 44
                    29 47 28 58 57 53  94  22 101 226
71 297
27 4 43 4 2 22 1 2 16 1 4 2  2  4        005 108 33
                    36 59 28 56 64 57  88  32 106 227
64 291
28 2 39 4 3     2 3 14 1 4 1  0  0        018     38
                    32 52 28 55 60 54  88  28 102 234
70 304
29 2 29 1 2 14 1 2 12 1 4 1  0  0        012     28
                    27 46 26 52 53 50  93  23  96 196
55 251
30 2 34 4 6  3 0 0 15 1 4 1      1       003     34
                    38 64 40 67 78 67 115  36 120 216
61 277
31 2 43 3 3 11 2 1 12 1 2 1      2       018     41
                    31 50 34 62 65 58 103  24 107 206
57 263
32 2 51 1 2 25 3 8 16 1 3 2  2  3        005     41
                    26 42 12 43 38 41  70  19  84 168
75 243
```

```
33 2 34 1 1 06 1 2 16 1 4 1      1        022 000 33
                     21 34 10 36 31 33  77  18  73 224
64 288
34 2 35 4 1    0 0 12 1 2 1  0  0        012      34
                     32 52 32 59 64 57  97  26 106 212
59 271
35 1 47 4 1    1 0 14 1 4 2  5  5        020 204 08
                     29 47 20 50 49 48  78  20  94 179
58 237
36 2 28 1 1 04 0 1 12 1 1 2  1  3        017 032 20
                     26 44 28 54 54 50 100  22  97 176
39 215
```

Appendix G

Vita

VITA

Daniel E. Fry

ADDRESS:
1523 S.E. 60th Avenue
Portland, OR 97215
(503) 235-2728

DOB: 10/16/47
Age: 47
Sex: Male

EDUCATION

Psy.D. Candidate 1990-Present	Clinical Psychology Program, George Fox College, Graduate School of Clinical Psychology, Newberg, OR
Dissertation:	"Effects of Prosocialization Skills Training on Self-efficacy In Correctional Institution Inmates"
Doctoral Coursework 1989-1990	Clinical Psychology Program Western Conservative Baptist Seminary, Portland, OR
Master of Arts 1986-1989	Clinical Psychology: Clinical Psychology Program, Western Conservative Baptist Seminary, Portland, OR
Bachelor of Arts 1985-1986	Psychology: University of Minnesota, Minneapolis, MN.
Bachelor of Arts 1970-1973	Christianity: Southwest Baptist College, Bolivar, MO.

ADDITIONAL EDUCATION

Private Vocal Study 1970-1985	Includes/teachers: M. Teters, T. Harris, L. Chabay, R. Engstrom, & L. Lehr
Musical Performance/Theory 1978-1979	University of MN, Minneapolis, MN
Apologetics/Philosophy 1975	L'Abri, Huemoz, Switzerland
Graduate Studies 1973-1974	Covenant Theological Seminary St. Louis, MO.
Undergraduate Studies 1965-1967	Omaha Baptist Bible College Omaha, NE.

PROFESSIONAL EXPERIENCE

Psychology Intern
10/93 - 10/94
Federal Metropolitan Detention Center (MDC), Los Angeles, CA.

Services included: psychological screening of new inmates, crisis intervention, individual & group therapy, suicide prevention, forensic evaluation, and so forth.

Psychology Extern
12/93 - 8/94
Dorothy Kirby Center, Los Angeles, CA.

Services included assessment, individual and group treatment of mandated juveniles and referral treatment recommendations.

Clinical Supervisor/Counselor
1990-1993
C-5 Drug Treatment Services (DTS)

Comprehensive Options for Drug Abusers, Inc. (CODA), Portland, OR. 1/90 Counselor C-4 for drug/alcohol addicted individuals, couples, and families; 10/90 Clinical Supervisor (C-5)/senior co-facilitator for individual, family, and group therapy, program development, task force for unit integration, etc.

Graduate Fellow: Counseling Western Conservative
1989-1990 Baptist Seminary, Portland, OR

Supervised practicum counseling students in their clinical work with clients.

Co-facilitator/Consultant Practicum Student
1989 Portland, OR

Veterans Outreach Center, Veterans Administration (VA), Portland, OR. Co-facilitated Post Traumatic Stress Disorder group for Vietnam Veterans; Consultant to co-facilitators of women's group of survivors of childhood sexual abuse.

Assistant Counselor Practicum Student, Supervision
1988-1989 Network, Morrison Center Youth & Family Services, Portland, OR

Co-therapist for both victims and offenders in sexual abuse populations, i.e. 8-12 y.o. boys and adolescents, respectively; individual, family and group counseling. An on-site training of other counselors, and community outreach groups with adolescents in schools.

Case Manager/Family Therapist Supervision Network,
1989 Morrison Center, Youth & Family Services, Portland, OR

As half-time therapist, I served mandated juveniles/families, and 8-12 y.o. sex abuse victims/families.

Assistant Counselor 70th Street House, Southeast
1988-1989 Mental Health Network, Portland, OR

Residential care for 12 psychiatrically disabled adults. Assisted clients in learning living skills via counseling, problem-solving, crisis-intervention, etc., and medication monitoring.

Youth Advocate/Case Manager, Project YESS,
1988 Gresham, OR

Temporary summer job assisting disadvantaged youths in obtaining summer and/or year-round employment. Included frequent contact with potential employers and employers, school authorities, youth/families, and primary therapists. Additionally did individual/group counseling with youth.

ADDITIONAL TRAINING/COMPETENCIES

Multnomah County Department of Corrections, Portland, OR: Criminality Training, B. Sharp, M.A., & K. Lewis, M.A. 4/21-23/93

Del Amo Hospital Seminar Presentation, Portland, OR: Silent Shame, Patrick Carnes, PhD, CAS. 3/19/93

Third National Assembly of Canadian Societies of Clinical Hypnosis, Vancouver, B.C., included plenary/workshop sessions such as:
Treatment of MPD, R. Kluft, MD, PhD;
Forensic Hypnosis, G. Matheson, PhD;
Ritualistic Abuse, C. Malmo, PhD;
Finding One's Voice: The Art & Process of Becoming a Therapist, P. Bloom, MD;
Comparison of Clinical & Forensic Hypnosis Techniques, D. Rossi, PhD; and
Hypno-therapeutic Techniques, A. Thakur, PhD & K. Thakur, PhD.
8/23-27/92

State of Oregon, Eugene, OR: Corrections and Treatment Providers Conference. 6/24-25/91

Portland Academy of Hypnosis, Portland, OR: MPD and Adult Survivors of Ritual Abuse, P. Reagor, PHD and L. Detling, MS. 1/26/91

National Association of Alcoholism and Drug Abuse Counselors, and Georgetown University Hospital, Portland, OR: Advanced Clinical Supervision Workshop. 10/22-24/90

Portland Academy of Hypnosis sponsored: Portland, OR: 29th Annual Introductory Workshop in Clinical Hypnosis. 10/6,13,20,27/90

Clark College & Chemical Dependency Training Consortium of Southwest Washington, Vancouver, WA: PTSD & Chemical Dependency. 8/10/90

West Metro Counseling Professionals, Inc. Portland, OR: Fetal Alcohol Syndrome, Ann Streissguth, PhD. 1/26/90

Portland Family Institute, Portland, OR: Suicide: The Preventable Death Conference, Marv Miller, PhD. 3/2/89

Specific training/experience:
Residential treatment of chronically mentally ill;
Outpatient treatment of victims/offenders of sexual abuse;
Outpatient treatment of adjudicated juveniles;
Drug and alcohol outpatient treatment of mandated clients, i.e. Criminal Justice System (CJS), Child Services Division (CSD), Federal and State mandated clients, employer mandated, and self-referred clients;
Outpatient treatment of PTSD;
Community based treatment of disadvantaged youth;
Hypnosis training and clinical application;

Application/interpretation of psychodiagnostics as follows:
Intellectual, Personality-Objective, and Personality Projective, e.g., WAIS-R, WISC-R, MMPI, Rorschach, and TAT.

- References Available -