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ATTITUDE CHANGE AS A CONCOMITANT OF COUNSELORS' EXPOSURE

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TABLE OF CONTENTS

TABLE OF CONTENTS (continued) Page

LIST OF TABLES

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

LIST OF TABLES (Continued)

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CHAPTER I

INTRODUCTION

Considerable research has focused upon the therapist variable in the outcome of psychotherapy. A series of investigations deals with the formal qualifications of the therapist, such as professional training and clinical practicum experience. In the main, these investigations explore attributes that can be learned, and, thus, influence a therapist's effectiveness. Another series of investigations is concerned with the relationship of personal qualities to therapeutic competence. Related to these two broad areas is a bulk of research studying the use and effectiveness of the paraprofessional as an ancillary mental health treatment agent. A review of these three broad areas of investigation provides a foundation and rationale for the present study, the purpose of which is to examine paraprofessional counselors within the context of Federal sociotherapeutic correctional institutions. Of primary interest is personal change as a concomitant of exposure to the process of treatment, within correctional settings.

Critical Shortage of Professional Psychotherapists

Manpower needs stimulate searches for substitutes and ancillary

mental health workers, and researches to justify them. Even financially well-supported community mental health centers are often handicapped by the lack of trained personnel. During the past two decades there has been increasing pressure to utilize subprofessionals and nonprofessionals, in various mental health endeavors.

Albee's (1959) analysis of the current and projected manpower shortage for psychologists, as well as for psychiatrists, social workers, and nurses revealed that demand would continue to outdistance supply at an accelerated rate. One need only consult the report of the 1958 Miami Conference on Graduate Education in Psychology (Roe, Gustad, Moore, Ross, and Skodak, 1959, pp. 65-76) or the report of the 1965 Chicago Conference on the Professional Preparation of Clinical Psychologists (Hoch, Ross, and Winder, 1966, pp. 39-45) to learn that the representatives of the American Psychological Association, the universities, the National Institute of Mental Health, the Veterans Administration, etc., were in agreement that the number of doctoral level psychologists could not and would not meet the needs of society for even the minimal projected estimates of psychology's contribution of mental health personnel. The Joint Commission on Mental Health and Illness (1961) recommended that relief of manpower shortages in mental health be undertaken through the utilization of paraprofessional personnel. Recent analyses of the need for psychologists and, in some instances, for the other three professions confirm Albee's 1959 projections (Albee, 1968a, 1968b; Arnhuff, 1968a, 1968b; Arnhuff and Boneau, 1971; Arnhuff, Rubinstein, Shriver, and Jones, 1969; Boneau, 1968a, 1968b; Speisman, 1968). Matarazzo (1971), in a review of current

practices and realities in the employment of mental health manpower, concludes that "current need for service outdistances available and projected manpower supply" (p. 363). Considerable research concerning the utilization of nonprofessional mental health workers was initiated because of the shortage of trained workers, the need for low-cost psychotherapy, and the need to evaluate the deployment of resources in the training of psychological assistants and other nontraditional mental health workers. The research in this area generally is directed toward the question: "How well can untrained or minimally trained personnel perform in contrast to fully trained professionals?"

Effectiveness of Nonprofessional Mental Health Workers

Denker (1946) studied the effectiveness of general medical practitioners in contrast to psychiatrists and psychoanalysts. Five-hundred successive disability claims for various types of neuroses were examined. During the period of disability, claimants were treated by general practitioners with sedatives, suggestion, reassurance, and support. Denker reported that these psychiatric patients recovered at a rate at least comparable to recovery rates achieved by trained professionals as reported in the literature (recovery rate of 72% over a period of two years). However, the design of this study, the absence of any controls, and the assumptions that it makes excludes it from consideration as providing strong evidence as to the need for specialized training in order to achieve behavior change with neurotic patients. (For detailed critiques of Denker, 1946 see: Cartwright, 1955; Meltzoff and Kornreich, 1970).

Eliseo (1964), in a controlled investigation, demonstrated a clear failure of psychiatric aides to affect "social interaction habits of chronic psychiatric patients" by remotivation techniques. However, no attempt was made to determine if trained therapists would have derived similar results.

The relationship of training and experience to therapeutic outcome formed one phase of an investigation by Grigg (1961). Clients made confidential ratings dealing with their judgment of whether counseling had been helpful at the end of their final counseling session in one of three categories of help: very, moderate, and minimal to none. Counselors' experience, divided into three categories, ranged from those who had Ph.D. degrees and had completed training and internship to those who had finished one year of internship. The third category of counselors included trainees who had either not completed their internship or had had no prior experience. The breakdowns within the three categories of help were comparable for the three levels of training and experience; no significant differences were obtained by chi-square analysis of the data. Grigg concluded that feelings of improvement are independent of the counselors' level of experience.

Beck, Kantor, and Gelineau (1963) designed a research project to assess the effectiveness of nonprofessional case-aide volunteers in bringing about significant changes in the clinical and social status of hospitalized, chronic schizophrenics. In this project Beck, et. al., utilized the number of treated patients who were subsequently discharged as one of the criteria of effectiveness. Results were compared with those of a report in the literature that cited 3% discharge expectation.

This rate was contrasted to the 31% (37 out of 120) who left the hospital while being seen by the students. The authors concluded that the treatment program was successful.

Poser (1966) investigated the same experimental question; however, in this research chronic schizophrenics were seen in groups rather than individually, and experienced therapists were used as controls. In addition, untreated control groups, where members received only the usual hospital care, were utilized. Poser reported that patients treated by lay therapists did significantly better on criteria measures than did their counterparts. Comparison of the inexperienced and the experienced therapists yielded results in favor of the former. Although cautioning against generalization, Poser observed that the investigation gave some support for the conclusion that "traditional training in the mental health professions may be neither optimal nor even necessary for the promotion of therapeutic behavior change in mental hospital patients (p. 289)."

A case for the negative is presented by Sines, Silver and Lucero (1961), who evaluated the effectiveness of therapy performed by psychiatric aides with schizophrenic patients in a state hospital. Patients were randomly assigned to an experimental or control group; the experimental group then being randomly assigned to aides. The control patients received routine hospital care. The mission of each therapist was to improve his patient's psychiatric and behavioral status. No significant differences between the experimental and control groups, or within the experimental group before and after therapy were obtained. The intent of this study was limited to the

single question of the effectiveness of aides as therapists. No attempt was made to contrast the effectiveness of trained and untrained therapists.

Training Nonprofessional Therapists

MacLennan and Levy's (1967) review of group psychotherapy literature reveals that nurses, social workers and volunteers have all been used as effective nonprofessional group leaders. Additionally, they found that trained psychiatric technicians were more effective as group leaders than nontrained psychiatric technicians; training consisted of ongoing supervision during the period of investigation. The authors reported that the nonsupervised group actually deteriorated during the study and suggested that the nonprofessional needs some measure of training which optimally should include supervision while working.

The volume of literature concerned with paraprofessionals and indigenous personnel performing what was previously in the exclusive domain of highly trained professional psychotherapists has amplified greatly in recent years.

The objective of an investigation by Rioch, Elkes, Flint, Usdansky, Newman, and Silber (1963) was to test the effectiveness of training nonprofessionals to do psychotherapy. Rioch, et. al., hypothesized that carefully selected, mature individuals could be trained to do therapy, under limited conditions, in two years. The trainees selected were all middle-aged mothers and college graduates who had majored in behavioral or biological sciences or in the humanities.

The practicum-like training of those selected was both intensive and extensive.

Outside raters made blind ratings of tape-recorded interviews and of the trainees' autocriticisms of their interviews. Interview performance was rated on a 5-point scale from excellent to poor. A reference interview by a professional therapist was given an average rating score of 3 by judges and served as a standard for comparison purposes. The patients were rated as markedly, moderately, or slightly improved, or no change. More than one-quarter of the patients were judged as having improved more than slightly. Rioch, et. al., concluded that the trainees had made progress that was good to excellent.

One of the foremost leaders in the training of indigenous non-professionals to be lay counselors is Carkhuff. Briefly, the rationale which supports the training of indigenous persons indicates that an individual who has lived in the community brings with him certain skills, experience and knowledge which both the professional and lay therapist from outside the social millieu do not possess. Reiff and Riessman (1964, 1967) have written extensively on the utilization of indigenous mental health aides as a community action strategy. Under the consultative direction of the more highly trained professionals, intelligent laymen are trained to render "effective" mental health services. In this approach, the highly trained consultant is minimally involved in direct service himself, but instead influences the functioning of the paraprofessionals directly providing services, thus extending the social impact of his education and experience. Two years after their first review of the nonprofessional therapist literature MacLennan

and Levy (1969) reported that the indigenous nonprofessional was a significant and expanding topic of research. Carkhuff and his colleagues have demonstrated that in some situations the lay counselor is superior to the professionally trained psychotherapist (Carkhuff, Kratochvil and Friel, 1968). He has also initiated programs of training selecting indigenous nonprofessionals to be trainers of other indigenous personnel. Stark (1966), for example, employed groups of students to train other students in a human relations program.

Carkhuff and Truax (1965a, 1965b) contend that the therapeutic conditions of empathy, unconditional positive regard, genuineness, and depth of self-exploration could be taught to nonprofessionals. The objective of the first study was to demonstrate that these conditions could be taught; it was implied that therapists so trained would produce favorable results. In the second, the effectiveness of the training methods in the hands of lay group counselors was tested. Didactic and experiential training was accomplished in less than 100 hours. Experimental and control groups, who did not receive any form of psychotherapy, were used. Comparing experimental and control groups Carkhuff and Truax (1965b) concluded, "The evidence points to uniformly significant improvement in the patients treated by the lay group counselors when compared to control patients. The suggestion is that a specific but relatively brief training program, without specific training in psychopathology, personality dynamics, or psychotherapy theory, can produce relatively effective lay mental health counselors (p. 430)." They propose this type of training as an economical and effective solution to the professional manpower shortage.

A complete description of the training program is contained in a book developed specifically for use in training and practice (Truax and Carkhuff, 1967).

The military has attempted to resolve manpower shortages in the mental health field by the increased use of the paraprofessional specialist. Keefe (1970) describes a counselor training program in an Air Force corrections setting. Nolan and Cooke (1970) describe the Army's ten-week program of paraprofessional training for enlisted soldiers and the activities of the paraprofessional specialist in various military settings. They point to the primary value of paraprofessionals in the military -- to reflect attitudes and evaluate group behavior or structure, rather than to focus on individual pathology. Nolan and Cooke (1970) conceive of the paraprofessional as a hybrid of Reiff and Riessman's (1967) "indigenous" and "ubiquitous" nonprofessional. He, the paraprofessional, enlisted man, is indigenous in the sense that he is recruited from the enlisted ranks, and most of his efforts are directed to activity on behalf of other enlisted soldiers. He is part of the enlisted subculture, understands its life style, and has access to information about and insights concerning enlisted life that are not otherwise readily available to the professional officer. He may be considered "ubiquitous" in that although lacking in professional status, his values and social concerns, attitudes, ambitions, and educational goals resemble those of the professional he assists.

Specialized human relations training programs involving selected police officers in programs of crime prevention and preventa-

tive mental health have demonstrated the effective utilization of these indigenous personnel. These training programs are not concerned primarily with the acquisition of knowledge or specific skills but with officers' attitudes, prejudices, reactions to stress, personal role definitions and feelings toward the community they serve. Intensive, small group discussions designed for the expression of feelings and maximal individual involvement are at the core of these projects. Siegel, Pederman and Schultz (1963) developed an effective program in intergroup relations training for police of the Philadelphia Police Department, centered around the study of case histories of police-citizen interactions. In New York, Elkins and Papanek (1966) describe a consultation program for police officers and Puerto Ricans. Sikes and Cleaveland (1968) developed a program to ease tensions and increase communications between the Houston Police Department and the Negro community. This program was based on a sensitivity training approach in which equal numbers of police officers and ghetto residents participated in T-group laboratories. Bard and Berkowitz (1967) and Bard (1968), consultants to the New York Police Department, designed programs to train police officers in understanding and dealing with family disputes. Watson (1968), Shev (1968), and Newman and Steinberg (1970) describe human relations training programs for police officers in other major cities. These programs and other specialized projects demonstrate the viability of training law enforcement agents in techniques of effective intervention and of providing them with interpersonal skills necessary to effect constructive outcomes in deteriorating situations which require corrective intervention.

Strategies, procedures for training and evaluation and assessment of those programs for paraprofessionals have become a significant area of research [Fraleigh (1971); Reissman (1967); Chinsky and Rappaport (1971)].

Descriptions and reviews of some of the new career program developments have been provided by Riessman and Pearl (1965) - training programs for the poor; Fishman and McCormack (1969), Wilcox (1970) - training for indigenous paraprofessionals; Cowne (1970), Grosser, Henry and Kelly (1969) - volunteers in mental health; Mitchell and Terrell (1969) - training of problem youth as treatment agents; Anthony and Wain (1971) - employment of medical corpsmen with empathy training exposure; Meaders (1969) - group techniques for the training of policemen to deal with violence and aggression.

An apparent confirmation of the hypothesis that nonprofessionals of various backgrounds can be effective psychotherapists, in some cases without supervision and in others without any training at all is emerging from the literature. Several of the studies suggest that nonprofessionals can do as well as, and in some cases even better than, highly trained professionals. These conclusions, if valid, have profound implications for the mental health field.

Therapist Performance and Attitude as a Function of Experience

Therapist experience also has been studied to determine if, and how, psychotherapists at various levels of experience differ in their performance. Much of the research presented in this section demonstrates that experienced therapists perform differently than in-

experienced ones; in several studies investigators have attempted to delineate some of the specific ways in which experience affects performance.

Sommer, Mazo and Lehner (1955) approached the issue in an experiment on therapeutic listening. A taped recording of a therapeutic interview was played to a group of clinical psychology graduate students and to clinical psychologists and psychiatrists; the original therapist responses were deleted. Subjects were asked to respond to statements made by the patient with "What has the patient told you?" Responses were classified into seven content categories and as either descriptive or interpretive. Analysis of the data revealed that none of the content categories differed but the experienced therapists did significantly more interpreting than did the trainees who tended to describe what the patient said. This investigation indicated that experience encourages one to go beyond the explicit material, to "listen with the third ear," and to get at the latent meanings of manifest verbalizations.

Phillips and Agnew (1953) utilized a hypothetical counseling situation in which each of twenty client statements were responded to by a choice of one of five possible counselor statements. Choices were: understanding (reflection of feeling), evaluative, interpretive, supportive, or probing. As predicted, untrained subjects responded primarily with nonreflective choices while trained clinicians used predominantly reflective responses. The authors concluded that clinical skills cannot be viewed simply as extensions and utilizations of general knowledge of interpersonal relations that mature and intelligent persons

are assumed to possess.

Strupp's dissertation (1954), comparing theoretical orientation, experience level, and professional affiliation, was published in the form of a series of papers. One phase of the study (Strupp, 1955a) involved four groups: experienced (five or more years), and inexperienced Rogerians and psychoanalytically oriented psychologists. Subjects were asked to state the responses they would make to a number of client statements taken from early interviews with neurotic patients. All responses were categorized and the data analyzed. Strupp concluded that differences between experienced and inexperienced analytically oriented therapists were due to chance. However, Rogerians showed a decline in reflective responses with increasing experience and a corresponding use of more exploratory responses. Strupp (1955a) concluded that reliance on one specific technique is the product of inexperience. In another aspect of this investigation Strupp (1955b) utilized experienced and inexperienced groups of psychiatrists, psychologists and social workers. He found that experienced psychiatrists used more interpretations and a larger number of passive rejections than did their inexperienced counterparts who showed a greater predilection for exploratory responses. Strupp concluded that experience leads to a diversification of technique.

Fey (1958) examined the influence of doctrine and experience on therapeutic practices. He mailed questionnaires about therapeutic practices to therapists differing in "schools," (Rogerians, analysts, and eclectics), and number of years of experience. Analysis of responses revealed that the young and older eclectics differed significant-

ly on two factors: one reflected the broad, resourceful supportive approach to patients; the other, the therapist's "expedient virtuosity" in moment-to-moment dealings with patients. The split was observed to correspond to pre- and post-World War II training in psychiatry, with the younger group relying more on psychodynamics and the older group more on diversification of technique. This latter finding is similar to that of Strupp; however, Strupp's finding that experienced psychiatrists tend to be more interpretive was not confirmed. McNair and Lorr (1964), however, surveyed professed therapeutic techniques and found no relationship between therapists' experience and technique pattern or factor scores.

Experience has also been suggested as a variable that affects a therapist's evaluation of his patients. Storrow (1960) noted that student-therapists tend to view results in the same way as their patients, whereas experienced professionals agree more with external judges and less with patients.

Strupp (1958) examined the performance of therapists in simulated interviews, to determine how their approach varied according to a number of therapist variables, one of which was experience. Experience was found to have a negligible effect on evaluation of patients by psychiatrists, although the more experienced psychiatrists and psychologists rated the patients' ego strength as lower than did their less experienced counterparts. Experience, among the psychologists, also correlated positively with more unfavorable estimates of social adjustment and negative attitudes toward patients. Both warmer responses and communications in which the therapist emerged as an

authority increased with experience. Also observed was a tendency for more experienced, analyzed therapists to be more empathetic.

In an investigation to assess perceived motivation for psychotherapy, Wallach (1963) used medical students and psychiatric residents as therapists. After their interviews with patients, the therapists judged the patient's motivation for psychotherapy on a 7-point scale. As predicted, the medical students were reported as accepting patients more at face value and tending to rate motivation higher than did the residents.

The focus of Caracena's (1965) investigation was on the elicitation of dependency expressions in the initial stage of therapy. Therapists were of three levels of experience ranging from four to ten years, interns with an average of one year of supervised experience, and practicum students. Caracena noted that the experienced therapists approached dependency (therapist response designed to elicit further verbalization) more than the interns or the practicum students.

Rice (1965) examined style of participation as a function of therapist experience level. He noted that the style of the inexperienced therapists was characterized more by: distorted voice quality, fewer fresh connotative responses, and a functional level that featured self-observation and little exploration. The experienced therapists were characterized more by fresh connotative language, expressive voice quality, and inner exploration. Grigg (1961) noted a shift with experience from being more verbal, active and prone to interpret and advise to being a more careful listener. Russell and Snyder (1963) discovered that hostile client behavior made experienced counselors no less

anxious than inexperienced ones. However, this did not mean that they handled the situation in the same way. Gamsky and Farwell (1966) demonstrated that more experienced counselors showed less avoidance of client hostility than did less experienced counselors. An investigation by Fuller (1963) revealed that counselor experience interacted with client preference for a male or female therapist to produce increased expression of feeling. When opposite preference assignments were eliminated, expression of feelings increased with counselor experience alone.

In a survey conducted by Mensh and Watson (1950) psychiatric opinion, at different levels of experience, about treatment goals and about factors expected to change during the course of therapy, was studied. The authors found that residents agreed more consistently than experienced therapists on characteristics expected to change with therapy, whereas experienced therapists were more in agreement on treatment goals. Other therapist attitudes, particularly those concerning methods and practices, were not found to be significantly affected by experience. Similar findings were presented by Wallach and Strupp (1964) who investigated therapists' preferences for and attitudes toward basic therapeutic practices, using two sample groups of therapists differing in years of experience. Insignificant differences appeared between experience levels in preferences for or in attitudes toward therapeutic practices. An earlier study by Sundland and Barker (1962) yielded similar results. The only significant difference they found between experienced and inexperienced therapists referred to the therapist's theory of personal growth; the less experi-

ienced therapists were more in agreement with the concept of innate self-actualization. In general, professed therapeutic attitudes and techniques were not found to be a function of experience.

Anthony (1967) followed-up Sundland and Barker's (1962) groups of inexperienced Freudians, Rogerians, and Sullivanians in a longitudinal study. Freudians, who were initially the least talkative, became significantly more talkative. Therapists of all orientations became more interpretive. Freudians shifted from being least to most probing, and Rogerians from most to least interpretive. Also, there was a significant shift in the emotional tenor of the therapeutic relationship toward the personal pole, with Rogerians changing from most objective to most personal. Freudians and Sullivanians both decreased in spontaneity, while Rogerians increased. All therapists became more concerned with conceptualizing how the client was relating to them; all increased in goal setting; all groups became less secure and less certain of themselves in the treatment situation, or, as Anthony noted, became secure enough to admit their insecurity. Responses shifted in regarding client self-understanding as an increasingly important goal. For all groups, the belief that therapy is a verbal and conceptual process declined in favor of viewing it as an affective, nonconceptual one. Also, all assigned less importance to unconscious processes, with Freudians adhering to it least. Rogerians became less convinced of the need for discussing childhood experiences, Freudians more.

The following generalizations are gleaned from the cited findings: it appears that experience is related to professed technique,

attitudes and practices. Experience seems to generate a less literal, more critical and less optimistic view of patients. The treatment relationships of experienced therapists are believed to approximate more closely a consensual ideal. Their technique is reportedly more diversified, less reliant on monolithic approaches, more versatile and adaptable. Additionally, it appears that their experience enables them to deal with, rather than back off from, hostility and patient demands. Allegedly, experienced therapists come across to patients as more authoritative. They display more warmth and empathy without letting their own needs interact with their liking for the patient to affect outcome. As a group they agree more with each other on therapeutic goals for a client; however, their expectations of what specifically will be accomplished during the course of therapy vary more than do those of inexperienced therapists.

Reciprocal Influence - Clients' Influence on Therapists

In an examination of the extent to which clients influence their therapists, Shoben (1969) holds that there is a very strong probability that the counselor or therapist is himself changed by the nature of his professional labors. "The patient is not the only one whose personality is modified by the 50-minute hour (p. 199)."

Dustin (1971) and Carlson (1971) examined the degree of influence client reinforcement might exert on counselors. Dustin (1971) trained clients to administer verbal reinforcement to beginning counselors in daily interviews. Counselor understanding statements were designated as the dependent variable - the behavior to be reinforced.

Beginning counselors were judged as having increased the number of their understanding statements.

Counselors frequently have learned to cope with hostile clients. Russell and Snyder (1963) trained "client-actors" and found that hostile client behavior led to more therapist anxiety than did friendly client behavior. Heller, Myers and Kline (1963) found that hostile client behavior evoked hostile counselor behavior, while friendly client behavior evoked friendly behavior from counselors. Clients also have been trained to manipulate such significant variables in the interview as "client demeanor" (Gamsky and Farwell, 1967) and "self-exploration" (Carkhuff and Alexi, 1967). Results of Dustin's investigation (1971) demonstrated that beginning counselors had their behavior changed in a short training period (less than two and one-half hours). Ivey, Normington, Miller, Morrill, and Haase (1968), Reddy (1969) and Frey (1971) have also reported that procedures with limited goals and limited training periods result in changes in counseling trainees.

Results of these studies indicate that clients do influence counselor behavior as earlier writers had theorized (Krumboltz, 1966, 1967).

Therapists' Personal Development

Diverse psychotherapeutic theories find a common ground on the issue of the importance of the therapist's personal characteristics in the therapeutic process. Becoming a psychoanalyst necessitates completing a successful analysis for oneself. Those operating from the client-centered framework acknowledge that "knowing thyself" may be the

credo for efficacy. Even the behavior therapist, who purportedly subscribes to an approach which draws little or nothing from the relationship between the therapist and client, is aware that his humaneness has the potential for emitting social reinforcers during conditioning treatment, and that these reinforcers must be controlled.

In studying such global and nonspecific variables as personality development and attitude change, an assumption is made that variance on these dimensions, to a significant extent, accounts for observable differences in counselor behavior. There appears to be much support in the literature for this assumption (Cottle and Lewis, 1954; Combs and Soper, 1963; Kogan, Boe, Grocka, and Johnson, 1966; Coleman and Glofka, 1969; Paxton, 1971, Woody, 1971; Kleiner, 1971; MacDonald, 1971; Danish, 1971). Further, it may be noted that assessment of specific objectives, e.g., acquisition of subject matter and the development of counseling skills, are routinely accomplished in the context of regular classes during the period of training (Mazer, 1969).

Mazer and Engle (1971) investigated personality and attitude change in counselor trainees participating in a guidance institute designed to prepare them to work with disadvantaged youth. The Personal Orientation Inventory (Shostrom, 1966) was administered to experimental and control subjects at the beginning and end of the institute training program. Matched control subjects participated in the regular counselor education program at a local university. Results indicated that both groups made significant changes as measured by the Personal Orientation Inventory, with the amount and direction of change favoring the institute subjects.

Despite consistent emphasis by the various theories on the importance of therapists developing self-understanding, there is little experimental evidence as to what, if anything, specific techniques designed to foster increased self-understanding actually accomplish. There is some evidence to support that students pursuing training in counseling can be distinguished by a relatively high degree of self-insight (Mezzano, 1968); conversely, there is reason to hypothesize that counselor trainees may have greater difficulty in examining themselves than in entering into introspection with their clients (Arbuckle, 1966). According to Shoben (1965), the training goal should be to cultivate an "examined life" concept; in other words, trainees should strive to become immersed in the professional process of personal development. This form of "self-understanding" supports the belief that professional functioning depends on personal functioning; therefore, part of training should be the attempted melding of the professional and personal self-concepts. The usual method endorsed for providing this segment of training is to have trainees enter into a counseling or psychotherapeutic experience (Arnold, 1967). Typically, the support for this experience comes from deductive reasoning presented in theoretical treatises. Another form of support comes from the survey method - evidence that trainees who have had a therapeutic experience as part of their professional preparation believe that it was beneficial (Bonney and Gazda, 1966; Gazda and Ohlsen, 1961).

Gazda and Ohlsen (1961) and Gazda and Bonney (1965) utilized group counseling with prospective counselors. The group counseling experience was found to be related to change in personality character-

istics in the Gazda and Ohlsen study and to changes in counselor role behavior in the Gazda and Bonney investigation. Apostal and Muro (1970) and Eberlein and Park (1971) demonstrated that group counseling experience for prospective counselors was associated with changes in self-reports of those counselors in training. Foulds (1969b) found that self-actualization correlated significantly with empathetic understanding and genuineness in interpersonal processes; he interpreted the findings to support the contention that training programs "should provide the kinds of experiences which will facilitate personal growth and self-actualization of counselor candidates (p. 132)." Similarly, Carkhuff (1969a) has presented evidence that the efficacy of counseling depends on the level of functioning of the counselor, that the critical variables are aligned with personal factors, and that training programs should optimally provide personal development as well as academic development experiences. However, not all investigators have found support for this hypothesis. Wirt, Betz, and Engle (1969), for example, found conflicting evidence for the effects of group counseling on the self-concepts of trainees.

While the foregoing sources provide at least initial support for the inclusion of personal development experiences in professional training programs, there exists a lack of psychometric evidence as to the actual effects of such experiences. With regard to training, it remains unclear as to whether a personal development intervention, such as a counseling or psychotherapeutic experience, facilitates any greater change in desirable training directions than would a training program without such an experience. Woody (1971) attempted to add clarity to

both these issues. He reported the results of a psychometric study designed to determine whether significant benefits would be derived from providing counselor trainees with group psychotherapy. Experimental trainees were matched with control (no treatment) counterparts on a series of variables, i.e., sex, number of graduate credits, counseling specialty; all trainees were administered psychometric tests before and after the period of group psychotherapy. Significant differences were realized between experimental and control groups. The data were interpreted as supporting the value of a psychotherapeutic experience as part of training programs.

Much of the research concerned with changes in counselor attitudes has been conducted in connection with NDEA Counseling and Guidance Institutes.

Munger and Johnson (1960), using Porter's Test of Counselor Attitudes (Porter, 1949 as revised by Hopke, 1955), found a significant gain in a desirable direction on pre- and post-test measures during an eight-week NDEA Counseling and Guidance Institute. A desirable, significant difference was also found between a group of local teachers who functioned as a control group and the institute participants. A three-month follow-up by Munger, Myers and Brown (1963) indicated no significant difference from the pre-test given prior to the training experience; a twenty-seven month follow-up showed an even further deterioration toward the pre-institute level of functioning. However, when the group was divided into those employed as counselors and those employed as teachers or administrators, the change for those employed as counselors was persistent twenty-seven months after training, while those employed

as teachers or administrators showed a return to the original level of functioning after three months. Paxton (1971) examined changes in attitudes toward counseling of participants in an advanced NDEA Counseling and Guidance Institute using the Porter Test of Counselor Attitudes and the Rokeach Dogmatism Scale. Paxton found significant fluctuations in attitudes toward counseling of enrolees. As predicted, a significant number of participants became less dogmatic after training. The persistence of the noted attitude change was reliable eight months after the training sessions.

Not all studies report finding a significant or persistent change. Mordock and Patterson (1965), for example, conducted a cross-sectional study of counselors at various levels of preparation and found a significant difference among individuals at various levels of training, with advanced groups functioning in a more desired manner, but no significant change on pre- and post-measures over an eight-week period. A follow-up administered one year later indicated that what small change had occurred was lost.

Rochester (1965) studied counselor education students' attitude and value changes; a follow-up study of these students was conducted (Rochester, 1967). Rochester's (1970) study represented an investigation concerning the persistence of attitudes and values of students who had participated in a year-long NDEA Guidance and Counseling Institute after they had been away from their respective institutes for two years. Student attitudes and values similar to those at the onset of their program and similar to those present after they had been away from their program for one year were found. Since there were no differences in-

dicated between the one- and two-year follow-up, one year was suggested as a sufficient period of time for this type of investigation. Counselor attitudes present two years after the termination of the institute program were comparable to those attitudes present at the commencement of the institute. The findings on the Study of Values (Allport, Vernon and Lindzey, 1960) were not unlike those presented for counselor attitudes. It would appear that there is minimal permanency of values and attitudes as a result of counselor training experience, at least in NDEA institutes.

Certain literature suggests that the practicum may be the most important single phase of counselor education (Association for Counselor Education and Supervision, 1967; American Psychological Association, 1952; Arbuckle, 1968; Hansen and Moore, 1966; Rogers, 1962). The need for research on the results of counselor education was stated by Lister (1966): "Rigorous evaluative research is needed in counselor education ... ultimately, process-outcome research is needed to isolate the supervisory variables which are antecedent conditions of desirable candidate behavior (p.72)." Perhaps the unique advantage of the practicum is the relationship established between the counselor candidate and his client.

Research has been reported suggesting that counselor candidates do change during training and practicum (Schoch, 1966; Havens, 1968; Ivey, Normington, Miller, Morrill, and Haase, 1968; Kratochvil, 1969). However, most of this research focuses on counselor change during or immediately following the practicum.

If the major determinant of effective counseling is the quality of the relationship established between client and counselor, the suc-

cess of counseling must then be based on the relationship. This position is based on the theories of Rogers (1957), Patterson (1967b), and Carkhuff and Berenson (1967), all of whom suggest that the effects of counseling are determined by the quality of the relationship which exists between client and counselor.

Numerous attempts have been made to evaluate counselor role and effectiveness in the field of counseling and psychotherapy (for example, Arbuckle, 1968; Bare, 1967; Berenson and Carkhuff, 1967; Carkhuff and Truax, 1965b; Eysenck, 1960; Rogers, 1957).

Several researchers have attempted to determine the relation of counselor personality characteristics to effectiveness. Brams (1961), for example, found that the counselors' tolerance for ambiguity appeared to be a factor in therapeutic outcome. Horseman's (1965) investigation indicated that trainees rated as most effective were less directive in the counseling sessions than were their less effective peers. Rosen (1967) studied both personality characteristics and demographic variables of effective counselors. In addition to personality measures obtained from the psychometric instruments, Rosen incorporated into his study such demographic variables as teaching experience, counseling experience, and counselor age. No significant relationship between counselor competence and counselor demographic or personality characteristics was found.

Foulds (1969a), and Trotter, Uhlig and Fargo (1971) utilized The Personal Orientation Inventory which significantly discriminated effective from ineffective counselors who differed in their ability to communicate facilitative genuineness to their clients. Foulds con-

cluded that his results: "...lend support to the notion that a direct relationship exists between the level of personal growth, authenticity or self-actualization of the counselor and his ability to establish a therapeutic relationship with another person."

The importance of self-examination and personal growth is emphasized in the training objectives of most counselor education programs, the assumption evidently being that these processes can be affected by training and that they will eventually be manifested in counseling effectiveness (Chenault, 1968). However, as Carkhuff and Berenson (1967) have stated, "In order for effective training to take place, the trainee must be initially open, and ultimately committed to his own constructive change (p. 205)." Openness or propensity for change enhances involvement and therefore enhances the impact of growth-producing experiences such as counseling and counselor education (Minge, 1966). Kell and Mueller (1966) have related openness to change and counselor effectiveness: "In fact, we would propose that a relationship in which a counselor is not affectively involved and is not confronted by his own dynamics and conflicts with possible consequent changes in his own behavior may not be a therapeutic encounter for the client (p. 21)."

It has become increasingly clear that effective interpersonal skills such as the communication of accurate empathy and nonpossessive warmth lie at the heart of therapeutic endeavors aimed at changing people for the better (Truax and Carkhuff, 1967; Truax and Mitchell, 1969). Available research evidence strongly suggests that existing professional personnel in counseling and psychotherapy are inadequately

prepared in the interpersonal skills that have been demonstrated to markedly enhance therapeutic effectiveness (Bergin and Solomon, 1963; Carkhuff, 1968; Lister, 1970). Moreover, prior evidence has shown that it is possible to improve significantly the levels of empathy and warmth in students through an experiential-didactic training approach (Truax, Carkhuff and Douds, 1964). The effectiveness of this approach has been demonstrated in concentrated 100-hour programs with beginning trainees (Carkhuff and Truax, 1965a), and in a concentrated 40-hour training period with experienced counselors (Truax and Lister, 1971). Martin (1968) demonstrated that trainees in professional counseling showed gains in accurate empathy, nonpossessive warmth, and genuineness by specific feedback from self-evaluations. In the Truax and Lister (1971) study, there was a substantial and significant increase in accurate empathy; however, no overall gains were made on nonpossessive warmth.

A general consensus gleaned from the aforementioned research is that counselor characteristics are critical factors in counseling performance. Unfortunately, few studies have been concerned directly with investigating the characteristics of treatment agents (counselors, social workers, psychologists, psychiatrists, etc.) in correctional facilities. Obviously, if counselor characteristics relate to counseling effectiveness, valuable predictors of success in the rehabilitation process would be available to selection and training programs.

Treatment Agents in Correctional Settings

The volume of literature on correctional topics is increasing at a rapid rate. While this is an indication of substantial progress,

Thomas (1973) observes that the overall quality is poor. Two additional observations are noted: The better the quality of the research done on correctional programs, the higher the probability that the results will show a negligible or nonsignificant effect (Bailey, 1966; Kassebaum, et. al., 1971). Second, taken as an overall effort, the implication of modern correctional research is that "There is very little evidence in these studies (231 studies conducted between 1945 and 1970 on the effects of various modes of treatment) that any prevailing mode of correctional treatment has a decisive effect in reducing the recidivism of convicted offenders (Martinson in Kassebaum, et. al., p. 309)." Our understanding of the technology required for effective "people-processing" is very rudimentary (Brim and Wheeler, 1966). We lack either well-articulated theory or adequate treatment typologies (Gibbons, 1962).

Although the seriousness of the problem varies, all correctional institutions are beset by the conflict of custodial and treatment goals (Cressey, 1965a); Thomas and Miller, 1971; Galtung, 1959; Cressey, 1960). Thomas' (1973) analysis of the correctional institution concludes that the components of the criminal justice system are so poorly integrated that conflicts, jealousy, overlapping interests and goals which he terms "treatment myopia" are ubiquitous. Despite these liabilities, there exists a tremendous and challenging need to investigate within the corrections framework.

A significant development in corrections is the use of nonprofessionals (some of them former offenders) recruited from the same social class as the population served. The rationale, restated in a

correctional framework: The value of the indigenous nonprofessional lies in the reduction of social distance and shared life experiences between the correctional worker and the offender. Beless, Pilcher and Ryan (1972, p. 10) note: "Perhaps the most significant development in corrections during the past decade has been the rapid expansion in the use of nonprofessionals as agents of direct service." Beless, et. al. (1972), Directors of Chicago Probation Officer, describe a successful case-aide project which demonstrates the feasibility of a paraprofessional position in federal probation and parole.

Goddard and Jacobson (1967) and Lee (1968) describe the use of nonprofessional aides (some of whom were former offenders) in probation and parole. Training consultation and supervision in these programs was provided by probation and parole offices. Volkman and Cressey (1963) advocate using ex-offenders and rehabilitated drug addicts to help in the field of corrections and rehabilitation, ascribing to a "role reversal" model theory. Korn (1968) describes the successful utilization of offenders in resocializing other offenders. Barnett (1971) successfully employed indigenous nonprofessionals in the rehabilitation of sex offenders.

Horejsi (1972), investigating the attitudes of parents of probationers toward juvenile court volunteers, found that most parents regarded the volunteers as helpful and expressed favorable attitudes toward the juvenile court program.

An analytical survey of the use of group counseling in correctional institutions was examined by Atlas (1971). In expanding such programs Atlas urges the use of lay or nonprofessional staff as

group leaders. Cressey (1965b) recommends making maximum use of available personnel to act as rehabilitative agents. According to Sirgudson (1969), expanding the role of the nonprofessional is the most realistic alternative available to alleviate the manpower shortage of professionals in correctional settings. The use of the paraprofessional staff represents a viable means of making a service more available to a larger number of inmates, and of further realizing the potential for rehabilitation which can exist in sociotherapeutic correctional systems. The systematic selection, training and development of lay personnel as functional professionals makes effectiveness in social programs possible (Carkhuff, 1971).

An additional benefit of group counseling is the change it creates in the character of the correctional institution. This arises from a different order of communications among the elements of the correctional community as both staff and inmates unite in collaborative interaction. (Task Force on Corrections, the President's Commission on Law Enforcement and Administration of Justice, 1967).

Shapiro and Ross (1970) in a carefully controlled study on sensitivity training on a T-group therapy effectiveness in a correctional institution, demonstrated major effects such an experience had on its members. Adjective check-list data, taken before and after the group experience, indicated that the participants showed increments in positive adjectives used in describing themselves and also in description of them by the residents of the institution. Shavlik (1970) reported similar positive results at the El Reno Federal Reformatory, El Reno, Oklahoma, when correctional officers and inmates participated

in an "interpersonal relations project."

Basically, an institution for offenders exists for two purposes. One of these is the temporary custody of the individual in order to protect society from his transgressions. This aspect, more often than not, has been overemphasized (Edwards, 1971; Cressey, 1959a, 1960). While recognizing the importance of the custody aspect, it has been stated that "This does not mean we must become so custody concerned that we fail to utilize to the full the other features of our treatment program. Obviously, custody alone does not protect the public except for the relatively short time while the individual is confined (Institutional Treatment of Younger Offenders, p. 13)."

Richards (1967) emphasizes the need for developing programs in institutions which aim to produce change in the chronic offender: "As long as we cannot keep the recidivist locked up for his whole life we can only fulfill our obligation to the security of society by changing the individual (Richards, p. 28)." The second purpose of the institution, then, is to "restore the confined offender to the mainstream of society." This is generally covered by the term "rehabilitation," or "reintegration," which simply means restoring the individual to society where he can live within the framework of the existing civil and criminal laws.

The Correctional Institution - Staff

Apart from the management, the prison personnel consists of: (1) A small but normally well-qualified group of "therapists," such as psychiatrists, psychologists, educators, social workers, and chaplains; (2) A group of semi-skilled technicians, who mainly act as

vocational instructors and supervisors in possession of the necessary vocational training for the trade concerned; and (3) The largest group consisting of "correctional" officers, whose traditional duty it is to secure the presence of the inmates and to maintain order and discipline laid down in regulations, policy statements, operations memoranda, etc. They are the "executors of the system" and, generally speaking, are regarded as such by the inmates. The management personnel are responsible for the administration, security, and law and order within the prison and for the treatment of the inmates. In the event of conflicts between these duties, the concern for security and discipline takes precedence over the regard for treatment.

Cormier and Williams (1971) offer an insightful perspective of the correctional officer from the vantage point of the inmate, who views him as a persecutor representing the authority of the institution and of society at large. It is not surprising then that the incarcerated see themselves as persecuted. Deprived of various freedoms and impotent to change their immediate situation, they confront, vie for some measure of control over their lives, and retaliate, often in subtle but sometimes open, ways. Correctional officers, constantly exposed to persecution and required to exercise restraint and discipline, are sometimes tempted to persecute. In the prison situation, the roles frequently interchange; it sometimes is difficult to differentiate between them, as both claim they are the victims and the others are the persecutors.

Shoom (1972) discusses the aspect of authority in the correctional worker-client relationship. He points out that the relevant issue is not the "use" of authority, but rather the quality of its use.

Authority is an inherent part of the counseling process within the sociotherapeutic community; the correctional worker is in a singular position to assist his client to a more thorough understanding of the importance of authority and to a recognition that it can also be associated with positive characteristics - not only with hostility, repression, and punishment.

Correctional officers, generally speaking, are recruited and trained for tasks of order and security - more recently also for socio-educational and treatment functions. Thus, correctional officers, like the police in a community, may be regarded simply as a domestic army which keeps civilian order, or they may be regarded as individuals involved in highly complex functions that extend beyond mere repression.

For the resident population of a closed system, specifically in a correctional institution, there exists the ominous reality of potential crises - situations in which an individual, or group of individuals, perceives himself as vulnerable in an event which "involves both danger and opportunity." This notion conceives of a crisis situation as one in which typical defense patterns are breached in the face of threat (openness), thus presenting unusual opportunities (vulnerability) for modification of usual behavior by direct intervention. Klein and Lindemann (1961) contend that effective intervention techniques will not only relieve the crisis but will often serve to bring about personality change as well. Other crisis researchers, Bard (1959) and Rapoport (1963) present convincing evidence to support these observations. Similarly, situations or crises which have deteriorated to the point of threatening violence are in critical, delicate balance and re-

quire a high level of skill on the part of the intervening authority expected to mollify the situation. The effective correctional officer must be prepared for this function. He, singly and collectively, must draw upon his notions of the dynamics of the situation and of the persons involved, and behave in ways to abort a tragic outcome. Correctional officers constantly meet states of openness and vulnerability as they find themselves enmeshed in countless life crises. Their skillful preventive intervention in a specific life crisis, common to all residents - adjustment to incarceration, holds special promise as an effective means for behavior modification.

Unlike the professionals, whose contribution and influences benefit only too few of the inmates, the correctional officers are recruited from an environment that is fairly close to that of the inmate (Paludan - Muller, 1972). In close contact with the inmate population, they have the best possible opportunities for influence. The "sociotherapeutic" institution contributes to a reorientation of duties and responsibilities of custodial personnel; they play a role in all therapeutic approaches.

In several articles, Cressey (1958b; 1959a) has described some of the confusion experienced by correctional officers of treatment-oriented institutions due to contradictory goals that have been set for them to achieve. These conflicting goals result in vague and frequently dichotomous directions to guide their work and fail to provide a system of criteria by which the officer's work and his impact can be evaluated. Although inmate rehabilitation is an explicit goal of the organization, it is impossible to measure the institution's success in this regard.

Numerous pre- and post-institution conditions affect recidivism rates, making it impossible to meaningfully correlate either high or low recidivism rates with specific institution activities. More specifically, the contribution of any one correctional officer counselor to the rehabilitation or the recidivism of inmates cannot be measured in terms of the competence of the "responsible" correctional officer counselor. For some, the temptation to withdraw to the concreteness of custodial roles is not surprising. Role conflicts and related problems both for professional and nonprofessional personnel in new treatment programs are discussed by Ohlin, Piven and Pappenfort (1956); Cressey (1959b); Weber (1957); Shapiro (1970); Shapiro and Ross (1970); Roche Report (1970). Some of the new roles correctional officer counselors are expected to assume are in sharp contrast with roles played previously. Further, some aspects of their new roles are not explicit - expectations may be vague and at variance with their previous activities.

Finding an integrated compromise between the therapeutic and custodial role is a basic task each correctional officer counselor must confront and resolve. "Custody (care and control) is a basic part of treatment, and the basic principles of treatment (relationship, honesty, and limit-setting) are essential to enlightened custody (O'Neal, 1965)."

The Federal Bureau of Prisons

The Federal Bureau of Prisons currently operates 70 facilities (Carlson, 1973), which include 15 community treatment centers. In addition, contracts have been established with local jails for pre-trial detention and short-term commitment of federal offenders, with private

and local government agencies for community programs and with several state correctional systems for commitment of selected offenders with long-term sentences. The prison system is comprised of 36 institutions and 24 other types of field facilities which provide custody and correctional programs for approximately 23,000 inmates.

Correctional Officer Counselor Program

The Federal Bureau of Prisons is currently supporting and expanding a Correctional Officer Counselor Program. The role of the correctional officer "counselor" was created to share with the limited available professional staff the delivery of mental health care services. In this project it was proposed that correctional officers, already engaged in quasi-mental health service roles, but without formal training, be trained to function in those roles more effectively. The program, based upon an emerging body of theory and research, defines a method which joins preventive approaches in mental health with those of crime prevention and crisis intervention. It rests on the convergence of at least three tracks of theory and research: (1) The use of the paraprofessional mental health worker; (2) Preventive crisis intervention; (3) Carkhuff counselor empathy training. The purpose of the project was to select and train correctional officers, employed in federal correctional facilities serving convicted federal felons, as counselors and trainers in interpersonal skills. One of the major goals was to provide the program with the capacity for its own in-service training. To accomplish this, an attempt was made to: (1) Select candidates for their ability to effect relationships of a positive nature

with incarcerated residents; thus, candidates selected were those who were functioning at the highest level of interpersonal skills; and (2) Train those selected to function at still higher skill levels. Institutions have given their support in terms of time, allocation of resources, realignment of program priorities, and modifications in personnel organization structure, to see these programs succeed. Evaluation of the correctional counseling program has been limited to a Performance Measurement System (PMS, 1972) which basically looks at the effect of the program on a total institution population, primarily in a very generalized sense.

Correctional officer-counselors receive training in correctional counseling following the "Carkhuff Model." This technique of counselor training, adopted by the Bureau of Prisons, utilizes three basic phases: Phase I - Empathy or Base-Building, primarily Rogerian, nondirective counseling; Phase II - Understanding - reflection or feedback; Phase III - Action, a behavioral approach of defining goals and setting up means to achieve these ends.

All trainees receive at least forty hours of preliminary communications training in empathy; an intermediate and advanced course is also offered. All trainees receive systematic training focused upon those skills necessary to implement an effective helping process (Carkhuff, 1969b; 1971). The helping skills include advanced training in the operationalization of empathy, respect, concreteness, genuineness, confrontation, and immediacy, as well as the development of effective courses of action. Practicum experience in transmitting the learned helping skills is also provided.

In the context of levels of conditions offered by the trainees, the training utilizes Carkhuff scales employed in assessing helping outcome to shape trainee functioning. Recorded samples of counselor-client interactions made during the training program are coded and rated. Trained judges apply the scales for ratings of accurate empathy and nonpossessive warmth (Truax and Carkhuff, 1967). The rationale and procedures for training judges is described by Lawlis (1968). In addition, throughout the training sessions, trainees receive immediate and concrete feedback in the form of ratings of their helping effectiveness by the trainers and other trainees in the group (Carkhuff, 1969b).

The training procedures are described in detail (Truax, Carkhuff and Douds, 1964; Truax and Carkhuff, 1967). The central elements in the training approach can be summarized as: (a) A therapeutic context in which the supervisor communicates high levels of empathy, warmth, and genuineness to trainees; (b) A didactic use of research scales for the measurement of empathy, warmth, and genuineness for "shaping" trainees' responses; and (c) A focused group therapy experience that follows the emergence of the trainee's own idiosyncratic therapeutic self through self-exploration and consequent integration of his didactic training and his personal values, goals, and life style.

The correctional-officer-counselor project constitutes an experiment in education in the two broad fields of law enforcement and mental health. It attempts to provide technical skills usually associated with the helping professions to a group of correctional officers whose personal safety has been traditionally thought to be associated with a very different kind of professional identity and personal performance.

Additionally, the project broadens the scope of professional training for clinical psychologists by exposing them to a world usually alien to them.

CHAPTER II

STATEMENT OF HYPOTHESES

STATEMENT OF THE PROBLEM

The problem of the present study is to investigate whether counselors, employed in federal correctional facilities serving convicted felons, hold attitudes relative to treatment, security and ambition significantly different from those of correctional officers. An additional focus, utilizing the three aforementioned factors, is the degree of personal change as a concomitant of the treatment agent's exposure to the process of treatment. A third purpose is to investigate whether counselors differ among themselves and from correctional officers on these attitude scales relative to the type of facility in which they serve: Long-term adult (penitentiaries), intermediate-term adult, short-term adult, young adult or juvenile and youth institutions. (Classification of Federal Bureau of Prisons facilities and installations is provided in Appendix A.)

The Correctional Practices Questionnaire and the Counselor's Activities Checklist will be administered to all counselors serving in federal correctional facilities; post-test data collection, utilizing these instruments, will be undertaken after a time-period of six months to analyze for attitude change as a concomitant of job experience.

Based upon the above outlined objectives the specific hypotheses tested will be:

1. Counselors will differ from correctional officers in their attitudes about treatment, security and ambition.
   a. Counselors will receive higher scores than correctional officers on the treatment scale.
   b. Counselors will receive lower scores than correctional officers on the security scale.
   c. Counselors will receive lower scores than correctional officers on the ambition scale.
2. Counselors, with more experience as treatment agents, will differ from their peers. This difference will be reflected in their attitudes about treatment and security, but not in their attitude about ambition.
   a. Experienced counselors will receive higher scores on the treatment scale than their less experienced peers.
   b. Experienced counselors will receive lower scores on the security scale than their less experienced peers.
   c. Experienced counselors will not differ from their less experienced peers on the ambition scale.
3. Counselors will differ in their attitudes about treatment and security by virtue of the type of facility in which they serve.
4. Counselors who are assigned to Drug Abuse Treatment Programs and NARA Treatment Programs in their respective institutions will be expected to score higher on the

dimension of treatment and lower on the dimension of security, than their peers who are assigned to work with general institutions residents, who are not part of a formal institution treatment program.

5. Counselors will differ on each of the dimensions of treatment, security and ambition, as a function of years of service in the Bureau of Prisons.
6. Counselors will differ on each of the dimensions of treatment, security and ambition, as a function of their age.
7. Counselors will differ on each of the dimensions of treatment, security, and ambition, as a function of their years of education.

CHAPTER III

METHOD

SUBJECTS

184 correctional officer counselors (hereafter referred to as counselors) representing 27 federal correctional installations were the participants in this investigation. All had received at least the 40-hour basic class on counseling techniques. The following counselor profile broadly describes this group along 6 demographic variables:

Age The mean age of all counselors was 45.9 years, with a range of 31 to 67 years.

Years of Service The mean number of years counselors have been with the Bureau of Prisons was 16.3 years, with a range of 1 to 33 years.

Education Virtually all counselors have a high school diploma, many have college hours, some have completed the BS Degree.

Months as Counselors There is a considerable range in the on-the-job experience of counselors with more than half on the job over six months and 32 on the job more than 18 months -- a few have served 48 months and more.

Size of Caseload The size of a caseload varies dramatically from one institution to another, but the average reported by the coun-

selors was a caseload of 112.

Time Spent Counseling The counselors indicated that they estimate spending 67% of their time actually talking with inmates.

PROCEDURE

Subjects received the Counselor's Activities and Correctional Practices Questionnaires at their local installations through normal distribution of written communications. All materials were mailed from Bureau of Prisons, Washington, D. C.. Subjects were instructed to complete all questions on both questionnaires and return them through their Chief Correctional Supervisor for return mailing to the Administrator of Correctional Service, Bureau of Prisons, Washington, D. C.. Instructions provided an option for anonymity. Instructions for completion of materials are provided in Appendix B. The Correctional Practices Questionnaire, along with the Counselor Activities Checklist, was again distributed to all counselors, through the same channels, after a time period of six months.

An institution number code was pre-printed on all of the instruments. 127 counselors' responses to the questionnaire packet were matched on the basis of identifying demographic information provided from the Counselor's Activities Questionnaire and the Counselor Activities Checklist. These 127 subjects served in the pre- and post-test analysis.

INSTRUMENTS

Correctional Practices Questionnaire - Form 5 (CPQ) - The CPQ was developed at the College of Education, University of Oklahoma, Norman, Oklahoma, under contract number J15c-2014, United States Bureau

of Prisons, as part of an evaluation project at the Staff Training Centers, in Atlanta, Georgia and El Reno, Oklahoma, for the measurement of attitudes and the change of attitudes of trainees (Kowitz, et. al., Feb., 1973). The focus of training at the Staff Training Centers is a balance between security and treatment. The CPQ provides three scale scores for each individual. One is the assessment of Ambition; the other two scales measure attitudes toward Treatment and Security within the correctional institutions. Items for each of the scales are arranged in random order on the questionnaire.

SCALES OF THE CPQ

1. Ambition - This factor, consisting of five items, measures the orientation of the correctional worker toward increased professionalism and alignment with Bureau of Prisons standards. Also, it can be used to provide an additional predictor of successful correctional officers.
2. Treatment - This scale, consisting of sixteen items, measures the recognition of the role of the correctional worker in the helping relationships with residents. It is expected that the cognitive recognition of this role will be related to the behavioral acts of helping which comprise the goal of the training.
3. Security - This third factor, consisting of thirteen items, measures the recognition of the responsibility of the correctional worker in maintaining custody and establishing an atmosphere in which the goals of the institution may

be carried out in the most efficacious manner.

The instrument consists of thirty-four statements about changing behavior; some are concerned with people in general, and others are focused upon the inmate population. CPQ Form 5, with instructions, is provided in Appendix C. Responses to the CPQ are recorded on IBM Form 503 answer sheets which may be machine scored or scored by hand, through the use of a scoring key and tables to convert raw scores to standard scores (Appendix D). Each scale score is based on a different number of items; therefore, in order to compare scores on the three factors, conversion tables were developed to change raw scores to standard scores. Scores are based on the average (mean) scores made by male correctional officers, establishing a correctional officer model or standard. Female correctional officers were eliminated from the model because statistical analyses had indicated their responses to be atypical (Kowitz, et. al., February, 1963, p. 2). Present standardization also permits comparisons of pre-test scores with post-test scores in order to measure change of attitudes. A score of 70 (with a standard deviation of 10) represents the average (mean) score for each of three factors on pre-test administration; 75 (with a standard deviation of 10) represents the mean score of correctional officers on the post-test administration of the CPQ (Kowitz, et. al., Aug., 1973). The 5 point difference reflects gains in the desired direction, based on the pre-test norm for CPQ Form 5 as a pre-test.

The respondents were instructed to read each statement carefully and then to decide whether they agreed or disagreed with it. For each numbered statement a corresponding number was provided on the

rating form. Following the number were five positions in which the respondent indicated the degree to which he agreed or disagreed with the statement. Position 5 indicated strong agreement; position 1 indicated strong disagreement. If a subject had neither agreed nor disagreed with the statement, he was instructed to rate it 3. Subjects were instructed to fill in only one space, from 1 to 5, for each statement.

Counselors' Activities Questionnaire and Counselor Activities Checklist

These instruments were designed and employed to collect demographic and job-related information and to supplement and give breadth to the CPQ - Form 5. The Counselors' Activities Questionnaire (Appendix E) consists of 24 items, primarily in the form of questions, concerned with counselor's training and background, experience as a counselor and job responsibilities. The Counselor Activities Checklist (Appendix F) is an inventory which consists of 18 items similar to, and in some cases duplicating, the Counselors' Activities Questionnaire items; only a portion of the data gleaned from these two questionnaires was used in this present investigation. The information collected from these instruments was used to determine the distribution of the following independent variables:

a. Age - This variable was partitioned into groupings by decade.

b. Education - This variable was divided into 3 groupings: High School or less, some college, B. A. degree and advanced graduate work.

c. Years of service with the Bureau of Prisons - This variable was broken down into groupings by 10 year intervals.

d. Months of experience as a counselor - This variable was divided into 12 month intervals.

e. Work in NARA or Drug Abuse Program - This variable was dichotomized into two groupings: Yes or No.

All responses to the questionnaires were individually coded prior to key punching for data analysis. A computer program was written which provided the raw scores for each respondent as well as the standard scores.

CHAPTER IV

RESULTS

The Z-tests were utilized to compare Bureau of Prison counselors' CPQ sample standard score means (N=181) against population means based on Bureau of Prison correctional officers (standard score mean = 75, standard deviation = 10), on the scales of Ambition, Treatment, and Security. Preliminary examination revealed significant differences on the Ambition ($\bar{X}$=69.83, Z=-9.06, p <.001) and Security ($\bar{X}$=66.03, Z=-16.16, p <.001) dependent variables. Significant differences for these variables were upheld when those counselors (3), who presumably might have contributed to the population mean and standard deviation, were included in the analysis (N=184, Ambition: Z=-9.19, p <.001; Security: Z=-16.36, p <.001). Thus, the sample of counselors demonstrated significantly lower scores on these two measures than the population subjects. No significance was found for the independent variable, Treatment, in either analysis (N=181, Z=-0.27; N=184, Z=-0.24).

Experience as a BOP counselor was categorized into six, twelve-month intervals. Separate one-way analyses of variance were performed to test the specific hypotheses regarding this independent variable, counselors' experience, and its relationship to counselors' scores on the CPQ attitude scales of Ambition, Treatment, and Security; none attained significance (see Appendix G, Tables 4, 6, and 8). Examination

of these analyses suggested that those subjects with little experience versus those with most experience as BOP counselors scored differentially on the scale of Ambition, F (5, 178)=1.81, p <.20. Therefore, counselors' level of experience was refined and comparisons were performed on the two extreme quartiles of experience (N=58, $\bar{X}$=6.93 months, S.D.=2.92; N=55, $\bar{X}$=34.84 months, S.D.=17.29). A t-test for differences between two independent measures revealed a significant difference between means (N_1=58, $\bar{X}_1$=67.69; N_2=55, $\bar{X}_2$=71.47) on the Ambition scale (t=-2.64, p <.01). In order to determine whether significant differences were present in the less than extreme dichotomies, levels of counselor experience were reapportioned into the four quartiles and a separate analysis of variance executed, F (3,180=2.9593), p <.05. A linear relationship between this independent variable and scores on the Ambition scale was revealed. Post hoc comparisons of this significant F test, utilizing the Duncan's Multiple Range Test for Nearly Equal n's, disclosed significance (df=180, p <.05) for quartile group comparisons 1:4 (N_1=58, $\bar{X}_1$=67.69; N_4=41, $\bar{X}_4$=71.58) and 1:3 (N_3=42, $\bar{X}_3$=71.42). Quartile comparisons on the Security and Treatment scales were clearly nonsignificant (F=<1).

Analysis of the CPQ data for classification by institution-type revealed no differences on any of the three scales (Ambition, F (5,178)=1.16, p >.20; Treatment, F (5,178)=1.71, p <.20; Security, F (5,178)=1.33, p >.20). Similarly, non significance was obtained when the CPQ data were analyzed for counselors assigned to work with formal treatment programs versus counselors associated with non-formal treatment programs: Ambition, F (1,182)=0.70, p >.20; Treatment, F (1,182)=

0.03, $p > .20$; Security, F (1,182)=0.75, $p > .20$.

The CPQ data were analyzed further for each of the scales: Ambition, Treatment, and Security and the independent variable, years of Bureau of Prison experience. All analyses failed to reach significance: Ambition, F (2,179)=1.21, $p > .20$; Treatment, F (2,179)=1.34, $p > .20$; Security, F (2,179)=0.90, $p > .20$. Comparisons were made for years of Bureau of Prison experience of counselors when this variable was categorized into only the two extreme quartiles (N=47, $\bar{X}$=8.45 years, S.D.=3.32; N=47, $\bar{X}$=24.11 years, S.D.=3.25). The t-test suggested a trend of an inverse relationship between years of Bureau of Prison experience and mean scores on the Ambition scale ($\bar{X}_1$=71.55, $\bar{X}_2$=68.75; t=1.92, $p < .10$). (See Appendix G, Table 35). Analysis of variance for years of BOP experience for counselors, after this variable was recategorized into four quartiles, suggested that all significant differences could be accounted for by comparisons of the extreme means, as revealed in the t-test analysis, F (3,178)=1.84, $p < .20$. (See Appendix G, Tables 35 and 36 for quartiles, N, $\bar{X}$, and S.D.). All other F-tests in the quartile realignments for the Security and Treatment dependent variables were clearly nonsignificant (Fs<1).

To test for differences between scores on the CPQ scales as a function of counselors' age (which was categorized by decade), separate one-way analyses of variance were performed (Ambition, F (2 179)=4.16, $p < .025$; Treatment, F (2,179)=2.09, $p > .10$; Security, F (2,179)=1.92, $p < .20$). Post hoc comparisons employing t-tests, after the data were recategorized into the two extreme quartiles on the basis of counselors' age (N=53, $\bar{X}$=39.17 years, S.D.=2.37; N=49, $\bar{X}$=54.04

years, S.D.=3.12) obtained significance for the CPQ scale Treatment ($\bar{X}_1$=73.34, $\bar{X}_2$=77.33; t=2.86, p <01). Trends toward statistical significance were obtained for the scales of Ambition ($\bar{X}_1$=69.50, $\bar{X}_2$=71.99; t=-1.69, p <.10) and Security ($\bar{X}_1$=65.78, $\bar{X}_2$=67.94; t=-1.62, p <.10). Similarly, marginal levels of significance were obtained after the CPQ data were reapportioned into four quartiles: Ambition, F (3,178)= 2.27, p <.10; Treatment, F (3,178)=2.37, p <.10; Security, F (3,178)= 2.26, p <.10. BOP counselors revealed lower scores on the three scales than the statistical population, correctional officers. (See Appendix G, Tables 48-51 for quartiles, N, $\bar{X}$, and S.D.).

Analysis of variance, between counselors' level of education (high school or less, some college, or B. A. and above) and the three CPQ scales failed to reach significance (all ps >.20). (See Appendix G, Tables 55-60).

The two data collection periods were separated by an interval of six months. Of the 184 counselors who participated in this research investigation, 127 of them were able to be matched on the basis of demographic data and institution code numbers, thereby allowing for pre- and post-test analysis of the CPQ data. Separate analyses of variance of CPQ gain scores on each of the scales for counselors' experience again revealed marginal significance in the relationship between years as a counselor and scores on the Ambition scale, F (3,123)= 2.22, p <.10. No significance was obtained on either of the other two scales.

Pre-test CPQ scores for all matched subjects by institution were also subjected to analyses of variance (see Appendix G, Tables

69-74). Analyses revealed significant differences between counselors at their respective institutions only on the scale of Ambition, F (22,104)=1.82, p <.025. Examination of relative standard score means and standard deviations indicated that the institutions: Morgantown (co-education) $\bar{X}$=74.13, Alderson (female) $\bar{X}$=56.73, and Lewisburg (long-term adult) $\bar{X}$=60.83, were extreme in their scores on this scale compared to the overall grand mean of 64.62 (see Table 69). Conclusions are unwarranted due to range of sample sizes for institutions which ranged from 2 to 12. The CPQ gain scores on each of the three scales for matched subjects by institution were marginally significant only on the scale of Ambition, F (22,104)=1.60, p <.10. Analyses on the Security and Treatment scales were clearly nonsignificant (Fs<1). (See Appendix G, Tables 75-79). The CPQ gain scores on each of the scales also were subjected to analyses of variance by classification according to institution-type: Fs (5,121) <1 for Ambition, Treatment, and Security (see Appendix G, Tables 81-86 for Types of Institutions, N, $\bar{X}$ gain scores and S.D.).

The CPQ gain scores on each of the scales in addition were analyzed for counselors assigned to formal treatment programs versus counselors associated with non-formal treatment programs. Analyses of variance for the scale of Security obtained significance ($\bar{X}$ gain score for counselors assigned to formal treatment programs = 3.56; $\bar{X}$ gain score for counselors associated with non-formal treatment programs = -0.08), F (1,125)=3.98, p <.05. No significance was obtained for gain scores on the Ambition scale, F (1,125)=2.64, p <.20 nor on the scale of Treatment, F <1 (see Appendix G, Tables 87-92 for N, $\bar{X}$ gain scores,

and S.D.).

Gain scores for the CPQ data in addition were analyzed for years of BOP experience and for age of counselors. None of these analyses of variance reached significance on any of the CPQ scales. Significance was obtained, however, on the Treatment scale when the data were analyzed for counselors' level of education (high school or less, N=87, $\bar{X}$=-2.86; some college, N=34, $\bar{X}$=-0.05; B. A. and above, N=6, $\bar{X}$=-9.25), F (2,124)=3.79, p <.025; however, this level of significance must be interpreted with caution due to extremely unequal Ns in each group and the fact that only six cases composed the category: B. A. and above. The gain scores analyzed for the scales of Ambition and Security were clearly nonsignificant, Fs (2,124) <1.

CHAPTER V

DISCUSSION

The three-fold purpose of this investigation was: a) to define the population of correctional counselors employed in Federal Bureau of Prison (BOP) facilities along demographic and attitudinal dimensions, b) to explore attitude differences among correctional counselors and between these counselors and their peers, correctional officers, and c) to assess counselors degree of attitude change as a concomitant of their exposure to the treatment process in their respective correctional settings. The Correctional Practices Questionnaire (CPQ), developed by the College of Education, University of Oklahoma, was used initially as part of an evaluation project at BOP Staff Training Centers. Correctional officer norms were established for the attitude scales of Ambition, Treatment, and Security; the present study compared counselors against these established norms.

The CPQ, as an attitude scale, is distinctive in that it is specific to the task of corrections and to the philosophy of the BOP; this characteristic of specificity may account for the results. (See page 46 for definitions of the three scales.)

As predicted, counselors demonstrated significantly lower scores on the attitude scales of Ambition and Security; their scores

on the Treatment scale were not discriminantly different from those of correctional officers at Staff Training Centers. The consistently lower standard deviations for counselors suggests that they are more consistent; they demonstrate less variability as a group along these three dimensions than their correctional officer peers.

A linear relationship was demonstrated between the independent variable, years as a counselor, and scores on the Ambition scale; those counselors with less experience scored significantly lower on this scale; conversely, those counselors with greater experience scored significantly higher and approached the correctional officer norm. Additionally, an inverse relationship was established between scores on this scale and years of BOP experience, when groups, extreme in their experience in BOP, were compared. These findings may reflect the absence of clearly defined roles for correctional officers newly elevated to counselor status. With time and corresponding increments in experience in this assignment, role identification is accomplished; a realignment and integration of role norms with BOP standards occur. Those counselors with greater BOP experience are possibly less concerned with advancement, more comfortable with their personalized role definitions, professionally secure and thus freed from "rigid" adherence to Bureau standards. Those counselors with least experience are most concerned with Ambition in that they appear to be sensitive to the process of learning in their new job assignments and are concerned with their personal and professional development and advancement.

In support of this conclusion, it is interesting to review counselor's Security scores: when compared with correctional officers'

scores, counselors demonstrated significantly lower scores on this attitude scale. No differences were revealed when this dimension was examined along the independent variables, years as counselor and years of BOP experience. Counselors apparently are less concerned with their previous primary function, the responsibility of maintaining security, than are correctional officers.

With regard to the elevated Treatment scale scores of counselors, it is important to note that these scores do not differ significantly from scores of correctional officers who had received training at, and subsequently graduated from, the Staff Training Centers where classes emphasize an integrated compromise between the therapeutic and custodial role of an "effective" correctional officer.

Post-test analysis of the CPQ data for matched subjects, which was collected six-months after the initial administration of the questionnaire instruments, in general, replicated these findings. However, gain scores were not always in the predicted direction nor were they all statistically significant. Negative gain scores were evidenced by counselors on all three dimensions of the CPQ. Gain scores reflected change in attitude. It must be concluded that counselors, as a group, are fluid in their attitudes, as reflected in the bidirectionality of their gain scores. For example, marginal significance was revealed in the analysis of the relationship between scores on the Ambition scale and the independent variable, years as counselor; both neophyte (0-1 years experience) and seasoned (3-9 years experience) counselors evidenced negative gain scores while those counselors, with greater than one year but less than three years experience, demonstrated posi-

tive gain scores. On the scales of Treatment and Security negative gain scores were consistently demonstrated. (See Tables 63-68).

Analysis of the CPQ data for classification by institution-type revealed no differences on any of the three attitude scales. It is concluded that institution climate does not affect significantly counselors' attitudes toward Ambition, Treatment, or Security, as measured by the CPQ. However, it is meaningful to compare the mean Treatment scale score and standard deviation for counselors working at Springfield Medical Center with the combined scores of counselors serving at all other facilities: Springfield Medical Center mean = 79.95, standard deviation = 3.73; all other institions' mean = 74.35, standard deviation = 7.37 (see Table 19). Not only are Treatment scores higher for counselors at the Medical Center but inspection of the standard deviation indicated greater consistency in attitudes about Treatment within this group. Some support, however, was given to the suspicion of institution climate differences as evidenced by the significance obtained on the Ambition scale in the analysis of variance for matched subjects - Pre-test (see Tables 69-70). The observed differences however were eliminated when CPQ gain scores were subjected to analysis by classification according to institution-type (see Tables 81-86).

It was predicted that counselors assigned to Drug Abuse Treatment and NARA Treatment Programs in their respective institutions would score higher on the dimension of Treatment and lower on the dimension of Security than their counselor peers assigned to work with general institution residents, not part of a formal institution treatment

program. These hypotheses were not supported. However, examination of Table 25 reveals that although nonsignificant differences in Treatment scale scores were established, the group of counselors assigned to formal treatment programs had a mean standard deviation of 5.70 compared to 8.14 of counselors in non-formal treatment programs. Thus, it may be assumed that there is less variability and greater group cohesion among counselors in the specialized treatment programs group, at least in terms of their attitudes toward Treatment as measured by the CPQ. Analysis of the CPQ gain scores supports these conclusions. Counselors assigned to formal treatment programs demonstrated nonsignificant gains in their assessment of Ambition while those counselors associated with non-formal treatment programs demonstrated negative gain scores. Concerning the dimension of Treatment, both groups of counselors received negative gain scores; however, the aforementioned direction of differences in standard deviations remained intact. Negative gain scores for non-formal treatment program counselors on the scale of Security were significant; counselors assigned to formal treatment programs did not deviate significantly from their pre-test scores on this scale.

Age of counselors was a relevant independent variable which accounted for significant difference scores on each of the three scales. Although counselors revealed lower scores than correctional officers on the dimensions of Ambition, Treatment, and Security, trends of marginal significance revealed a linear functional increase on each of the three scales with an increase in age of the counselors; counselors in the age group 51-67 years received scores higher than cor-

rectional officer norms on the Treatment dimension (see Tables 49-54). CPQ gain scores on each of the three scales, as a function of age, were clearly nonsignificant.

Counselors demonstrated no differences in their scores on any of the three scales as a function of their level of education. However, counselors with B. A. degrees and above demonstrated significantly greater negative gain scores than did those counselors with less formal education. Contrary to notions regarding the significance of this variable, especially in terms of recognition for promotion and advancement within the career ladder of the BOP, this independent variable in no way accounted for counselors attitudes as measured by the CPQ.

Precautions and Future Research

The aforementioned conclusions and foregoing discussions are based on a set of preliminary results gleaned from a recently documented instrument designed specifically for the BOP to measure attitudes and and attitude change of correctional officers at Staff Training Centers. All subjects included in the present study met the following criteria: All were counselors employed at Federal correctional institutions; they all had voluntarily become counselors and were not required to serve as such. Several limitations regarding the data must be noted.

First, although some distinct changes in attitudes were observed in the data, particularly in gain score analyses, supplemental investigations would be necessary to more adequately explain shift in bidirectionality. The six-month time interval for post-test data collection may not have been sufficient to measure definitive attitude

change. Supplemental collection of data at periodic intervals should be planned for in subsequent research endeavors.

Second, BOP counselors may not be representative of counselors, or paraprofessional treatment agents, in other settings. Comparison groups of BOP counselors and other paraprofessionals in other settings with similar and with different client populations would lend to greater generalizability of the CPQ findings.

If the CPQ continues to be utilized by the BOP to measure attitudes and attitude change over time of various professional groups within the prison system, future studies should be addressed to the documentation of norms for these other groups. Additionally, the use of other attitudinal measures should be explored. Counselors' responses to other, more commonly employed attitude measurement instruments would allow for greater generalizability and more sensitive comparisons between groups. The observed differential patterns of attitudes and attitude change may be accounted for, in part, by the attitude measure used in this study. This is an important variable and any future attempts to replicate the present study should modify the procedure by employing other instruments better suited to measure attitudes and attitude change as a concomitant of counselors' exposure to the treatment process. However, the counselors in this study were found to be extremely apprehensive in previous investigations, especially those which required their responses to "psychological" tests and questionnaires. For this reason the procedure for the collection of data was designed in order that counselors could respond anonymously. It was assumed that this methodology would lend greater reliability and validity to their

responses. Also, materials were distributed from, and returned to, the Central Office in Washington, D. C. in order that counselors at El Reno Federal Reformatory would not be aware that a co-worker (the author) was investigating their responses.

Unfortunately, the CPQ results cannot be assumed to serve as predictors of "effectiveness" or therapeutic competence of counselors. There is a need to establish behavioral correlates to the attitudes measured by the CPQ, especially with regard to the Treatment dimension. Counselors' levels of functioning in combination with their attitudes need to be more carefully examined. Such a study might lead to eventual identification of those attitudes and behaviors which are amenable to change with different types of training and practicum experiences. "Propensity for personal change in attitudes" is a meaningful factor in the selection of counselor candidates. The early identification of correctional officers and counselor trainees, who are open or resistive to change would allow for greater and more sensitive selection of treatment agents. In addition, specialized training programs could be designed to meet the individual needs of the counselor trainees.

CHAPTER VI

SUMMARY

Federal Bureau of Prison counselors were defined along several demographic dimensions. Discriminant differences on the attitude scale, on the Correctional Practices Questionnaire, were demonstrated between correctional officers and counselors employed in Federal Bureau of Prison facilities in terms of their assessment of Ambition and of their attitude toward Security; no difference was found between these two groups in their Treatment attitudes as measured by the Correctional Practices Questionnaire. Counselors' age, level of education, number of years of service in the Bureau of Prisons, number of years as a counselor, and type of correctional facility in which counselors served, were used as discriminant independent variables.

The investigation pointed out the necessity to study further, at periodic intervals, the impact of counselors' experience on their attitudes in correctional settings. The results suggest possible limitations of the Correctional Practices Questionnaire as an instrument to measure counselor attitudes and attitude change over time. Cautions and suggestions for further study were presented.

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APPENDIX A

CLASSIFICATION
OF FEDERAL BUREAU OF PRISONS
FACILITIES AND INSTITUTIONS

CLASSIFICATION

OF FEDERAL BUREAU OF PRISONS

FACILITIES AND INSTITUIONS

Type of Facility

Long-Term Adult (Penitentiaries)

Atlanta
Leavenworth
Lewisburg
Marion
McNeil Island
Terre Haute

Intermediate-Term Adult

Danbury
La Tuna
Sandstone
**Terminal Island
Texarkana
**Ft. Worth

Young Adult

El Reno
Lompoc
Milan
Petersburg
*Alderson
Seagoville
Tallahassee

Juvenile and Youth

Ashland
Englewood
**Morgantown

Medical Center for Federal Prisoners
Springfield

Short-Term Adult

Allenwood Camp
Eglin Camp
El Paso Detention Center
Florence Detention Center
Leavenworth Camp
Lampoc Camp
Marion Camp
McNeil Camp
Montgomery Camp
New York Detention Center
Safford Camp
Springfield Camp
Terre Haute Camp

*Female Offenders
**Co-Educational Institutions

Community Treatment Centers
15

APPENDIX B

INSTRUCTIONS FOR COMPLETION OF COUNSELOR'S ACTIVITIES AND CORRECTIONAL PRACTICES QUESTIONNAIRES

INSTRUCTIONS FOR COMPLETION OF COUNSELOR'S ACTIVITIES

AND CORRECTIONAL PRACTICES QUESTIONNAIRES

1. Please clip test so edges are not bent.

2. The questionnaires should not be separated.

3. All questions on both questionnaires should be answered completely.

4. Counselors may sign their questionnaires if they choose, but it is not necessary or required.

5. The completed questionnaires should be returned to the Chief Correctional Supervisor for mailing no later than _____ _____ to Mr. F. E. Arnold, Administrator of Correctional Service, Bureau of Prisons, 101 Indiana Avenue, Washington, D. C. 20534.

APPENDIX C

CORRECTIONAL PRACTICES QUESTIONNAIRE

FORM 5

University of Oklahoma
Office of Education Special Projects

EVALUATION OF STAFF TRAINING PROGRAMS BUREAU OF PRISONS

Correctional Practices Questionnaire Instructions

What we believe about our ability to change the behavior of others is important in corrections work. Below you will find a list of statements about changing behavior. Some are concerned with people in general and others are focused upon the inmate population.

Print your name and the date at the top of the rating form. Use the form number that appears at the top of this page. Use "C.P.Q." as the name of the test.

Read each statement carefully. Decide whether you agree with it or disagree with it.

Each statement is numbered. There is a corresponding number on the rating form. Following the number are five positions in which you can indicate the degree to which you agree or disagree with the statement. Position 5 indicates strong agreement; position 1 indicates strong disagreement. Fill in only one space, from 1 to 5, for each statement.

Below is an example of how to rate a statement.

EXAMPLE:

22. A worker who listens to his supervisors will profit from their directions.

22. 1_____2_____3_____4_____5_____

The rating of 5 on the example means that the person who rated it agreed very strongly with the statement. If he had strongly disagreed with the statement, he would have given it a rating of 1. If he had neither agreed nor disagreed with the statement, he would have rated it 3.

This is not a test; there are no correct or incorrect answers. Your response is important.

B E S U R E Y O U R A T E E V E R Y S T A T E M E N T.

P L E A S E U S E A P E N C I L.

OESP-BP-040572

University of Oklahoma
Office of Education Special Projects

EVALUATION OF
STAFF TRAINING PROGRAMS
BUREAU OF PRISONS

Correctional Practices Questionnaire
Form 5

1. People can change and frequently the change is for the better.

2. There is some good in all people.

3. A good worker should be promoted within two years.

4. The philosophy "turn the other cheek" will not work in real life.

5. Inmates are more likely to agree to needed change when they help in planning the change.

6. One of the most important functions of a prison is the custody of the inmate.

7. An employee who wants to advance must be willing to go to another institution.

8. One of the most important duties of the Correctional Officer is the security of the institution and his fellow officers.

9. Homosexuality among inmates is a part of life in prison.

10. An inmate will usually try to "con" you.

11. An employee should take advantage of every opportunity for training.

12. Those inmates who cannot accept regulation within the prison will probably not make it on the outside.

13. One good way to begin change in an inmate is to encourage him to accept himself as a person.

14. If an inmate knows you are tough, he will not cause you any problems.

15. A worker who is often late for duty is not going to get along with other employees.

16. If an inmate's plans for change are approved by someone he likes and respects, he is more likely to make a lasting change.

17. When I have strong negative feelings toward an inmate which interfere with my ability to work with him, I avoid contacts with him except when absolutely necessary.

18. Clearly defined limits are important in corrections work.

19. Knowing how a person feels is a first step to helping him.

20. In order to maintain security of any institution, tough rules and swift justice are necessary.

21. Most people want to be helpful.

22. If an institution is secure, more efforts can be made toward corrections.

23. A person will act differently in a group than he does alone.

24. Inmates will give a positive response to fair treatment.

25. Inmate aggression is more often directed toward inmates rather than toward the staff.

26. I evaluate an inmate's performance on the basis of how well he conforms with a minimum of prodding on my part.

27. Most people care more about being liked or being important than they care about new clothes, a big car or a color TV.

28. Black inmates are more difficult to work with than white or Indian inmates.

29. Many offenders have lost their identity and their self respect.

30. A well-run organization must have rules and penalties for breaking rules.

31. Boredom is one cause of discontent among inmates.

32. When evaluating the performance of an inmate, you should remain impersonal and rate the inmate according to a standard "checklist."

33. A Correctional Officer must be alert and on his guard.

34. Job advancement is more important than having a lot of leisure time.

APPENDIX D

HAND SCORING KEY FOR CORRECTIONAL PRACTICES QUESTIONNAIRE FORM 5

Scoring Key
CORRECTIONAL PRACTICES QUESTIONNAIRE, FORM 5
Ambition Scale

1.	2.	+ 3.	4.
5.	6.	+ 7.	8.
9.	10.	+11.	12.
13.	14.	+15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	+34.	35.	36.

+Indicates items scored in this scale

Steps for Scoring

1. Use a RED PEN or PENCIL.
2. If any answers are blank fill in 3 on the answer sheet and score it as you would score all other answers. If two answers are marked use the one closest to 3.
3. Be sure key is lined up with answer sheet as indicated.
4. Add all items. This is the raw score. Enter the raw score below.
5. Find the raw score in the left column. Enter the standard score below.

Conversion Table
Convert Raw Score to BOP
Standard Score (Pre-Test 70)

5-29	16-59
6-32	17-62
7-34	18-65
8-37	19-67
9-40	20-70
10-43	21-73
11-45	22-76
12-48	23-78
13-51	24-81
14-54	25-84
15-56	

Conversion Table
Convert Raw Score to BOP
Standard Score (Post-Test 75)

5-34	16-64
6-36	17-67
7-39	18-69
8-42	19-72
9-45	20-75
10-47	21-78
11-50	22-80
12-53	23-83
13-56	24-86
14-58	25-89
15-61	

RAW SCORE
STANDARD SCORE

Scoring Key
CORRECTIONAL PRACTICES QUESTIONNAIRE, FORM 5
Treatment Scale

+ 1.	+ 2.	3.	* 4.
+ 5.	6.	7.	8.
9.	10.	11.	12.
+13.	14.	15.	+16.
*17.	18.	+19.	20.
+ 21.	22.	23.	+24.
25.	*26.	+27	*28.
+29.	30.	+31.	+32.
33.	34.	35.	36.

+Indicates items scored GREEN in this scale.
*Indicates items scored RED in this scale.

Steps for Scoring

1. Use a RED PEN or PENCIL.
2. If any answers are blank fill in 3 on the answer sheet and score it as you would score all other answers. If two answers are marked use the one closest to 3.
3. Be sure key is lined up with answer sheet.
4. Add all the items marked with Green. Put this total on the answer sheet as indicated below.
5. Add all the items marked with Red. Enter this total below.
6. Subtract total Red from total Green. This is the raw score.
7. Find the raw score in the left hand column.

Conversion Table
Convert Raw Scores to BOP Standard Score (Pre-Test 70)

-8- 9	13-38	35-68
-7-11	14-39	36-69
-6-12	15-41	37-71
-5-13	16-42	38-72
-4-15	17-43	39-73
-3-16	18-45	40-75
-2-18	19-46	41-76
-1-19	20-47	42-77
0-20	21-49	43-79
1-22	22-50	44-80
2-23	23-52	45-81
3-24	24-53	46-83
4-26	25-54	47-84
5-27	26-56	48-86
6-28	27-57	49-87
7-30	28-58	50-88
8-31	29-60	51-90
9-32	30-61	52-91
10-34	31-62	53-92
11-35	32-64	54-94
12-37	33-65	55-95
	34-67	56-96

Conversion Table
Convert Raw Scores to BOP
Standard Score (Post-Test 75)

-8-14	13-43	35-73
-7-16	14-44	36-74
-6-17	15-46	37-76
-5-18	16-47	38-77
-4-20	17-48	39-78
-3-21	18-50	40-80
-2-22	19-51	41-81
-1-24	20-52	42-82
0-25	21-54	43-84
1-27	22-55	44-85
2-28	23-56	45-86
3-29	24-58	46-88
4-31	25-59	47-89
5-32	26-61	48-91
6-33	27-62	49-92
7-35	28-63	50-93
8-37	29-65	51-95
9-38	30-66	52-96
10-39	31-67	53-97
11-40	32-60	54-99
12-42	33-70	55-99
	34-71	56-99

TOTAL GREEN
TOTAL RED
RAW SCORE
(subtract red from green)
STANDARD SCORE

Scoring Key
CORRECTIONAL PRACTICES QUESTIONNAIRE, FORM 5
Security Scale

1.	2.	3.	4.
5.	+ 6.	7.	+ 8.
+ 9.	+10.	11.	+12.
13.	+14.	15.	16.
17.	+18.	19.	+20.
21.	+22.	+23.	24.
+25.	26.	27.	28.
29.	+30.	31.	32.
+33.	34.	35.	36.

+Indicates items scored in this scale.

Steps for Scoring

1. Use a RED PEN or PENCIL.
2. If any answers are blank fill in 3 on the answer sheet and score it as you would score all other answers. If two answers are marked use the one closest to 3.
3. Be sure key is lined up with answer sheet.
4. Add all items. This is the raw score. Enter the raw score below.
5. Find the raw score in the left column. Enter the standard score below.

Conversion Table
Convert Raw Scores to BOP Standard Scores (Pre-Test 70)

13-25	30-46	48-67
14-27	31-47	49-69
15-28	32-48	50-70
16-29	33-49	51-71
17-30	34-51	52-72
18-31	35-52	53-73
19-33	36-53	54-75
20-34	37-54	55-76
21-35	38-55	56-77
22-36	39-57	57-78
23-37	40-58	58-79
24-39	41-59	59-81
25-40	42-60	60-82
26-41	43-61	61-83
27-42	44-63	62-84
28-43	45-64	63-85
29-45	46-65	64-87
	47-66	65-88

RAW SCORE
STANDARD SCORE

Conversion Table
Convert Raw Scores to BOP Standard Scores (Post-Test 75)

13-30	30-51	48-72
14-31	31-52	49-74
15-33	32-53	50-75
16-34	33-54	51-76
17-35	34-56	52-77
18-36	35-57	53-78
19-37	36-58	54-80
20-39	37-59	55-81
21-40	38-60	56-82
22-41	39-62	57-83
23-42	40-63	58-84
24-43	41-64	59-86
25-45	42-65	60-87
26-46	43-66	61-88
27-47	44-68	62-89
28-48	45-69	63-90
29-50	46-70	64-92
	47-71	65-93

RAW SCORE
STANDARD SCORE

APPENDIX E

COUNSELOR'S ACTIVITIES QUESTIONNAIRE

COUNSELOR'S ACTIVITIES QUESTIONNAIRE

1. How many months have you been working as a counselor? _____ months

	YES	NO
2. Did you attend a formal 40-hour counselor training course?	___	___
3. Do you feel the training you are getting is helpful for your job?	___	___
4. Do you feel you are receiving adequate formal training?	___	___
5. Do you feel that you are getting enough on-the-job training?	___	___
6. Do you feel that you are getting enough supervision?	___	___

7. Who supervises you?

   CCS_____
   Counselor Coordinator_____
   Chief, C & P_____
   Other_____

8. Who gives you help when you have difficulty with a hard case?

   Fellow Counselor_____
   C.S._____
   CCS_____
   Counselor Coordinator_____
   Other_____

9. Do you feel inmates can see you as a helper? yes____ no____

10. If not, why not?

11. What is the biggest obstacle to doing your job?

12. What is the biggest positive factor in doing your job?

13. Do you work in a drug or NARA program? yes____ no____

14. Age_____

15. Years in BOP_____

16. Years of education: High School_____ College_____

Specialized Counselor Training outside the BOP_____

17. What actual duties do you perform at your institution as a counselor?

Attend team meetings_____
Fill out reports to teams for caseworkers_____
Attend adjustment committee or other disciplinary groups_____
Attend C & P staff meetings_____
Attend lieutenants' meetings_____
Write disciplinary reports: often___ seldom___ never___

What other duties do you perform routinely?

18. What are your custodial responsibilities?

Do you feel you should have more, or less, responsibility for custody?
More responsibility___ less responsibility___ the same___

19. What per cent of your time is spent actually talking with inmates?
_____hours per week or about _____%

What per cent of your time is spent on paper work?
_____hours per week or about _____%

20. Do you feel that more of your time is spent doing routine work than doing actual counseling? Please explain.

21. Do you do group counseling? yes____ no____

How long have you been involved in group counseling?_____

Do you feel comfortable doing group work? yes____ no____

Are you involved in large group counseling (therapeutic community)?
yes____ no____

22. What per cent of your caseload want help or can benefit from counseling?_____

23. Do you have a regular caseload? yes___ no___ How many?_____

24. What questions did we leave out that should be asked of counselors in the future? (Please feel free to write as much as you like on the back).

APPENDIX F

COUNSELOR ACTIVITIES CHECKLIST

COUNSELOR ACTIVITIES CHECKLIST

1. How many months have you been working as a counselor? _____months.

2. Do you understand thoroughly what is expected of you as a counselor?

3. Did you attend the second 40-hour counselor training course, "Intermediate Counseling Techniques"? yes_____ no_____

4. How do you rate this training? Excellent_____ Good_____ Fair_____ Poor_____ Did not attend_____

5. Do you feel you are receiving adequate formal training? yes_____ no_____

6. Do you work in a drug or NARA program? yes_____ no_____

7. Age_____

8. Years in the Bureau of Prisons_____

9. Years of education: High School_____ College_____

10. Do you feel there is a need of counselors office? yes____ no____

11. Would you as a counselor be happier with a lateral move to GS-09 Correctional Supervisor: yes_____ no_____

12. Do you want to become a GS-11 Supervisor? yes_____ no_____

13. Do you think that counselors should be under Case Management, rather than under two departments as they are now? yes_____ no_____

14. What cooperation do counselors get from department heads and detail supervisors? Excellent_____ Good_____ Fair_____ Poor_____

15. Are more treatment programs necessary in the correctional setting? yes_____ no_____

16. What percentage of your time is spent in the visiting room talking with parents?_____

17. What changes would you like to see made in the program?

18. How can we (Central Office) help you?

*For additional space, please use other side for answers to Questions 16 and 17, or for any additional comments.

APPENDIX G

TABLES

TABLE 1

Z Tests for Counselors' Standard Scores on the CPQ Scales for Ambition, Treatment and Security Vs. Population Mean Standard Score and Standard Deviation ($\overline{X}$ = 75; S. D. = 10)

Variable	Subjects*	Mean	S.D.	S.E. of Mean	Maximum	Minimum	Range	Z	P
Ambition	181	69.8347	7.6635	0.5696	89.2000	50.700	38.5000	-9.061	< .001
Treatment	181	74.8446	7.8257	0.5817	92.5000	44.6000	47.9000	-0.266	n.s.
Security	181	66.0330	7.4603	0.5545	87.9000	45.0000	42.9000	-16.157	< .001

*Subjects with one year or less excluded from this analysis due to probability they contributed to population sample.

TABLE 2

Z Tests for Counselors' Standard Scores on the CPQ Scales for Ambition, Treatment and Security Vs. Population Mean Standard Score and Standard Deviation ($\bar{X}$ = 75; S. D. = 10)

Variable	Subjects*	S.D.	S.E. of Mean	Z	P
Ambition	184	7.6615	.565	-9.191	< .001
Treatment	184	7.7854	.574	-0.242	n.s.
Security	184	7.4151	.547	-16.361	< .001

*All subjects included in this analysis

TABLE 3

CPQ Standard Score Means and Standard Deviation

for Years as Counselor - Ambition

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	84	68.0367	8.2783
1-2 Years (13-24 Months)	61	71.2836	7.0276
2-3 Years (25-36 Months)	17	70.6176	7.5625
3-4 Years (37-48 Months)	9	72.7222	7.5221
4-5 Years (49-60 Months)	9	71.8000	4.1334
5-9 Years (61-108 Months)	4	70.0000	4.4907

TABLE 4

Analysis of Variance for One-Way Design

for Years as Counselor - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	519.8137	5	103.9627	1.8114	< .20
Within Groups	10216.0820	178	57.3937		
TOTAL	10735.8957	183			

TABLE 5

CPQ Standard Score Means and Standard Deviations

for Years as Counselor - Treatment

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	84	74.0731	8.4089
1-2 Years (13-24 Months)	61	75.8161	6.6787
2-3 Years (25-36 Months)	17	76.3058	8.6133
3-4 Years (37-48 Months)	9	70.7999	8.5999
4-5 Years (49-60 Months)	9	78.1111	5.1319
5-9 Years (61-108 Months	4	72.5750	6.2825

TABLE 6

Analysis of Variance for One-Way Design

for Years as Counselor - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	407.6917	5	81.5383	1.3624	> .20
Within Groups	10653.0234	178	59.8484		
TOTAL	11060.7151	183			

TABLE 7

CPQ Standard Score Means and Standard Deviations

for Years as Counselor - Security

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	84	65.9888	7.5647
1-2 Years (13-24 Months)	61	65.9016	6.8231
2-3 Years (25-36 Months)	17	67.6175	9.2971
3-4 Years (37-48 Months)	9	63.2221	6.4612
4-5 Years (49-60 Months)	9	69.7221	4.9749
5-9 Years (61-108 Months)	4	61.1000	9.0763

TABLE 8

Analysis of Variance for One-Way Design

for Years as Counselor - Security

Source of Variation	SS	df	MS	F	P
Between Groups	334.7744	5	66.9549	1.2280	> .20
Within Groups	9705.0195	178	54.5226		
TOTAL	10039.7939	183			

TABLE 9

t-Tests for Counselors' Standard Scores on the CPQ Scales for Ambition, Treatment and Security for Months as Counselor (1st vs. 4th Quartile)

Variable	Subjects	Mean	S.D.	S.E. of Mean	Maximum	Minimum	Range		
Months as Counselor (1st Qt)	58	6.9310	2.9192	0.3833	9.0000	1.0000	8.0000		
Ambition	58	67.6929	8.1785	1.0739	89.2000	50.7000	38.5000		
Treatment	58	74.1601	7.4421	0.9772	88.5000	58.6000	29.9000		
Security	58	65.5705	6.7347	0.8843	80.1000	50.9000	29.2000		
Variable	**Subjects**	**Mean**	**S.D.**	**S.E. of Mean**	**Maximum**	**Minimum**	**Range**	**t***	**p**
Months as Counselor (4th At)	55	34.8362	17.2914	2.3316	99.0000	20.0000	79.000	-	-
Ambition	55	71.4743	6.8987	0.9302	89.2000	56.2000	33.0000	-2.6379	< .01
Treatment	55	75.9725	8.0666	1.0877	90.5000	54.6000	35.9000	-1.2284	n.s.
Security	55	66.5798	8.0884	1.0906	86.000	48.9000	37.1000	-0.7124	n.s.

* *t*-Test for a Difference Between Two Independent Measures

TABLE 10

CPQ Standard Score Means and Standard Deviations for Months as Counselor (Quartile Comparisons) - Ambition

Treatment Group	Subjects	Mean	Standard Deviation
0-9 Months	58	67.6931	8.1785
10-13 Months	43	69.3953	8.4463
14-22 Months	42	71.4166	6.3826
23-99 Months	41	71.5829	6.6185

TABLE 11

Analysis of Variance for Months as Counselor (Quartile Comparisons) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	504.6226	3	168.2075	2.9593	< .05
Within Groups	10231.2891	180	56.8405		
Total	10735.9117	183			

TABLE 12

Duncan's Multiple Range Test For Nearly Equal ns*

for Months as Counselor (Quartile Comparisons) -

Ambition

Comparison Groups	Difference	R	P**
Group 1 vs. Group 4			
67.6931 - 71.5829	3.8898	R4=3.3829	< .05
Group 1 vs. Group 3			
67.6931 - 71.4166	3.7235	R3=3.2719	< .05
Group 1 vs. Group 2			
67.6931 - 69.3953	1.7022	R2=3.1082	n.s.
Group 2 vs. Group 4			
69.3953 - 71.5829	2.1876	R3=3.2719	n.s.
Group 2 vs. Group 3			
69.3953 - 71.4166	2.0213	R2=3.1082	n.s.
Group 3 vs. Group 4			
71.4166 - 71.5829	0.1663	R2=3.1082	n.s.

*df = 180

**alpha = .05

TABLE 13

CPQ Standard Score Means and Standard Deviations for Months as Counselor (Quartile Compairsons) - Treatment

Treatment Group	Subjects	Mean	Standard Deviation
0-9 Months	58	74.1602	7.4421
10-13 Months	43	75.0836	8.9879
14-22 Months	42	75.0951	6.6637
23-99	41	75.3853	8.1334

TABLE 14

Analysis of Variance for Months as Counselor (Quartile Comparisons) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	44.1941	3	14.7314	0.2407	n.s.
Within Groups	11016.4922	180	61.2027		
Total	11060.6863	183			

TABLE 15

CPQ Standard Score Means and Standard Deviations For Months as Counselor (Quartile Comparisons) - Security

Treatment Groups	Subjects	Mean	Standard Deviation
0-9 Months	58	65.5706	6.7347
10-13 Months	43	66.7906	8.0355
14-22 Months	42	65.5047	7.2525
23-99 Months	41	66.5170	7.9494

TABLE 16

Analysis of Variance for Months as Counselor (Quartile Comparisons) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	58.3491	3	19.4497	0.3507	n.s.
Within Groups	9981.4883	180	55.4527		
Total	10039.8374	183			

TABLE 17

CPQ Standard Score Means and Standard Deviations

for Institution Type - Ambition

Institution Type	Subjects	Mean	Standard Deviation
Juvenile and Youth	18	70.7389	6.1034
Young Adult	57	69.8298	7.4383
Short-Term Adult	5	67.2000	8.6963
Intermediate-Term Adult	41	71.6512	7.4983
Long-Term Adult	53	68.1547	8.2889
Medical Center-Springfield	10	70.5099	7.7558

TABLE 18

Analysis of Variance for On-Way Design

for Institution Type - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	338.7246	5	67.7449	1.1598	> .20
Within Groups	10397.1602	178	58.4110		
Total	10735.8848	183			

TABLE 19

CPQ Standard Score Means and Standard Deviations

for Institution Type - Treatment

Institution Type	Subjects	Mean	Standard Deviation
Junvenile and Youth	18	71.8055	7.0772
Young Adult	57	74.4613	8.1704
Short-Term Adult	5	74.9800	5.8585
Intermediate-Term Adult	41	76.0755	7.8570
Long-Term Adult	53	74.4225	7.8839
Medical Center-Springfield	10	79.9500	3.7331

TABLE 20

Analysis of Variance for One-Way Design

for Institution Type - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	506.8813	5	101.3763	1.7098	< .20
Within Groups	10553.8047	178	59.2910		
Total	11060.6860	183			

TABLE 21

CPQ Standard Score Means and Standard Deviations

for Institution Type - Security

Institution Type	Subjects	Mean	Standard Deviation
Juvenile and Youth	18	64.2999	6.4433
Young Adult	57	66.2017	7.6231
Short-Term Adult	5	62.9600	8.1849
Intermediate-Term Adult	41	67.9511	7.4447
Long-Term Adult	53	65.9263	7.4635
Medical Center-Springfield	10	62.7699	6.1243

TABLE 22

Analysis of Variance for One-Way Design

for Institution Type - Security

Source of Variation	SS	df	MS	F	P
Between Groups	360.7686	5	72.1537	1.3269	> .20
Within Groups	9679.0586	178	54.3767		
Total	10039.8272	183			

TABLE 23

CPQ Standard Score Means and Standard Deviations for Counselors Association with Formal Treatment vs. Counselors Associated with Non-Formal Treatment Programs - Ambition

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	31	70.8613	7.5281
Non-Formal Treatment Programs	153	69.5938	7.6923

TABLE 24

Analysis of Variance for One-Way Design for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	41.4067	1	41.4067	0.7047	> .20
Within Groups	10694.3320	182	58.7601		
Total	10735.7387	183			

TABLE 25

CPQ Standard Score Means and Standard Deviations for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs - Treatment

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	31	74.6386	5.7039
Non-Formal Treatment Programs	153	74.9068	8.1445

TABLE 26

Analysis of Variance for One-Way Design for Counselors Associated With Formal Treatment vs. Counselors Associated with Non-Formal Treatment Programs - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	1.8535	1	1.8538	0.0305	> .20
Within Groups	11058.5820	182	60.7614		
Total	11060.4355	183			

TABLE 27

CPQ Standard Score Means and Standard Deviations for Counselors Associated with Formal Treatment vs. Counselors Associated with Non-Formal Treatment Programs - Security

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	31	67.0999	6.5933
Non-Formal Treatment Programs	153	65.8383	7.5631

TABLE 28

Analysis of Variance for One-Way Design for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs - Security

Source of Variation	SS	df	MS	F	P
Between Groups	41.0231	1	41.0231	0.7467	> .20
Within Groups	9998.6836	182	54.9378		
Total	10039.7067	183			

TABLE 29

CPQ Standard Score Means and Standard Deviations

for Years of BOP Experience - Ambition

Years of Experience (BOP)	Subjects	Mean	Standard Deviation
0-9 Years	23	71.7695	6.2427
10-19 Years	112	69.8471	8.1005
20-29 Years	47	68.7468	7.0971

TABLE 30

Analysis of Variance for One-Way Design

for Years of BOP Experience -

Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	141.5886	2	70.7943	1.2117	> .20
Within Groups	10457.9766	179	58.4244		
Total	10599.5652	181			

TABLE 31

CPQ Standard Score Means and Standard Deviations

for Years of BOP Experience - Treatment

Years of Experience (BOP)	Subjects	Mean	Standard Deviation
0-9 Years	23	72.8434	6.2489
10-19 Years	112	75.5117	8.1838
20-29 Years	47	74.1871	7.4789

TABLE 32

Analysis of Variance for One-Way Design

for Years of BOP Experience -

Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	162.2671	2	81.1335	1.3365	> .20
Within Groups	10866.2461	179	60.7053		
Total	11028.5132	181			

TABLE 33

CPQ Standard Score Means and Standard Deviations

for Years of BOP Experience - Security

Years of Experience (BOP)	Subjects	Mean	Standard Deviation
0-9 Years	23	67.2434	7.0788
10-19 Years	112	65.4796	7.6109
20-29 Years	47	66.8531	7.2313

TABLE 34

Analysis of Variance for One-Way Design

for Years of BOP Experience -

Security

Source of Variation	SS	df	MS	F	P
Between Groups	99.4985	2	49.7493	0.8961	> .20
Within Groups	9937.7070	179	55.5199		
Total	10037.2055	181			

TABLE 35

t-Tests for Counselors' Standard Scores on the CPQ Scales for Ambition, Treatment and Security for Years of BOP Experience (1st vs. 4th Quartile)

Variable	Subjects	Mean	S.D.	S.E. of Mean	Maximum	Minimum	Range
Yrs. of BOP Exp. (1st Qt)	47	8.4468	3.3219	0.4846	12.0000	1.0000	11.0000
Ambition	47	71.5509	6.9245	1.0100	89.2000	56.2000	33.0000
Treatment	47	73.6339	7.9080	1.1535	88.5000	54.6000	33.9000
Security	47	66.6445	7.7414	1.1292	80.1000	45.0000	35.1000

Variable	Subjects	Mean	S.D.	S.E. of Mean	Maximum	Minimum	Range	t*	p
Yrs. of BOP Exp. (4th Qt)	47	24.1062	3.2454	0.4734	32.0000	20.0000	12.0000	-	-
Ambition	47	68.7466	7.0971	1.0352	81.0000	56.2000	24.8000	-1.9181	< .10
Treatment	47	74.1871	7.4789	1.0909	86.5000	58.6000	27.9000	-0.3447	n.s.
Security	47	66.8530	7.2314	1.0548	86.0000	50.9000	35.1000	-0.1335	n.s.

* t-Test for a Difference Between Two Independent Means

TABLE 36

CPQ Standard Score Means and Standard Deviations for Years of BOP Experience (Quartile Comparisons) - Ambition

Treatment Group	Subjects	Mean	Standard Deviation
1-12 Years	47	71.5510	6.9245
13-15 Years	41	70.6414	8.9245
16-19 Years	47	68.3914	7.4786
20-32 Years	47	68.7468	7.0971

TABLE 37

Analysis of Variance for Years of BOP Experience (Quartile Comparisons) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	318.4966	3	106.1655	1.8381	< .20
Within Groups	10281.2070	178	57.7596		
Total	10599.7036	181			

TABLE 38

CPQ Standard Score Means and Standard Deviations for Years of BOP Experience (Quartile Comparisons) - Treatment

Treatment Group	Subjects	Mean	Standard Deviation
1-12 Years	47	73.6339	7.9080
13-15 Years	41	75.9389	7.4856
16-19 Years	47	75.7127	8.2935
20-32 Years	47	74.1871	7.4789

TABLE 39

Analysis of Variance for Years of BOP Experience (Quartile Comparisons) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	173.7139	3	57.9046	0.9495	n.s.
Within Groups	10854.9727	178	60.9830		
Total	11028.6866	181			

TABLE 40

CPQ Standard Score Means and Standard Deviations for Years of BOP Experience (Quartile Comparisons) - Security

Treatment Groups	Subjects	Mean	Standard Deviation
1-12 Years	47	66.6446	7.7414
13-15 Years	41	65.7121	7.6239
16-19 Years	47	64.9765	7.2895
20-32 Years	47	66.8531	7.2313

TABLE 41

Analysis of Variance for Years of BOP Experience (Quartile Comparisons) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	105.7573	3	35.2524	0.6318	n.s.
Within Groups	9931.4570	178	55.7947		
Total	10037.2143	181			

TABLE 42

CPQ Standard Score Means and Standard Deviations

for Age - Ambition

Age	Subjects	Mean	Standard Deviation
30-39 Years Old	28	70.8535	7.4521
40-49 Years Old	88	68.1601	7.0936
50-69 Years Old	66	71.5560	8.0873

TABLE 43

Analysis of Variance for One-Way Design

for Age - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	471.2439	2	235.6219	4.1641	< .025
Within Groups	10128.4883	179	56.5837		
Total	10599.7322	181			

TABLE 44

CPQ Standard Score Means and Standard Deviations

for Age - Treatment

Age	Subjects	Mean	Standard Deviation
30-39 Years Old	28	74.5785	6.7934
40-49 Years Old	88	73.7766	8.5327
50-69 Years Old	66	76.3482	7.0130

TABLE 45

Analysis of Variance for One-Way Design

for Age - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	251.5564	2	125.7782	2.0891	> .10
Withing Groups	10777.1211	179	60.2074		
Total	11028.6775	181			

TABLE 46

CPQ Standard Score Means and Standard Deviations

for Age - Security

Age	Subjects	Mean	Standard Deviation
30-39 Years Old	28	65.9928	6.4659
40-49 Years Old	88	65.0563	7.7698
50-69 Years Old	66	67.4194	7.2806

TABLE 47

Analysis of Variaance for On-Way Design

for Age Security

Source of Variation	SS	df	MS	F	P
Between Groups	210.7460	2	105.3730	1.9195	< .20
Within Groups	9826.4844	179	54.8966		
Total	10037.2304	181			

TABLE 48

t-Tests for Counselors' Standard Scores on the CPQ Scales for Ambition, Treatment and Security for Age (1st vs. 4th Quartile)

Variable	Subjects	Mean	S.D.	S.E. of Mean	Maximum	Minimum	Range		
Age (1st Qt)	53	39.1696	2.3677	0.3252	42.0000	31.0000	11.0000		
Ambition	53	69.5036	6.8398	0.9395	89.2000	56.2000	33.0000		
Treatment	53	73.3357	7.3046	1.0034	88.5000	56.6000	31.9000		
Security	53	65.7790	6.1172	0.8403	80.1000	50.9000	29.2000		
Variable	**Subjects**	**Mean**	**S.D.**	**S.E. of Mean**	**Maximum**	**Minimum**	**Range**	**t***	**p**
Age (4th Qt)	49	54.0406	3.1223	0.4460	67.0000	51.0000	16.0000	-	-
Ambition	49	71.9937	7.8116	1.1159	89.2000	56.2000	33.0000	-1.6900	< .10
Treatment	49	77.3304	6.6778	0.9540	92.5000	62.6000	29.9000	-2.8570	< .01
Security	49	67.9447	7.1833	1.0262	87.9000	45.0000	42.9000	-1.6167	< .10

*-t-Test for a Difference Between Two Independent Measures

TABLE 49

CPQ Standard Score Means and Standard Deviations for Age (Quartile Comparisons) - Ambition

Treatment Group	Subjects	Mean	Standard Deviation
31-41 Year	43	69.9069	6.5335
42-46 Years	45	68.1355	6.9980
47-50 Years	45	68.9977	8.7037
51-67 Years	49	71.9939	7.8116

TABEL 50

Analysis of Variance for Age (Quartile Comparisons) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	389.9556	3	129.9852	2.2662	< .10
Within Groups	10209.7656	178	57.3582		
Total	10599.7212	181			

TABLE 51

CPQ Standard Score Means and Standard Deviations for Age (Quartile Comparisons) - Treatment

Treatment Group	Subjects	Mean	Standard Deviation
31-41 years	43	74.1162	6.8320
42-46 Years	45	73.9888	9.4875
47-50 Years	45	73.6421	7.6033
51-67 Years	49	77.3305	6.6778

TABLE 52

Analysis of Variance for Age (Quartile Comparisons) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	423.6394	3	141.2131	2.3702	< .10
Within Groups	10605.0430	178	59.5789		
Total	11028.6824	181			

TABLE 53

CPQ Standard Score Means and Standard Deviations for Age (Quartile Comparisons) - Security

Treatment Group	Subjects	Mean	Standard Deviation
31-41 Years	43	65.7999	6.4766
42-46 Years	45	66.2977	7.6953
47-50 Years	45	64.0088	8.0118
51-67 Years	49	67.9448	7.1832

TABLE 54

Analysis of Variance for Age (Quartile Comparisons) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	368.8611	3	122.9537	2.2636	< .10
Within Groups	9668.3672	178	54.3167		
Total	10037.2283	181			

TABLE 55

CPQ Standard Score Means and Standard Deviations

for Levels of Education - Ambition

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	119	69.4148	7.9266
Some College	55	70.9745	7.0256
B.A. and Above	9	67.8444	8.1271

TABLE 56

Analysis of Variance for One-Way Design

for Levels of Education - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	127.9427	2	63.9713	1.0855	> .20
Within Groups	10607.7930	180	58.9322		
Total	10735.7357	182			

TABLE 57

CPQ Standard Score Means and Standard Deviations

for Levels of Education - Treatment

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	119	74.1512	7.7759
Some College	55	76.3762	8.0174
B.A. and Above	9	74.5888	5.6348

TABLE 58

Analysis of Variance for One-Way Design

for Levels of Education - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	186.8319	2	93.4160	1.5484	> .20
Within Groups	10859.8203	180	60.3323		
Total	11046.6522	182			

TABLE 59

CPQ Standard Score Means and Standard Deviations

for Levels of Education - Security

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	119	65.4119	7.2187
Some College	55	67.2854	7.9918
B.A. and Above	9	67.1333	6.0889

TABLE 60

Analysis of Variance for One-Way Design

for Levels of Education - Security

Source of Variation	SS	df	MS	F	P
Between Groups	142.9409	2	71.4704	1.3002	> .20
Within Groups	9894.5000	180	54.9694		
Total	10037.4409	182			

TABLE 61

Means and Standard Deviations for Independent Variables: Years of Experience in BOP, Age, Months as Counselor; CPQ Assessment of Ambition and Attitudes of Treatment and Security

Variables	Subjects	Mean	Standard Deviation
Years of Experience in BOP	184	17.7717	15.0697
Age	182	46.5989	6.1616
Months as Counselor	182	16.0879	6.2537
Ambition	184	69.8073	7.6615
Treatment	184	74.8612	7.7854
Security	184	66.0505	7.4151

TABLE 62

Pearson Product-Moment Coefficient Correlation Matrix Between Dependent Variables:

Years of Experience in BOP, Age, Months as Counselor; CPQ Assessment

Ambition and Attitudes of Treatment and Security

(Sample Sizes in Parentheses)

	Yrs. in BOP	Age	Mos. as Counselor	Ambition	Treatment	Security
Yrs. in BOP	1.00000 (184)	0.04486 (182)	0.03858 (182)	0.14212 (184)	0.01003 (184)	0.01630 (184)
Age	0.04486 (182)	1.00000 (182)	0.39221* (182)	0.10043 (182)	0.17365**** (182)	0.11026 (182)
Mos. as Counselor	0.03858 (182)	0.39221* (182)	1.00000 (182)	-0.11850 (182)	0.06215 (182)	0.02891 (182)
Ambition	0.14212 (184)	0.10043 (182)	-0.11850 (182)	1.00000 (184)	0.29743** (184)	0.26662** (184)
Treatment	0.01003 (184)	0.17365**** (182)	0.06215 (182)	0.29743** (184)	1.00000 (184)	0.23489*** (184)
Security	0.01630 (184)	0.11026 (182)	0.02891 (182)	0.26662** (184)	0.23489*** (184)	1.00000 (184)

* P < .001 *** P < .02
** P < .01 **** P < .10

TABLE 63

CPQ Gain Scores and Standard Deviations for Years as Counselor (Matched Subjects) - Ambition

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	67	-1.0284	8.4990
1-2 Years (13-24 Months)	37	3.1946	8.6613
2-3 Years (25-36 Months)	14	1.3786	7.8294
3-9 Years (37-108 Months)	9	-1.8222	9.1007

TABLE 64

Analysis of Variance for One-Way Design for Years as Counselor Gain Scores (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	483.4885	3	161.1628	2.2204	< .10
Within Groups	8927.5313	123	72.5815		
Total	9411.0198	126			

TABLE 65

CPQ Gain Scores and Standard Deviations for Years as Counselor (Matched Subjects) - Treatment

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	67	-2.2806	9.0824
1-2 Years (13-24 Months)	37	-1.4595	5.3512
2-3 Years (25-36 Months)	14	-6.3857	8.9828
3-9 Years (37-108 Months)	9	-1.0667	9.0670

TABLE 66

Analysis of Variaance for One-Way Design for Years as Counselor Gain Scores (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	272.0803	3	90.6934	1.3634	> .20
Within Groups	8181.8594	123	66.5192		
Total	8453.9397	126			

TABLE 67

CPQ Gain Scores and Standard Deviations for Years as Counselor (Matched Subjects) - Security

Years as Counselor	Subjects	Mean	Standard Deviation
0-1 Years (0-12 Months)	67	-3.4373	6.9673
1-2 Years (13-24 Months)	37	-2.4595	5.6551
2-3 Years (25-36 Months)	14	-0.8071	9.9844
3-9 Years (37-108 Months)	9	-1.0556	7.9839

TABLE 68

Analysis of Variance for One-Way Design for Years as Counselor Gain Scores (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	113.0563	3	37.6854	0.7524	> .20
Within Groups	6161.0156	123	50.0896		
Total	6274.0719	126			

TABLE 69

CPQ Standard Score Means and Standard Deviations

for Matched Subjects (Pre-Test) - Ambition

Institution	Subjects	Mean	Standard Deviation
Ashland	6	71.4000	3.74753
Morgantown	3	74.1333	5.73265
El Reno	6	67.7166	5.75896
Lompoc	6	62.6666	6.59899
Milan	4	67.0500	5.70058
Petersburg	8	63.9500	9.63179
Seagoville	7	66.5571	5.87646
Tallahassee	5	68.8000	13.69488
Atlanta	12	64.7333	6.87291
Leavenworth	6	65.8833	4.13590
Lewisburg	6	60.8333	7.72053
Marion	3	64.9667	7.25695
McNeil Island	6	58.5667	5.10594
Terre Haute	10	61.1299	7.36539
Danbury	3	62.2333	7.29475
La Tuna	4	63.6000	7.26957
Sandstone	2	62.2500	3.88909
Terminal Island (Male)	8	67.0250	3.82165
Texarkana	4	66.3500	3.56324
Eglin	3	63.1333	6.94718
Safford	2	63.6000	1.97990
Alderson	7	56.7285	5.03909
Medical Center-Springfield	6	60.8500	6.22149

TABLE 70

Analysis of Variance for One-Way Design for Matched Subjects (Pre-test) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	1811.7344	22	82.3516	1.8154	< .025
Withing Groups	4717.6172	104	45.3617		
Total	6529.3516	126			

TABLE 71

CPQ Standard Score Means and Standard Deviations

for Matched Subjects (Pre-Test) - Treatment

Institution	Subjects	Mean	Standard Deviation
Ashland	6	72.1666	6.97385
Morgantown	3	69.2000	4.38634
El Reno	6	74.2166	6.31392
Lompoc	6	76.2500	4.58857
Milan	4	73.1000	6.17387
Petersburg	8	70.0000	10.16435
Seagoville	7	75.8857	8.17271
Tallahassee	5	69.9200	7.84805
Atlanta	12	67.3999	10.47863
Leavenworth	6	74.8833	5.73112
Lewisburg	6	74.6666	6.01686
Marion	3	70.1333	3.92598
McNeil Island	6	74.2333	10.31923
Terre Haute	10	72.6800	6.22732
Danbury	3	71.9333	7.51088
La Tuna	4	76.1500	4.89251
Sandstone	2	69.6500	7.70746
Terminal Island (Male)	8	71.9000	7.80036
Texarkana	4	73.4250	7.00208
Eglin	3	71.5000	3.11769
Safford	2	68.3000	5.79827
Alderson	7	78.2285	4.74210
Medical Center-Springfield	6	78.2833	5.20324

TABLE 72

Analysis of Variance for One-Way Design for Matched Subjects (Pretest) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	1229.3630	22	55.8801	1.0248	> .20
Within Groups	5671.0195	104	54.5290		
Total	6900.3825	126			

TABLE 73

CPQ Standard Score Means and Standard Deviations

for Matched Subjects (Pre-Test) - Security

Institution	Subjects	Mean	Standard Deviation
Ashland	6	65.6000	3.90077
Morgantown	3	63.4000	7.33212
El Reno	6	63.6000	7.14982
Lompoc	6	59.2000	7.52915
Milan	4	58.8000	5.58569
Petersburg	8	63.4500	4.75424
Seagoville	7	63.1714	5.95986
Tallahassee	5	63.4800	6.03589
Atlanta	12	64.7999	8.22678
Leavenworth	6	63.6000	6.38373
Lewisburg	6	59.4000	6.48444
Marion	3	72.2000	3.46410
McNeil Island	6	63.4000	7.02452
Terre Haute	10	64.0800	9.05892
Danbury	3	63.0000	6.34980
La Tuna	4	60.9000	6.81469
Sandstone	2	62.4000	2.54559
Terminal Island (Male)	8	66.9000	6.00856
Texarkana	4	65.7000	8.44985
Eglin	3	62.6000	3.66606
Safford	2	59.4000	5.09118
Alderson	7	66.2571	3.58090
Medical Center-Springfield	6	63.2000	8.15352

TABLE 74

Analysis of Variance for One-Way Design for Matched Subjects (Pretest) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	760.0747	22	34.5488	0.7716	> .20
Within Groups	4656.5664	104	44.7747		
Total	5416.6411	126			

TABLE 75

CPQ Gain Scores and Standard Deviations for Institutions

(Matched Subjects) - Ambition

Institution	Subjects	Mean	Standard Deviation
Ashland	6	-7.80000	6.83783
Morgantown	3	-5.49999	4.76340
El Reno	6	3.20000	6.62118
Lompoc	6	2.78333	7.58852
Milan	4	0.70000	5.65921
Petersburg	8	-1.38750	9.41433
Seagoville	7	-3.94285	10.64061
Tallahassee	5	-3.28000	14.98322
Atlanta	12	1.37500	8.06621
Leavenworth	6	-2.28333	5.66538
Lewisburg	6	-0.90000	6.41560
Marion	3	-4.56667	3.14696
McNeil Island	6	6.88333	8.27753
Terre Haute	10	-0.29000	7.83586
Danbury	3	11.89999	8.44511
La Tuna	4	-3.45000	6.49641
Sandstone	2	2.75000	3.88909
Terminal Island (Male)	8	0.01250	9.75051
Texarkana	4	2.75000	2.24574
Eglin	3	-6.43333	11.14285
Safford	2	6.85000	5.86899
Alderson	7	7.85714	7.15701
Medical Center-Springfield	6	3.65000	8.82603

TABLE 76

Analysis of Variance of CPQ Gain Scores

for Institutions - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	2376.6211	22	108.0282	1.5971	< .10
Within Groups	7034.3828	104	67.6383		
Total	9411.0039	126			

TABLE 77

CPQ Gain Scores and Standard Deviations for Institutions

(Matched Subjects) - Treatment

Institution	Subjects	Mean	Standard Deviation
Ashland	6	-3.25000	10.23576
Morgantown	3	-6.26666	4.21584
El Reno	6	-9.96666	13.27292
Lompoc	6	-1.38333	6.85256
Milan	4	0.40000	8.01623
Petersburg	8	-2.42500	6.03081
Seagoville	7	-7.14285	7.61486
Tallahassee	5	4.01999	6.08662
Atlanta	12	2.34166	10.80718
Leavenworth	6	-6.64999	10.82751
Lewisburg	6	-4.76666	4.03815
Marion	3	-6.53333	5.00133
McNeil Island	6	-2.33333	8.05398
Terre Haute	10	-0.32000	4.81866
Danbury	3	-3.03333	5.22908
La Tuna	4	-2.62500	7.50749
Sandstone	2	-2.10000	6.36396
Terminal Island (Male)	8	-0.85000	6.70500
Texarkana	4	4.62499	10.44329
Eglin	3	-4.56667	6.08714
Safford	2	6.25000	1.20208
Alderson	7	-5.54285	6.71537
Medical Center-Springfield	6	-3.73333	7.55636

TABLE 78

Analysis of Variance of CPQ Gain Scores

for Institutions - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	1761.8843	22	80.0856	1.2446	> .20
Within Groups	6692.0625	104	64.3467		
Total	8453.9468	126			

TABLE 79

CPQ Gain Scores and Standard Deviations for Institutions

(Matched Subjects) - Security

Institution	Subjects	Mean	Standard Deviation
Ashland	6	-2.51666	7.91717
Morgantown	3	-6.46666	6.37050
El Reno	6	-6.66666	7.97864
Lompoc	6	2.26666	4.18839
Milan	4	-2.17500	10.11051
Petersburg	8	1.20000	6.02424
Seagoville	7	-1.98571	6.81014
Tallahassee	5	-1.60000	8.34026
Atlanta	12	-3.65000	8.20138
Leavenworth	6	-4.06666	8.57710
Lewisburg	6	-2.13333	7.62539
Marion	3	-2.90000	1.95192
McNeil Island	6	-0.63333	4.65474
Terre Haute	10	-4.75000	5.30183
Danbury	3	6.93333	10.73607
La Tuna	4	0.57500	7.29903
Sandstone	2	-2.85000	5.72756
Terminal Island (Male)	8	-5.92500	7.13196
Texarkana	4	0.17500	7.13880
Eglin	3	-6.96666	5.68008
Safford	2	2.05000	3.18198
Alderson	7	-6.74285	5.91096
Medical Center-Springfield	6	-4.31667	6.25697

TABLE 80

Analysis of Variance of CPQ Gain Scores

by Institution - Security

Source of Variation	SS	df	MS	F	P
Between Groups	1176.7588	22	53.4890	1.0913	> .20
Within Groups	5097.3086	104	49.0126		
Total	6274.0674	126			

TABLE 81

CPQ Gain Scores and Standard Deviations for Institution-Type (Matched Subjects) - Ambition

Institution Type	Subjects	Mean	Standard Deviation
Juvenile and Youth	9	-7.0333	6.0181
Young Adult	43	0.8977	9.5040
Short-Term Adult	5	0.5400	10.7125
Intermediate-Term Adult	21	-0.7714	6.1443
Long-Term Adult	43	1.5930	8.5393
Medical Center-Springfield	6	3.6500	8.8260

TABLE 82

Analysis of Variance for One-Way Design of CPQ Gain Scores for Institution Type (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	661.4180	5	132.2836	1.8294	< .20
Within Groups	8749.6250	121	72.3109		
Total	9411.0430	126			

TABLE 83

CPQ Gain Scores and Standard Deviations for Institution-Type (Matched Subjects) - Treatment

Institution Type	Subjects	Mean	Standard Deviation
Juvenile and Youth	9	-4.2556	8.4971
Young Adult	43	-3.5953	8.5663
Short-Term Adult	5	5.4800	15.5378
Intermediate-Term Adult	21	-3.7429	7.4516
Long-Term Adult	43	0.9139	6.7015
Medical Center-Springfield	6	-3.7333	7.5564

TABLE 84

Analysis of Variance for One-Way Design of CPQ Gain Scores for Institution Type (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	546.3845	5	109.2769	1.6721	< .20
Within Groups	7907.5820	121	65.3519		
Total	8453.9665	126			

TABLE 85

CPQ Gain Scores and Standard Deviations for Institution-Type (Matched Subjects) - Security

Institution	Subjects	Mean	Standard Deviation
Juvenile and Youth	9	-3.8333	7.2954
Young Adult	43	-2.2000	7.2561
Short-Term Adult	5	1.9400	8.9771
Intermediate-Term Adult	21	-4.5048	6.8094
Long-Term Adult	43	-2.3767	6.8539
Medical Center-Springfield	6	-4.3167	6.2570

TABLE 86

Analysis of Variance for One-Way Design of CPQ Gain Scores for Institution Type (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	218.5269	5	43.7054	0.8733	> .20
Within Groups	6055.5508	121	50.0459		
Total	6274.0777	126			

TABLE 87

CPQ Gain Scores and Standard Deviations for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs (Matched Subjects) - Ambition

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	17	3.5588	8.1168
Non-Formal Treatment Programs	110	-0.0755	8.6535

TABLE 88

Analysis of Variance for One-Way Design of CPQ Gain Scores for Counselors Associated with Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	194.4795	1	194.4795	2.6377	< .20
Within Groups	9216.4453	125	73.7316		
Total	9410.9248	126			

TABLE 89

CPQ Gain Scores and Standard Deviations for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs (Matched Subjects) - Treatment

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	17	-3.6588	4.9092
Non-Formal Treatment Programs	110	-2.2145	8.5871

TABLE 90

Analysis of Variance for One-Way Design of CPQ Gain Scores for Counselors Associated with Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	30.7141	1	30.7141	0.4558	> .20
Within Groups	8423.1367	125	67.3851		
Total	8453.8508	126			

TABLE 91

CPQ Gain Scores and Standard Deviations for Counselors Associated With Formal Treatment vs. Counselors Associated With Non-Formal Treatment Programs (Matched Subjects) - Security

Treatment Programs	Subjects	Mean	Standard Deviation
Formal Drug Treatment Programs	17	0.4471	6.5764
Non-Formal Treatment Programs	110	-3.1791	7.0310

TABLE 92

Analysis of Variance for One-Way Design of CPQ Gain Scores for Counselors Associated with Formal Treatment vs. Counselors Associated with Non-Formal Treatment Programs (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	193.6086	1	193.6086	3.9802	< .05
Within Groups	6080.4219	125	48.6434		
Total	6274.0305	126			

TABLE 93

CPQ Gain Scores and Standard Deviations for Years of BOP Experience (Matched Subjects) - Ambition

Years of Experience	Subjects	Mean	Standard Deviation
0-9 Years	10	2.2100	9.5222
10-19 Years	84	0.7524	8.3483
20-29 Years	33	-1.0030	9.1894

TABLE 94

Analysis of Variance for One-Way Design of CPQ Gain Scores for Years of BOP Experience (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	108.1357	2	54.0679	0.7207	> .20
Within Groups	9302.8750	124	75.0232		
Total	9411.0107	126			

TABLE 95

CPQ Gain Scores and Standard Deviations for Years of BOP Experience (Matched Subjects) - Treatment

Years of Experience	Subjects	Mean	Standard Deviation
0-9 Years	10	-1.9400	6.1067
10-19 Years	84	-2.5190	8.8818
20-29	33	-2.2667	6.9973

TABLE 96

Analysis of Variance for One-Way Design of CPQ Gain Scores for Years of BOP Experience (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	3.8853	2	1.9426	0.0285	> .20
Within Groups	8450.0313	124	68.1454		
Total	8453.9166	126			

TABLE 97

CPQ Gain Scores and Standard Deviations for Years of BOP Experience (Matched Subjects) - Security

Years of Experience	Subjects	Mean	Standard Deviation
0-9 Years	10	-4.6800	7.5488
10-19 Years	84	-3.0476	6.8235
20-29 Years	33	-1.1909	7.4419

TABLE 98

Analysis of Variance for One-Way Design of CPQ Gain Scores for Years of BOP Experience (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	124.4993	2	62.2496	1.2552	> .20
Within Groups	6149.5742	124	49.5933		
Total	6274.0735	126			

TABLE 99

CPQ Gain Scores and Standard Deviations for Age

(Matched Subjects) - Ambition

Age	Subjects	Mean	Standard Deviation
30-39 Years	19	3.3316	9.3340
40-49 Years	58	0.2845	8.5669
50-59 Years	50	-0.5520	8.3911

TABLE 100

Analysis of Variance for One-Way Design of CPQ Gain Scores

for Age (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	209.3613	2	104.6807	1.4107	> .20
Within Groups	9201.6797	124	74.2071		
Total	9411.0410	126			

TABLE 101

CPQ Gain Scores and Standard Deviations for Age

(Matched Subjects) - Treatment

Age	Subjects	Mean	Standard Deviation
30-39 Years	19	-3.5316	8.5951
40-49 Years	58	-2.1724	8.4872
50-59	50	-2.2540	7.8115

TABLE 102

Analysis of Variance for One-Way Design of CPQ Gain Scores

for Age (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	28.3910	2	14.1955	0.2089	> .20
Within Groups	8425.5781	124	67.9482		
Total	8453.9691	126			

TABLE 103

CPQ Gain Scores and Standard Deviations for Age

(Matched Subjects) - Security

Age	Subjects	Mean	Standard Deviation
30-39 Years	19	-2.5053	7.9975
40-49 Years	58	-2.9879	7.0875
50-59 Years	50	-2.4240	6.7766

TABLE 104

Analysis of Variance for One-Way Design of CPQ Gain Scores

for Age (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	9.3328	2	4.6664	0.0924	> .20
Within Groups	6264.7461	124	50.5221		
Total	6274.0789	126			

TABLE 105

CPQ Gain Scores and Standard Deviations for Levels of Education (Matched Subjects) - Ambition

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	87	0.6299	8.4074
Some College	34	-0.1559	8.3960
B.A. and Above	6	0.4500	14.0773

TABLE 106

Analysis of Variance for One-Way Design of CPQ Gain Scores for Education (Matched Subjects) - Ambition

Source of Variation	SS	df	MS	F	P
Between Groups	15.1035	2	7.5517	0.0997	> .20
Within Groups	9395.8945	124	75.7733		
Total	9410.9980	126			

TABLE 107

CPQ Gain Scores and Standard Deviations for Levels of Education (Matched Subjects) - Treatment

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	87	-2.8563	8.2147
Some College	34	-0.0529	7.6467
B.A. and Above	6	-9.2500	6.8419

TABLE 108

Analysis of Variance for One-Way Design of CPQ Gain Scores for Education (Matched Subjects) - Treatment

Source of Variation	SS	df	MS	F	P
Between Groups	486.9363	2	243.4681	3.7894	< .025
Within Groups	7966.9766	124	64.2498		
Total	8453.9129	126			

TABLE 109

CPQ Gain Scores and Standard Deviations for Levels of Education (Matched Subjects) - Security

Levels of Education	Subjects	Mean	Standard Deviation
High School or Less	87	-3.2908	6.4257
Some College	34	-0.7441	8.5177
B.A. and Above	6	-5.0833	5.1871

TABLE 110

Analysis of Variance for One-Way Design of CPQ Gain Scores for Education (Matched Subjects) - Security

Source of Variation	SS	df	MS	F	P
Between Groups	194.5070	2	97.2535	1.9836	< .20
Within Groups	6079.5664	124	49.0287		
Total	6274.0734	126			

APPENDIX H

RAW DATA

TABLE 111

Pre* and Post-Test Mean Standard Scores from the CPQ on the Scales Ambition, Treatment and Security According to Institution Type (Matched Subjects)

Institution Type	Subjects	Pre-Test Ambition	Treatment	Security	Post-Test Ambition	Treatment	Security
Juvenile and Youth							
Morgantown	3	74.1333	69.2000	63.4000	73.6333	67.9333	61.9333
Ashland	6	71.4000	72.1666	65.6000	68.6000	73.9166	68.0833
Young Adult							
El Reno	6	67.7166	74.2166	63.6000	75.9166	69.2500	61.9333
Petersburg	8	63.9500	70.0000	63.4500	67.5625	72.5750	69.6500
Milan	4	67.0500	73.1000	58.8000	69.9750	76.0750	64.0250
Seagoville	7	66.5571	75.8857	63.1714	68.0000	73.1571	64.8143
Tallahassee	5	68.8000	69.9200	63.4800	70.5200	78.9400	66.8800
Lompoc	6	62.6666	76.2500	59.2000	70.4500	79.8667	66.4666
Alderson	7	56.7285	78.2285	66.2571	69.5857	77.6857	64.5143
Short-Term Adult							
Safford	2	63.6000	68.3000	59.4000	75.4500	79.5500	66.4500
Eglin	3	63.1333	71.5000	62.6000	61.7000	71.9333	60.6333
Intermediate-Term Adult							
Sandstone	2	62.2500	69.6500	62.4000	70.0000	72.5500	64.5500
La Tuna	4	63.6000	76.1500	60.9000	65.1500	78.5250	66.4750
Danbury	3	62.2333	71.9333	63.0000	79.1333	73.9000	74.9333
Terminal Island	8	67.0250	71.9000	66.9000	72.0375	76.0500	65.9750
Texarkana	4	66.3500	73.4250	65.7000	74.1000	83.0500	70.8750

Institution Type	Subjects	Pre-Test Ambition	Treatment	Security	Post-Test Ambition	Treatment	Security
Long-Term Adults							
Leavenworth	6	65.8833	74.8833	63.6000	68.6000	73.2333	64.5333
Terre Haute	10	61.1299	72.6800	74.0800	65.8400	77.3600	64.3300
Atlanta	12	64.7333	67.3999	64.7999	71.1083	74.7416	66.1499
Marion	3	64.9667	70.1333	72.2000	63.6333	66.6000	73.0000
McNeil Island	6	58.5667	74.2333	63.4000	70.4500	76.9000	67.7666
Lewisburg	6	60.8333	74.6666	59.4000	64.9333	74.9000	62.2666
Medical Center Springfield	6	60.8500	78.2833	63.2000	69.5000	79.5500	63.8833

*Pre-test Standard Scores adjusted to conform with documentation.

TABLE 112

Demographic Data of Counselors According to

Institution Type (Matched Subjects)

Institution Type	Subjects	Mean Months as Counselor	Mean Age	Mean Years in BOP	Mean Years of Education
Junvenile and Youth					
Morgantown	3	12.0000	41.6667	4.6667	13.0000
Ashland	6	11.3333	43.5000	16.3333	12.8333
Young Adult					
El Reno	6	17.3333	43.6666	14.0000	13.1667
Petersburg	8	12.3750	46.6250	17.2500	12.0000
Milan	4	10.0000	51.0000	16.5000	12.0000
Seagoville	7	20.4286	49.2857	17.1428	12.7143
Tallahassee	5	35.4000	47.6000	19.8000	12.6000
Lompoc	6	22.5000	45.6666	16.8333	13.5000
Alderson	7	32.5714	42.4856	12.0000	12.5000
Short-Term Adult					
Safford	2	13.5000	47.0000	14.0000	12.0000
Eglin	3	7.3333	44.6667	18.6667	12.0000
Intermediate-Term Adult					
Sandstone	2	9.0000	44.5000	17.0000	12.5000
La Tuna	4	25.0000	43.0000	13.7500	13.2500
Danbury	3	24.3333	46.6667	13.3333	12.3333
Terminal Island	8	15.7500	53.6250	15.0000	12.2550
Texarkana	4	15.5000	50.7500	16.2500	12.7500

Institution Type	Subjects	Mean Months as Counselor	Mean Age	Mean Years in BOP	Mean Years of Education
Long-Term Adult					
Leavenworth	6	18.3333	47.8333	19.6667	13.3333
Terre Haute	10	11.1000	46.1000	19.5000	12.4000
Atlanta	12	32.0833	48.0000	16.4166	12.7500
Marion	3	6.3333	44.0000	11.3333	12.0000
McNeil Island	6	9.5000	49.1667	17.6666	13.6667
Lewisburg	6	9.0000	46.1666	18.6667	12.1667
Medical Center Springfield	6	13.3333	50.0000	21.0000	12.0000

TABLE 113

Education Level of Counselors - Mean Standard Scores from the CPQ on the Scales of Ambition, Treatment and Security

Level of Education	Subjects	CPQ Ambition	Treatment	Security
High School or Less	119	69.4147	74.1517	65.4122
Some College	55	70.9743	76.3762	67.2852
B.A. Degree and Above	9	67.8444	74.5889	67.1333

TABLE 114

Years (Months) of Experience as Counselor - Mean Scores from the CPQ on the Scales of Ambition, Treatment and Security

Years as Counselor	Subjects	CPQ Ambition	Treatment	Security
0-1 Years (0-12 Months)	84	68.0365	74.0735	65.9890
1-2 Years (13-24 Months)	61	71.2834	75.8162	65.9014
2-3 Years (25-36 Months)	17	70.6176	76.3058	67.6176
3-4 Years (37-48 Months)	9	72.7222	70.8000	63.2222
4-5 Years (49-60 Months)	9	71.8000	78.1111	69.7222
5-6 Years (61-72 Months)	2	67.2500	74.5500	56.7000
6-7 Years (73-84 Months)	-	-	-	-
7-8 Years (85-96 Months)	-	-	-	-
8-9 Years (97-108 Months)	2	72.7500	70.6000	65.5000

TABLE 115

Years of BOP Experience - Mean Scores from the CPQ on the Scales of Ambition, Treatment and Security

Years of BOP Experience	Subjects	CPQ Ambition	Treatment	Security
0-9 Years	23	71.7695	72.8434	67.2434
10-19 Years	112	69.8469	75.5121	65.4800
20-29 Years	43	68.5045	73.6417	66.2068
30-39 Years	4	71.3500	80.0500	73.8000

TABLE 116

Age of Counselors - Mean Scores from the CPQ on the Scales of Ambition, Treatment and Security

Age	Subjects	CPQ Ambition	Treatment	Security
30-39 Years Old	28	70.8535	74.5785	65.9927
40-49 Years Old	88	68.1599	73.7769	65.0565
50-59 Years Old	63	71.4125	75.9918	67.1236
60-69 Years Old	3	74.5667	83.8333	73.6333

TABLE 117

Counselors in NARA and Drug Abuse Programs vs. Counselors Not Working With Formal Treatment Programs - Mean Scores from the CPQ on the Scales of Ambition, Treatment and Security

Formal vs. Non-Formal Treatment Programs	Subjects	CPQ Ambition	Treatment	Security
NARA and Drug Abuse Programs	31	70.8612	74.6386	67.0999
Non-Formal Treatment Programs	153	69.5936	74.9072	65.8386

TABLE 118

Mean Scores from the CPQ on the Scales of Ambition, Treatment and Security According to Institution Type

Type Institution	Subjects	CPQ Ambition	CPQ Treatment	CPQ Security	Months as Counselor	Age	Years in BOP	Education
Juvenile and Youth	18	70.7388	71.8055	64.2999	20.9999	44.3888	13.6666	12.8333
Young Adult	57	69.8296	74.4612	66.2015	19.9297	46.2454	16.5437	12.6964
Short-Term Adult	5	67.2000	74.9800	62.9600	9.8000	45.6000	16.8000	12.0000
Intermediate Term-Adult	41	71.6511	76.0755	67.9511	17.0244	47.7434	13.3333	12.8293
Long-Term Adult	53	68.1545	74.4224	65.9262	17.1508	46.6036	17.6791	12.7736
Medical Center-Springfield	10	70.5099	79.9500	62.7700	10.0000	48.6000	19.8000	12.4000