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Prison Reformation: A Five- Step Plan and Evidence of Community Support

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Running Head: A FIVE-STEP PLAN TOWARDS PRISON REFORMATION

Prison Reformation: A Five-Step Plan and Evidence of Community Support

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TO THE PACE UNIVERSITY PFORZHEIMER HONORS COLLEGE:

As thesis advisor for Nicole Marie Borger, I have read this paper and find it satisfactory.



Thesis Advisor

5/6/2010

Date

Précis

The current state prison systems in the United States do not act as efficient correctional systems. Instead, they act as detention centers that only serve to house offenders in between crimes. I believe that the main reason for the high rates of recidivism in prisons can be pinpointed to a correlation with the high rates of mental illness in criminal offenders; the terms of imprisonment serve to intensify mental illness and induce psychological pains, thereby reducing the ability of offenders upon release to become contributing members of society. As a result, once an offender is no longer incarcerated the only way of life he/she knows is a return to their former deviant behaviors.

It was my goal with this research paper to not only prove that the current state prison system works to create criminals instead of correcting offenders, but also to provide a therapeutic plan for incarceration to put into place over the current punitive system that exists today. In following this five step plan for prison reformation, state prison systems could serve to effectively reduce recidivism, creating an overall decrease in crime rates. As I studied this topic I realized that the only way to implement this plan would be to gain community support; after all, the tax payers have the power of the purse. I determined that the best way to increase community support for such a huge reformation of the prison system was through increasing the amount of knowledge the community at large had regarding mental illness.

In order to support the hypothesis that the more information regarding mental illness in a prison setting people had, the more likely they would be to support therapeutic methods of incarceration I, along with two colleagues, Colleen Kelley and Adisa Alghali, conducted a research study entitled “Effect of Information Regarding Mentally Ill Offenders on Community

Perception of Sentencing,” which proved there is a significant correlation between the amount of information one receives about mental illness and recidivism, and their willingness to allow for therapeutic over punitive methods of incarceration.

To carry out this research study we presented pamphlets with varying levels of information regarding mental illness to a sample of 131 people aged 18 and over. These participants were then presented with surveys and vignettes involving mental illness in a prison setting. In the vignettes the participants were asked to select an appropriate sentence for an offender presenting with a possible mental illness. The study showed that for those people who were presented with the most amount of information regarding mental illness, when presented with a mental illness from the pamphlet, the most common response was to select a method of therapeutic incarceration.

This research will help create a larger, and much needed, space for psychology within the walls of the criminal justice system, and, will also serve to decrease recidivism rates in the community. In the future I would like to expand upon my research by actually introducing the aspects of the five step plan for prison reformation to a small sample of inmates and seeing if there is validity in my hypothesis. In addressing the propensity to commit crime as a deficit within the individual, and working to heal and cure that deficit through therapeutic methods of incarceration as opposed to successfully worsening the individual through punitive sentencing, the community will become a safer and more prosperous place.

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Abstract

The federal prison model is one that provides better service than state prisons for offenders both during and after their incarceration. I would like to lay out a plan for the New York State prison system that amplifies the federal prison system's small scale ideas into ones that can reach thousands of offenders as well as prove, through a research study I, along with two colleagues Colleen Kelley and Adisa Alghali, conducted called "Effect of Information Regarding Mentally Ill Offenders on Community Perception of Sentencing," that community support can be garnered for such a plan. This five-part plan includes the growth of the psychologist's roll in the state prison systems, a creation of job skills programs during incarceration, a reformed education system, a shift in the allocation of funds from education to a budget for parole officers which will allow offenders to seek appropriate care, and a creation of a Employment Opportunity Community, to increase the opportunity offenders will have to find a job after release.

Prison Reformation: A Five-Step Plan and Evidence of Community Support

Overview

The Criminal Justice field is plagued with mentally ill offenders. In the average prison, between 30 and 60 percent of the prisoners within suffer from mental illness both diagnosed and undiagnosed (Kaupers, 2008). These numerous amounts of mentally ill offenders go without sufficient treatment, in part, because of sentencing procedures in which juries must convict on the terms of criminal insanity for the offender to be put into a mental health facility. In this paper I lay out a five-step plan toward the reformation of state prison systems that will lead away from what has been termed the “whole sale warehousing of the mentally ill,” and instead create a therapeutic method of incarceration that provides various rehabilitative programs both during and after incarceration. Not only will I prove that this plan is necessary, but I will also provide empirical evidence that there is community support for therapeutic treatment of mentally ill offenders. In garnering community support, it will increase the usage of therapeutic sentencing, thereby lowering recidivism on a large scale.

Literature Review

The United States Criminal Justice System is an outgrowth of citizen mistrust of the government. This mistrust has limited governmental power in the courts, creating a system in which the peers of offenders are both jury and defense; the only role the government plays is to preside over the proceedings. Jurors hold tight to a belief that criminals are fully aware of the fact that their actions are wrong, and therefore deserve to be kept from society. As a result, prison systems tend to be strictly punitive in their actions, victimizing those within their walls. When the criminal justice system is evaluated, it is apparent that many of the offenders within are not only suffering from a plethora of mental illness's, but drug and alcohol dependencies as

well. These offenders, although mentally ill, have not been deemed “criminally insane,” and are therefore ineligible to receive mental healthcare, as well as rehabilitative treatments, that may serve to ease the intensity of their ailments.

It is my belief that the criminal justice system is in need of reformation. The federal prison model is one that provides better service both during and after incarceration. While federal prisons undoubtedly need to undergo some reformation, it is not as dire as the need for reformation in the state prison system. I would like to lay out a plan for the New York State prison system that amplifies the federal prison system’s small scale ideas into ones that can reach thousands of offenders, and prove that community support can be garnered for such a plan. This five-part plan includes the growth of the psychologist’s role in the state prison systems, a creation of vocational and job training programs during incarceration, a reformed education system, a shift in the allocation of funds from education to a budget for parole officers and community treatment centers, and a creation of an Employment opportunity Community. While it will be challenging, in the long run I feel it will prove to be highly effective for the New York State Prison System.

Psychology, Prison, and Politics. Americans hold tight to a belief of freedom. We are free to make our own choices, good or bad, but then we must also pay the consequences. Those who make bad choices impede the freedom of many, and it is from this restriction of another’s freedom that drives the need for victims to seek punish. The criminal justice system is constantly changing to encompass the desires of the community and the needs of its prisoners. Where psychology should be dominant, it is instead politics that shape the prison systems in today’s society.

It is not difficult to find the traces of the same philosophers within the texts of psychology and criminal justice. One of the most essential is the common belief that we are all, as John Locke claimed, tabula rosa's, or blank slates, that are shaped from birth by our environments and experiences. Although psychology has seemingly embraced this idea it is evident that criminal justice has tried to shun it. Psychology began as a purely empirical science and evolved into a science that is able to provide a therapeutic outlook for society. The idea behind psychology is not to heal a patient; however, psychology is used to give a patient insight into who they are, along with the disorder they may have. Once patients are given this insight and are able to make connections, the next step is to help them establish coping mechanisms. Psychologists do not get rid of problems; on the contrary, they aid a patient in establishing a way of life that is closer to the norms of society.

The United States Criminal Justice System was also created as a means to establish norms and correct those who did not meet them. A determining factor in prison programs is not always rehabilitation, unfortunately it is community relations. "We have a highly politicized criminal justice system," James Q. Whitman, a specialist in comparative law at Yale, told the New York Times. "Far from serving as a model for the world, [criminal justice in] contemporary America is viewed with horror (Liptak, 2008)." Depending on the stance of the politicians in office, crime is viewed differently. In the 1980's the war on drugs put minor offenders behind bars for crimes that would have once resulted in a summons.

"Over the past three decades to political climate in the United States has increasingly embraced get tough policies as the primary focus of crime control strategy...[There is] a greater reliance on determinate sentencing, and most significantly a vastly expanded use of imprisonment. Along with these changes has come a virtual abandonment of the principles of rehabilitation that had been central to the nation's correctional philosophy (King, Mauer & Young, 2004, p.1)."

The increase in sentencing for minor offenses filled the prisons, but served as a way to put the community at ease. Also, as a way to win elections politicians will say they are fighting crime. One of the only ways to show that you are in fact fighting crime is not to show you are preventing it, but to show heightened arrest records. While it is true that as more arrests are made for petty crime, more criminals are coming off the streets, it is also true that prisons are overcrowded and states cannot effectively manage all of the offenders behind bars.

Due to the effects of politics on the criminal justice systems, America bears witness to a fluctuation in its treatment of prisoners. Depending on the politician and the community feelings towards certain crimes there are time periods of punitive incarceration, and periods of therapeutic incarceration. This fluctuation creates instabilities in the criminal justice system. Correctional officers are asked to constantly change their methods, and are also asked to look for different behaviors. During a punitive politicians stay in office a correctional officer may have to look for negative behavior and then create a punishment to deal with it. Meanwhile, in two years that same officer may be asked to look for any signs of deviant behavior and report it immediately so that way the offender can receive proper psychological care. This constant fluctuation not only causes instabilities within the infrastructure, but allows for the community at large to find faults with the mechanics of the criminal justice system. The more faults that are found within the system, the less willing the community is to accept new methods of imprisonment, and the more likely they are to resort back to what they are familiar with; prisoners go to jail to get punished.

Forensic Psychology. Although psychology now plays a larger role than ever before in our prison systems, for the most part it is used to determine criminal insanity instead of plans for treatment. In the Early 1800's it became evident that cases should be tried differently depending on the individual that committed it. From this desire to see why an act was committed, expert

testimony was born. Laboratory psychologists entered the courtroom, testifying for or against a defendant. It is from the addition of psychology to the courts that forensic psychology was born; a study of psychology and its application to criminal justice.

In his *Doctrine of Signs* John Locke states, “ Follow a child from its birth, and observe the alterations that time makes... how the mind by degrees, improves and advances to the exercise of other faculties of enlarging, compounding, and abstracting its ideas, and of reasoning about them, and reflecting on all of these (Yolton, 1970, p.128)” By Locke claiming that men are not born reasonable he paved a path away from the days of “Wild Beast” insanity, which charged that “insane” people were not far removed from brutes and should be kept away from society, and created a road towards rehabilitation. This road allowed for people to see that those who were incapable to reason were not at fault for their actions, but needed help (Bromberg M.D, 1965, p. 41). Starting in 1812, cases of criminal responsibility for murder began to appear in courts. The idea of mens rea, or intent, created the notion that knowledge of right and wrong was crucial in determining if the accused party should in fact be punished. In the field of psychology, it was being reported that no man can really choose a course of conduct, and “free choice” was determined by culture and unconscious impulses and drives (Bromberg M.D, 1965, p. 43-44&50). As a result psychologists, interested in the study of discrepancies between evidence of the senses and evidence of the law, were introduced into the court rooms (Marshall, 1980, p.1). The psychologists brought into the courtroom were usually called upon to give testimony or evaluate the defendant.

Although psychology became a part of court room procedure, it added to the disconnect between the fields of criminal justice and psychology. The psychology being used in the criminal justice system was being used to mitigate sentences and to prove insanity, not to heal. It is

because of this evolving disconnect between the psychology used in the courtrooms, and the psychology used by clinicians, that mental illness in prisons became a largely ignored issue.

Mental Illness. Mental illness can be defined as a disorder, or health condition, that causes alterations in behaviors and thoughts; these alterations cause the victim to ultimately deviate from social norms. In a criminal justice setting however, a legal definition of insanity exists; this definition of insanity has very little to do with the psychological understanding of mental illness, rather it developed into a concept to mitigate sentences for certain offenders (Schmallegar, 2007). To determine whether criminal insanity will mitigate a sentence, there are three main questions that attorneys will consider. The first is whether or not the state of mind of the accused was comported with the definition of insanity used in the jurisdiction in which the crime was committed. The second questions whether or not the accused has an understanding of the proceedings against him or her, and the third is whether or not the accused was able to deliberately commit the crime they are charged with (Osterburg & Ward, 2007). While it may seem as though determining criminal insanity will help to establish the usage of psychology during the sentencing period such is not the case. Mental illness in prisoners goes ignored, and undiagnosed to the point that at the time of release, the offenders are worse off than before they went in for a variety of reasons.

Many times when an offender with an undiagnosed mental disorder is placed into the prison system to serve their sentence, the symptoms of their illness are often observed as deviant behavior. As a result the offender is forced to remain in a segregated mental health unit where human contact is limited. In studying the effects of isolation on mentally ill offenders, Kaupers (2008) discovered,

These prisoners [in isolation] suffer from serious mental illness and they have serious behavior problems... Given the fact that 93% of prisoners leave prison eventually, society faces a huge problem of resocializing individuals who, in prison, suffered from serious mental illness and spent an inordinate time in segregation. Sadly, many will not be successfully resocialized and will return to prison or be locked up on backwards of post-deinstitutionalization asylums (state psychiatric hospitals that are increasingly filled with forensic patients). The research is not lacking. Rather, it is very clear from the research that has been done, as well as from the court-reported investigations of experts called to assess the psychiatric effects of long term confinement... that for [a large portion] of prisoners being held in isolated confinement for longer than 3 months causes lasting emotional damage if not full-blown psychosis and functional disability (p. 1005).

Kaupers goes on the state that on average the amount of prisoners suffering from mental illness ranges between 30% and 56% in the average prison, whereas only 10% to 12% constitute the mental health caseload (p.1008). The low levels of psychological case loads in prisons highlights an important issue, what is happening to the rest of the incarcerated prison population? Kaupers, a social psychologist claims that instead of being properly diagnosed, they are deemed as malingering, or not suffering from an Axis I disorder (p. 1009). "As their mental condition deteriorates," Kauper claims, "the evidence that they have been improperly assessed and treated is hidden from view (p. 1009)."

Another issue that plagues prisons is the process of victimization described as prisionization. In a report for the Federal Bureau of Prisons (FBOP) Gresham Sykes was cited as stating that there are five psychological factors that contribute to the pains of imprisonment. These five-pains are: isolation from the larger community, lack of material possessions, blocked access to heterosexual relationships, platonic and sexual, reduced personal autonomy, and reduced personal security. Sykes claimed that these five-pains manifest as a result from alienation by the prison staff and management. Prisionization, he argued, results in a growth of

prison subcultures that support a continuation of crime. For inmates that are drafted into the subcultures of prison they are faced with gang related situations, rape, and sometimes social exclusion. The changes that an inmate will sometimes have to undergo in order to survive can turn an offender who went in for a non-violent crime into an offender that will come back in for a violent crime (Harer, 1995). According to David Mulcahy, a federal probation officer for the United States Court system, “The Government understands that what is coming out may be worse than what went in; unfortunately it is the prison culture (personal communication, April 18, 2008).” Through addressing the fact that going into the prison system creates a “worsened” offender, Officer Mulcahy brings up a valid point, there is a major flaw in our system that creates higher levels of deviance rather than correcting the original and minor levels of deviance. While it is known, it is ignored, making the prison system ineffective at completing its goal, corrections.

It is perhaps due to the fact that most of the offenders serving terms of incarceration have a history of Conduct Disorder (CD) leading up to their incarceration that they are more likely to become violent when put into a prison situation. Conduct Disorder has long been associated with schizophrenia and high propensity to commit crime. Hodgins, Cree, Alderton, & Mak (2007) found that 42% of the males and 22% of the females in a mentally ill in-patient sample from a deprived urban catchment area fulfilled criteria for conduct disorder prior to age 15. Those who exhibit signs of conduct disorder are 40 to 700% more likely to commit crimes than individuals who develop aggressive tendencies later in life (Krohn, Thornberry, Rivera & LeBlanc, 2001). One article, a commentary on conduct disorder states,

In her 1966 text Lee Robins’, based on her 30-year follow-up study of 500 ‘deviant’ children, Robins discovered that children with antisocial traits (now known as conduct disorder) are at high risk for antisocial personality disorder in

adulthood (Robins, 1966). More recently, it has been shown that childhood conduct disorder increases risk for many, (if not most) adult psychiatric disorders, including somatization, phobia, panic disorder, obsessive-compulsive disorder, depression, mania, alcohol use disorder, substance use disorder, and schizophrenia (Harley, Murtagh, & Cannon, 2008, p. 929).

In Hodgins study of schizophrenia and schizo-affective disorder, he found that those suffering from schizophrenia, as well as a diagnosis of conduct disorder prior to age fifteen, were four times more likely to be convicted for non-violent crimes, and two and a half times more likely to be convicted for violent crimes, than those who had not suffered from CD at an early age (p. 967). If we examine the fact that a large portion of incarcerated offenders suffer from conduct disorder, which is associated with adult hood anti-social disorder and schizophrenia, than we can determine that a large portion of the prison population is suffering from dangerous, and potentially violent mental illness. In fact, one out of every six people incarcerated suffer from a diagnosed mental illness (King, et al., 2004). It is important to address the factors that aggravate mental illness, and also cure mental illness as a method of protecting the community and lowering crime.

Not only does Conduct Disorder serve as a preamp to criminal conduct, but homelessness and drug dependency are also significant indicators of mental illness in offenders. Greenberg and Rosenshack (2008) conducted a study to investigate the rates and correlation of homelessness and mental illness among adult jail inmates; 6953 inmates were surveyed to compare the proportion of inmates who had been homeless in the previous year to the proportion of persons in the general population who had been homeless in the previous year. The research concluded that homelessness associated with mental illness, previous criminal justice involvement, and specific recent crimes comprised 15.3% of the U.S jail population. Those who were homeless were more likely to be incarcerated for property crime, have mental health and

substance abuse problems, be less educated, and be unemployed. Of this sample, 4867 male prisoners were determined to have been homeless in the year leading up to their incarnation. Out of the 4867, 4369 of the males in the sample had presence of drug dependence or mental illness; 3258 of the males were recidivists (Greenberg & Rosenshach, 2008). The implication this study has on the necessity to treat, rather than punish, is highly observable. If a majority of the offenders, who had experienced homelessness, are also repeat offenders, suffering from either drug dependence or mental illness, such as schizophrenia, it is obvious that their previous experiences in the criminal justice system did not correct, rather it worsened.

It is impossible to ignore the fact that in the criminal justice system mental illness goes far deeper than a mitigation factor. It is, in actuality, the underlying cause for most of the crime that occurs. If mental illness is continuously ignored, then the crime rates will continuously increase. The correctional facilities are not by any means correcting, they are instead creating and molding generations of mentally ill offenders who will continue to recidivate time and time again, putting the community at large in danger, until a decision is made to provide help, instead of punishment. It is my belief that if we mend the disconnect between the two fields, creating a successful marriage, it will allow for both fields to reach their optimal potential for rehabilitation. Mental health services are being used on a much larger scale, aiding offenders with the most severe mental illness (Goldstrom, Gravesand, & Manderscheid, 2003). With the increase in the prison population and community unwillingness to give any more money to the prison system, resources are being spread thin. On the state level especially, during and after release the availability of psychological resources is minimal. It is to the federal correctional system we must look for a more effective plan to aid rehabilitation for offenders on the state level.

The Federal Prison System. The Federal Prison System is more effective in terms of working towards rehabilitation while incarcerated, and also in providing rehabilitative services after release. There are a multitude of reasons why this is, however, the three most important are: the amount and quality of services while imprisoned, the ability of the probation system to work effectively and efficiently towards post-release care, and the amount of funding allocated towards prisoner services.

In terms of correctional history, the incorporation of mental health services is fairly recent. Up until the early 1990's the mentally ill were kept in special institutions. When the addition of mental health evaluations became part of the imprisonment process, inmates with mental illnesses were added into the general prison population. Between 1988 and 2000 the prison population experienced a significant increase from 505, 712 to 1,084,625, while the amount of patients in mental hospitals experienced a decline from 100,000 to 56,000 (Goldstrum, et al., 2003, p 872). Yet from 1988 to 2000, despite an increase in the amount of prisoners who relied on mental health services, the amount of prisons that offered these services decreased (Goldstrum, et al., 2003, p. 870). While in a state prison while the option to see someone may be available, it is not advertised, mainly because it is expensive. Due the negative feelings towards prison funding in general, the amount of help that is available is scarce and not always of the highest quality (personal communication, April 18, 2008). In a federal setting however, there are less prisoners overall, and more funds to allocate towards them. Measures towards rehabilitation begin upon incarceration and are then provided afterwards.

While incarcerated in a federal prison, inmates receive the option to sign up for work and vocational programs, the most known of these being UNICOR, the Federal Bureau of Prisons trade company. To become part of the UNICOR program, one must apply and be accepted. The

act of applying is one stepping stone on the path to becoming a responsible individual. It shows that an inmate is actually willing to put effort towards something other than crime. While in the UNICOR program skills such as sewing, carpentry, upholstery, electronic testing, automotive repair, and clerical work are learned and developed. Through the sale of products UNICOR remains a self sustaining program, returning over eighty-million dollars, and is purely independent of tax payer money (UNICOR, 2008, History). Not only does UNICOR provide job training, but the program gives the opportunity for inmates to attend mock job fairs as a tool to find jobs they are best suited for prior to release. In a 2007 report for congress Nathan James cites reports that inmates in vocational programs during their sentence are 24% less likely to recidivate than inmates who only partook in the minimum amount of work while in prison (p. 4). On a state level however, while there are some training programs, there is not one that matches the level of UNICOR.

Also, on a state level post-release services lack the ability to be effective as rehabilitators. When prisoners are released into the care of parole officers, there is a different degree of help that is provided as compared to the federal probation system. When released into the federal probation system, offenders are provided with high quality services such as; inpatient/ out patient drug treatment, inpatient/outpatient mental health care, job training, and housing. On a state level it is harder to do so. “An officer maybe able to help their case find a community center that offers free therapy, but there is no existing budget for them to dip into and say, ‘Here let’s get you some help.’ As a federal officer we have that, and it is what the state needs (personal communication, April 18, 2008.)” It is not that state prisons do not receive any funding, New York State alone receives a 3.5 billion dollar budget to use towards prisons, it is the usage of these funds that is at fault (Justice.gov, 2003, p.119).

It is through incorporating these three concepts into a larger plan that we will be able to reform the state prison system, allowing it to reach its potential for rehabilitation.

A Five-Step Plan towards Prison Reformation.

Step One: Increasing the Usage of Psychology. A major problem for the standing of psychology in the realm of criminal justice is the difference in the definitions of insanity between the two fields. As stated previously, the criminal justice system looks at insanity not as a medical issue, but a legal one. It is by broadening the definition of insanity to one that encompasses mental illness, that we will see a change in the successfulness of rehabilitation. This change will occur when we witness an exchange between the punitive and the therapeutic.

The criminal justice system tends to dwell on punishment for crime, rather than avoidance of crime and rehabilitation of offenders. The ability of the criminal justice system to not only act as an effective incarcerator, but also as an effective rehabilitator, would be highly enhanced by the increased usage of psychology to its sphere. Psychology coupled with sentencing and after sentencing methods would serve as a means to allow the released the opportunity to find out why they committed their crime which, will give a better understanding to the reasons behind the act; ultimately, the wide spread increase in mental health care will increase the chances of rehabilitation. Making psychology more pertinent in the prison system will allow many the opportunities to start their rehabilitation during incarceration. Although there is psychological help available now, it is very limited in its availability and its usage. When asked what the role of psychology right now is in the prison system at large, United States Probation Office David Mulchay responded,

I believe that whenever you are dealing with humans, no matter who they are or where they have come from, any individual that has come in contact with the criminal justice system has been affected psychologically. While there are varying effects on a person to person basis, the effects are mostly negative. This is where psychology is needed; dealing with those who have been harmed not only by their experiences but by the prison system. Unfortunately, psychology is not used on these offenders it is instead used on those whose problems are external.

While it is helpful to have psychologists present to aid those with visible disorders, it would be even more beneficial to aid those with problems, such as depression and anxiety, that that can not be seen and are hard for the person suffering to understand. While help can not be given to those who do not want it, helping those who do would be the first step towards rehabilitation.

I propose that in order to make psychology a successful addition to the sentencing process that all offenders receive evaluations, and have it made known to them that the option to receive therapy is there. Although, one out of every six people incarcerated suffer from a diagnosed mental illness, there are still a large portion of prisoners that suffer from undiagnosed mental illnesses. Symptoms of their illness, such as lack of motivation associated with depression, are misinterpreted as defiant behavior. For these inmates prison can be dangerous and debilitating. Not only are they being victimized by correctional officers, but by the other inmates as well. This victimization serves to further increase difficulties and worsen their existing mental state (King, et al., 2004, p.15). A major indicator of propensity to commit offenses that would often land one in a prison is the existence of psychopathy in the offender. Career criminals do not just emerge in adulthood, they are the result of existing disorders, the most common being anti-social disorder. In a study done by Grant Harris of 169 male offenders released from a psychiatric facility eighty-percent of them committed a new violent crime within a year of release (Conis & Delis, 2008, p. 185). When it is considered that on average the over-

all recidivism rate is sixty- eight-percent, it leaves me to believe that a large portion of these re-offenders suffer from mental illness (Bureau of Justice, 2003).

If a psychiatric evaluation were provided upon entry, with follow ups throughout the stay, the prison systems would get a better handle on the amount of mental illness they are actually dealing with. By knowing who needs psychiatric care, the prison system will be better equipped to handle mental health cases. Once an offender is educated in terms of any mental illness they may have, for those who are willing to seek help, the benefits of treatment for mental illness will begin prior to release. Not only will the large scale availability of psychology aid those with mental illnesses prior to conviction, it will also aid those who are affected by imprisonment in general.

The effects of imprisonment on inmates are often permanently detrimental. Not only does the prison system serve as a means to perpetuate the criminal mindset that one does not need to work hard to get far, it also causes lasting psychological impacts by instilling in inmates that they are powerless against the forces that act upon them in the world. In offering psychology services to offenders, prisoners who feel as if they are powerless against the system may benefit from the tools taught through motivational therapy, in which the patient is taught it is up to them to make change, and it is up to them to come up with a plan for change (Miller & Rolenick, 2002).

Although the usage of psychology during imprisonment may lead to a more therapeutic incarceration, services must also be available to offenders after they are released, even if they are not under supervision. Prior to release offenders will receive another evaluation, or series of evaluations depending on the case. Through these evaluations a treatment plan for post-release will be created. Treatment will not just be for mental disorders, it will also be provided for any

substance abuse cases. It is in dealing with mental disorders and substance abuse that successful rehabilitation can be reached. On the matter of successful rehabilitation Officer Mulcahy stated that there are two main obstacles many must overcome,

...Deal with addictions and mental disorders first. Then you find work. The ability to find a job is a major component in determining whether or not a person will re-enter the criminal justice system. It is already hard enough to secure a job after release from jail; it is going to be impossible to secure a job if you are a heroin addict with a conviction under your belt.

In his report for the FBOP, Gresham Sykes states that, mental illness and substance abuse are the two major indicators of recidivism, where as stable employment is an indicator of post-release success (Harer, 1995, p. 11). By using psychology to effectively treat substance abuse and mental illness the criminal justice system can successfully dismantle some of the obstacles offenders face on the path to rehabilitation.

By implementing this plan, once the offender is released he will have many of the tools necessary to work towards re-entry into the community. Although it is true that at the current moment most community residents lean towards punitive measures as opposed to therapeutic measures, when psychology, along with the other steps, proves to be an effect measure towards crime reduction, community disdain for therapeutic measures during incarceration will dissolve.

Step Two: The Addition of Vocational and Job Training Programs. In 1994 of the 272, 000 prisoners released in fifteen states 183600 recidivated within three years of their release (Langan & Levin, 2004). There are limited studies done on recidivism, however, one contributing factor in the repetition of crime, is that there is a criminal mindset among offenders. From a young age, most criminals have the need for instant gratification. There is no need to

work hard to get what you want, you instead take what want. When describing the reality of the effects of the criminal mindset on rehabilitation Officer Mulcahy stated,

A lot of people I see have never had a job, never had a pay stub; never learned the concept of earning money. Trying to make offenders take responsibility is a lot harder then getting them gainfully employed. If they know they can sell cocaine on the corner and bring home a thousand-dollars in one night, why would they want to work for minimum wage at McDonalds? It's teaching them that no one can take away a gold watch that you save up for with your McDonalds money, but the cops can take away that gold watch you bought with drug money. Teaching offenders that the way they learned, while it may be the easiest, isn't solid, isn't something they can be proud of, that's my job. It's frustrating to try to get them to make that connection.

In order to allow criminals the opportunity to make this connection it is absurd to think that holding them in a cell for their sentence, and then putting them back into their old environment with no new skills, no new outlook, is the right plan of action. It is in my opinion that creating job training and vocational programs will be the best method to diminish the criminal mindset.

As demonstrated by the UNICOR program, Job training programs have the ability to be self sustaining, with high success rates for securing post-release employment. The Post Release Employment Project, PREP, collected data between 1983 and 1987 on 7,000 inmates as a means to determine whether or not UNICOR was successful in turning recent offenders into contributing members of society. The study was done with a control group measured by gender, age, education, employment histories, and security levels. It was discovered that inmates who had worked with UNICOR, or vocation and work training programs demonstrated better institutional adjustment than the control group. While incarcerated inmates in a program were less likely to have misconduct conduct reports, those with misconduct reports were less serious than those in the control group, and they exhibited a greater sense of responsibility measured by:

dependability, financial responsibility, and interactions with staff and other inmates (Gaes & Saylor, 1989).

After release it was determined that while in a halfway house setting both groups were equally likely to succeed, the study group was more likely to find employment, and within that employment were likely to make more money than the control group (Gaes & Saylor, 1989, 1989). In an earlier study done in 1985 by PREP it was determined that 81.2 percent of those inmates who finished the UNICOR program were successful at completing post-release supervision terms with out recidivating. In the 1985 study, 62 percent of those released from UNICOR had one full-time job, 18 percent had two consecutive jobs, 4.5 percent had three or more jobs, and 15 percent remained unemployed. 70 percent of those employed achieved employment by their own, while the other 30 percent relied on a probation officer or agency to place them, those placed by probation officers were more likely to effectively secure employment (PREP, 1985). Amongst those employed the average hourly salary was \$5.35, when in 1983 the average minimum wage was only \$3.35 (Taxpolicycenter.Org, 2008). Between the first and sixth month of the study there was a 5.4 percent increase in the average salary of the group (BOP, 1996, p. 1). These studies both prove that partaking in a UNICOR or a vocational training program have a significant effect on rehabilitation success rates. The ability to be trained in a job field prior to release is a major component in being able to secure gainful employment. Those in the studies who secured jobs, also proved to be more successful in terms of rehabilitation measured by not recidivating (BOP, 1996, p.1).

Although there have not been many studies done on the effects of job training programs on post-release success rates, those studies that have been done, do in fact indicate that whether or not an offender recidivates is largely impacted by their ability to maintain employment after

release. The 1985 PREP study concluded by commenting about the role of the criminal mindset and unemployment on successful rehabilitation,

There is a great deal of theoretical and empirical support for the proposition that unemployment results in criminal activity. An unfortunate consequence of this link is the cycle of criminal activity that results. Having committed a crime an offender is less likely to pursue licit activities...it is difficult to break the chain of criminal activity, especially in the young offender. [Prison systems] have a very difficult agenda if they are going to impact a criminal "career."

Through the addition of job training programs to state prisons two goals will be reached. The first goal should be that all offenders will have the opportunity to learn a marketable skill. These skills ease the difficulty most offenders face now while looking for a job. By providing a means to find employment, offenders will be less tempted to fall back into criminal patterns as a means to survive, ultimately lowering recidivism rates. The second goal that will be accomplished is the elimination of community disdain toward therapeutic measures being used rather than punitive measures. This will occur for two main reasons. The first reason being that fewer offenders will recidivate after release, providing communities with decreased crime rates thus proving, that the criminal justice system is actually working. The second reason community support will rise for therapeutic treatment of offenders will be due to the job training programs. The items created from this program will be placed back into the community, be it desks for schools, or a fountain for a park, the community will benefit from the incarceration of offenders. By taking a positive step away from the days of license plate stamping, offenders will actually be providing the community at large with items they can appreciate daily. Also, by knowing that the items created were not paid for through their tax money, but through self-sustaining programs, community support will be even higher for job training programs.

The usage of job training programs has been common in the Federal prison system for decades. They have proven to be a success in terms of lowering recidivism rates and it is through their addition to the state prison system that the nation will see an overall decrease in the amount of recidivism and crime experienced. Through effectively providing offenders with skills to find employment, and allowing the opportunity to become contributing members of society, community disapproval of therapeutic methods of incarceration will decrease and with it the desire to heal criminals rather than punish them will increase.

Step Three: Education Reform. Another successful indicator of rehabilitation success is the level of education an offender has achieved. Only 22.6 percent of offenders have achieved a high school diploma or higher whereas 23.4 percent have acquired a GED, leaving 54 percent of all offenders without a completed high school education. Prison education programs are important, in that they are often incorporated with other normalizing programs that serve to increase prison safety, and decrease recidivism (Harer, 1995, p.1). I am not suggesting that the prison system eliminates the education programs in place, I am however suggesting that we reform the methods used for funding.

As stated previously, a major goal of therapeutic sentencing measures is to break the criminal mindset. One way to do this is to promote activities that allow the offender to become a contributing member of society, increasing their sense of responsibility. One method used to measure responsibility is the ability of the offender to manage their finances. I propose that any offender who wishes to receive an education while imprisoned must enrol in a job training program. Once in the program they will use a portion of the salary they acquire and pay for a portion of the education they receive. In 2007 the average annual salary of a prisoner employed by UNICOR was \$2328.00, being that the average cost of a college credit at a state or

community college is \$150.00, it is not outlandish to propose that instead of relying entirely on tax payer funding, offender's will now be placed in a position to take responsibility and work for what they desire. As it stands now, while in prison there is no need for offenders to put effort into any activities in their daily life. By requiring those who wish to receive an education to work for it as any other person would have to, it will bring offenders one step closer to the "normalization" prison rehabilitation programs strive for.

While it will still be necessary to use a small portion of tax money for education, it is unfathomable to think that the limited salary earned through job training programs can pay for an education, the larger portion of the money that was once allocated toward education can be used for other purposes; the two main ones being increased mental health care, and a budget for parole officers. In order for this plan to be successful, an increase in mental health care is a necessity. Where the criminal justice system is now at a place when tax payers will not allow anymore money to go to prisons, funding that necessity is an issue. However, by shifting funds the goal can be reached without making any more demands on the public. Also, as stated previously, mental health care while in prison will not facilitate change entirely, there needs to be a way for the system to aid those who are under supervised release as well as those we were released and not back on their feet yet, by providing them with quality care. To find care effectively, a budget must be created for parole officers and community treatment center (CTC) counselors to use as a source to establish payment allowing correctional officers to effectively provide offenders with a positive transition from incarceration to the real world.

Step Four: Creating a Budget for Parole Officers and Community Treatment

Centers. For both Federal Probation Officers and State Parole Officers, the goals of supervised release are the same. As stated in Monograph 109, the guide book for Federal Probation,

The Federal Probation and Pre-trial services system is fundamentally committed to protecting the public and assisting in the fair administration of justice...Officers work with offenders to facilitate their regeneration into the community as law abiding and productive members of society...Officers carry out these responsibilities by assessing risks, needs, and strengths of each offender to determine the appropriate level of supervision. They use skills from various disciplines to simultaneously monitor, and as necessary, control and correct offender behavior...The primary focus of treatment and service delivery is to improve circumstances that are linked to criminal behavior (substance abuse, mental health, employment, education, support) (2004).

While the goals of parole officers are the same, on a state level it is harder to accomplish than on a federal level due to the lack of funding. "Taxpayers don't want to hear that money isn't going to punitive measures; the criminal justice system is still highly political. You aren't going to see a large budget for post-release service if it is dependent on taxpayer money," claimed David Mulcahy. If we are to successfully rehabilitate offenders it is necessary that there is a means to provide quality care to them after release.

With the money that is being used for the education program now, the state will be able to start providing widespread treatment to those who need it. Leaving prison is a traumatic experience, the offender is no longer in a structured environment with his needs being met; the offender is in the real world. In providing an opportunity for offenders to continue the treatment they were receiving while in prison, or to begin a course of treatment, recidivism will continue to slow. In a study of the benefits of offenders with serious mental illness having Medicaid and outpatient care at release time, those with treatment options were 30 percent less likely to recidivate than those without (Cuddeback, Morrissey, Evans, Cuellar, & Steadman, 2007, p.6). Also in a report on prisoner re-entry Joan Petersilia (2001) claimed that from 1990 to 1998 there was a 20 percent increase in the amount of offenders in the state parole system. Considering that was over ten years ago, it is imaginable that the number of offenders under supervised release

has further increased. The increase in cases, coupled with the low funds for post release care, create a recipe for failure. By providing parole officers the opportunity to help their cases, they will be better equipped to handle cases that would ordinarily turn out to be failures.

Along with creating a budget for parole officer usage, there also needs to be money allocated toward helping those who are no longer under the supervision of state, but seeking help from community treatment centers. These centers do their best to help recently released offenders get back on their feet and assimilated to society, however their job would be easier if they had money to spend on their cases. Those imprisoned tend to suffer from a greater amount of medical and mental health issues than the general population, due to lifestyle choices that involve high risk rates. While in prison these issues can be treated, after release however, most inmates find themselves with no savings, and few employment prospects. At the moment there is no systematic, comprehensive attention being paid to these issues by policy makers. It is the goal of this plan to ensure a continuation of care for a certain amount of time, rather than just ending it cold turkey for those in need.

By placing money into the department of the criminal justice system that needs it most, I feel as if we will witness a dramatic effect on crime rates, and recidivism. By neglecting to aid parole officers and community treatment centers for so long the system has created a system which does the opposite of what it was created to. Instead of successfully meeting the needs of the offender and the community, it instead neglects both.

Step Five: Creation of an Employment Opportunity Community. Finally, the most important step in reinventing the state prison system is creating an opportunity for released offenders to put the benefits of the services provided to them to good use. This opportunity

would be in the form of an Employment Opportunity Community. For a released offender with a conviction, securing employment is difficult, yet it is the biggest indicator of post-release success. Although there are no- discrimination policies, in the case of convicts there is a permanent black mark attached to their resume. Any employer will look for a reason to deny employment to someone with a criminal record.

With the help of job and vocational training in prisons, more opportunities will be available, however, as a means to ensure that parole officers will be able to help their cases secure steady employment the creation of a community, consisting of businesses in the area that are willing to hire those with convictions, must be formed. With this Employment Opportunity Community, officers will know that there is a place they can turn to where the skills acquired in prison programs can be used in a real life situation. As an incentive for businesses to join community, there would be a tax break, as is offered to business that hire offenders released from federal prisons, as well as strict guidelines for the offender to follow that will result in revocation of parole if broken. In the case of treatment center counselors using the EOC as a location to find job placement, since it is not an option to revoke parole, privileges to receive care and guidance from the state will be revoked as a deterrent.

In allowing offenders an opportunity to find employment, we are allowing an opportunity to change. In tandem with the other steps toward the reinvention of the state prison system, the creation of an Employment Opportunity Community will allow many offenders an option that was never available to them before, the option to be responsible and independent; the option to leave the life of a career criminal.

Community Support.

Effect of Information Regarding Mentally Ill Offenders on Community Perception of Sentencing. In order to implement such a large scale plan, there needs to be a significant amount of support from the community at large. To prove empirically that in the case of mentally ill offenders the community would be willing to implement therapeutic treatment methods, I, along with two research partners Colleen Kelley and Adisa Alghali of Pace University, conducted a study, "Effect of Information Regarding Mentally Ill Offenders on Community Perception of Sentencing," based on the idea that if the community was well informed about the correlation between mental illness and crime, there would be an increased desire to focus on working with mental illness as opposed to administering uniformed punitive sentencing to all offenders.

The premise of this study was based on the belief that the presentation of knowledge affects the opinions of the test subjects. In 2008, Law and Ngai determined that in the success of industrial firms, the use of knowledge sharing, the communication of skills, information and expertise amongst members of a community was associated with output improvements. This study led to the conclusion that likewise, in the general community when information regarding a certain aspect is shared, informed opinions would result in the creation of pragmatic solutions. These pragmatic solutions were based on value predispositions that the information generated. Brossard and Scheufele (2008) researched public opinion towards controversial issues in science and were able to conclude that value predispositions formed by morals, and previous knowledge regarding the issue in question play a large role in the levels of support generated for new programs. Based on these factors we believed that there would be adequate proof that presenting information to those with little or no previous knowledge of mentally ill offenders, we would be able to generate a change in thought process.

By proving that the community would in fact be more willing to support therapeutic programs if there was a widespread understanding of the effects of mental illness on recidivism, our study provides a basis for reconstructing the criminal justice system to actually function as a correctional system.

Abstract

This study showed that there is a significant positive relationship between amount of information given regarding mentally ill offenders and the inclusion of rehabilitative treatment during sentencing. The sample was comprised of 131 participants (44 males, 87 females), with a mean age of 28. The study involved a three independent -group design consisting of: low, medium and high levels of information regarding mental illness in criminal offenders, each presented in a pamphlet. The dependent variable, the willingness to provide rehabilitative treatment, was measured qualitatively through scores on a series of surveys and case vignettes. A discussion of key findings focuses on the possibility of community willingness to include rehabilitative treatment in a prison setting.

Significance of the Study

In the interest of not only psychology and criminal justice, but of humanity as well, our research will provide lawmakers, and correctional facilities the ability to gain support for the implementation of rehabilitative programs through the use of knowledge sharing.

Through our literature we found significant proof that a major component of crime was the presence of preexisting mental disorders, mostly from childhood, but sometimes occurring in adulthood. These offenders can benefit from the use of therapy and treatment programs that have successfully been proven to ebb recidivism.

Empirical evidence showing the relationship between knowledge of mental illness and a willingness to help treat it, suggest the possibility that the public will in fact support treatment programs rather than oppose them.

Statement of Purpose

The purpose of this study was to determine whether or not the amount of information community members received regarding mental illness, recidivism, and the effectiveness of rehabilitative programs, would serve as a means to increase the willingness to allocate funding toward such programs in the criminal justice system. This study also was designed to determine whether a general knowledge of the effects of mental illness on ability to control actions would be enough for the samples to provide treatment programs to offenders, or if it was necessary to also provide proof that those who went untreated were more likely to recidivate than those who participated in rehabilitative programs during incarceration.

Hypothesis

H1: The amount of information regarding certain mental illnesses found in criminal offenders, coupled with information regarding how recidivism can be reduced, will influence the willingness of the voting population to choose rehabilitative programs to be integrated into sentencing.se

H2: The more information one is provided with, via the manipulation pamphlet, the higher they will score on the survey of criminal justice and psychology perceptions.

Method

Participants

In an attempt to examine a change in community opinions, as a means to provide an argument in favor of prison reformation, the sample was selected (N = 131) from the voting population as a whole with a mean age of 28.25 and a Standard Deviation of 13.76 (44 males, 87 females). Through including the members of the community that determine the allocation of tax funds, it is fair to assume that if the sample is in favor of treatment options during sentencing that same population would also be in favor of allocating funding towards prisons.

Experimental Design

The experiment was executed using an independent three group design. The independent variable in our experiment, the amount of information a participant is provided with, was presented in three levels: low, medium (Appendix D), and high (Appendix E). The participants were assigned to each group through random assignment using convenience sampling. The low level IV did not receive any manipulation but was instructed to rely on their previous beliefs and knowledge regarding the criminal justice system and the importance of psychology. The medium

level IV received a pamphlet including information regarding only mental illness as well as a short list of definitions that was important for comprehension of the surveys. The high level IV received a pamphlet including information on mental illness, recidivism, and rehabilitation, as well as the list of definitions. The dependent variable was defined as the willingness to allow incarceration with rehabilitative programs.

Materials

This study began with an informed consent (Appendix A), and a demographic survey (Appendix B). The demographic survey established correlations in answering patterns. Following the consent and demographic survey participants were presented with a test of Machiavellianism (Appendix C). The Mach survey has a split half reliability of .79% and correlation validity of .80, proving to be a consistent and accurate measure of perceptions. It is scored on a scale of -30 to +30 with -30 being the most positive view of human nature one holds, and +30 being the most negative view of human nature one can hold. The groups were then provided with a manipulation check. This test allowed us to ensure that the information provided was actually read, and understood. It was scored quantitatively, with one point being awarded for each correct term provided by the participant. There were seven questions, and it was possible to score 16 points. The selected terms were pre selected for each answer. The High Manipulation group was required to have an overall score of 14 +/- 2, while the medium group, due to the difference in the amount of information provided, was required to have an overall score of 10 +/- 2. If the score of the High manipulation check was not within a certain range, the test was not incorporated into the experiment. Following the manipulation check the Low, Medium, and High level participants received a short survey regarding their current perception of the criminal justice and psychology fields (Appendix G) which allowed us to assess feelings and

bias's towards the topic of our study. This survey provided the researchers with a feeling for participant opinions of criminal justice and psychology effectiveness. It was scored out of 20 points. The closer the score was to twenty, the less effective a participant thought the criminal justice system was. The last survey provided was a series of vignettes that asked participants to select what they felt the proper sentence for an offender should be (Appendix H). As a means to avoid transparency, one vignette included an illness from the pamphlet, while the others provided examples that not only tested knowledge of criminal justice, but asked the participant to assess the situation using their own moral guidelines. The selection of sentencing with or without treatment provided a scoring scale to determine an overall willingness to allow rehabilitative programs during incarceration. Finally each participant received a debriefing form (Appendix I).

Procedure

First, all three groups received a statement of informed consent, in which each participant was instructed to read and sign (Appendix A) followed by a demographic information form (Appendix B).

Next, the Machiavellianism test was issued. The Mach scale gave us an understanding of participant beliefs on human nature (Appendix C).

After completion of the Machiavellianism survey, the groups that received the manipulation were issued either a Medium level pamphlet (Appendix D), or High level pamphlet (Appendix E), while the low information group was instructed to answer to the best of their ability. Following the presentation of the information was a short answer, manipulation check regarding the information provided (Appendix F). Participants were able to look at the pamphlet as a source of reference; due to the fact that the survey's following were not a test of memory, but a test of attitudes acquired as a result of the knowledge. Through asking participants to go

back, and in effect re-study the information, it created a working knowledge of the information as well as an allowance for their answers on the following survey's to be made based on a higher understanding of the knowledge.

Following the manipulation stage, all three groups, low medium and high, were issued a survey regarding the effectiveness of the criminal justice system and of psychology (Appendix G).

The last survey presented was a questionnaire in which a number of scenarios regarding criminal actions were presented (Appendix H). The participants were asked to choose the best method of sentencing. The answers to these questions significantly lend to the answer of our hypothesis.

Finally, the participants received a debriefing form, in which they were thanked, given contact information in the case of concerns or questions, and then told of the purpose of our study (Appendix I).

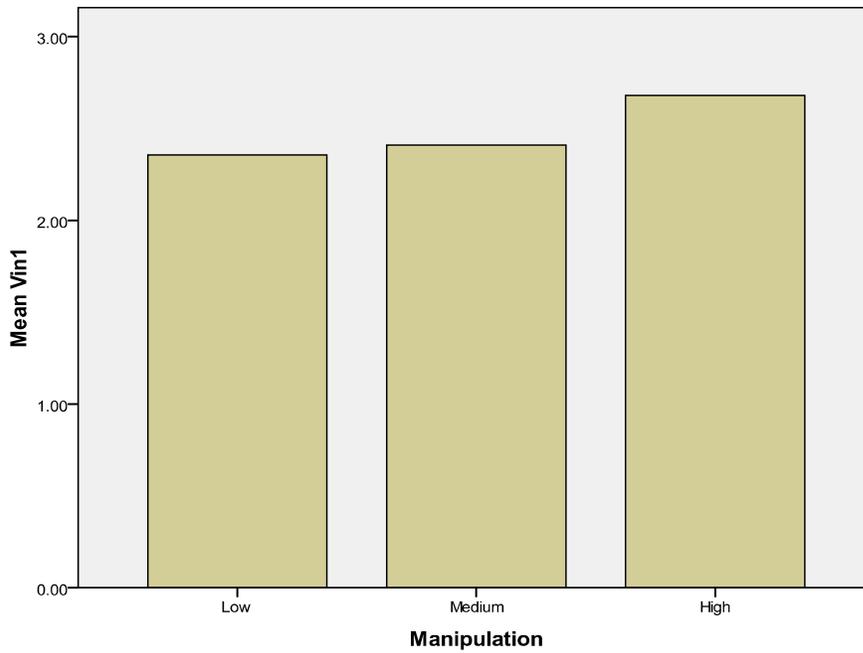
Results

A one-way ANOVA was used to determine if there were significant differences between the High, Medium, and Low groups in their ratings on the different vignettes. A Tukey test was used to determine post-hoc pairwise comparisons. Vignette 1 (Appendix H), the only vignette to include one of the prison illnesses located in the pamphlet, revealed significantly higher scores from the High manipulation group, $M = 2.68$, Standard Deviation = 0.55, in comparison to the Low, $M = 2.355$, Standard Deviation = 0.71, and Medium, $M = 2.41$, Standard Deviation = 0.74, manipulation groups, $F(2, 128) = 3.061$, $p = .050$. (See Table 1 & Figure 1.)

Table 1
Comparison of Mean Differences Between Low, Medium, and High Manipulation Groups

Dependent Variable	(I) Manipulation	(J) Manipulation	Mean		Sig.	Lower Bound	Upper Bound
			Difference (I-J)	Std. Error			
Vin1	Low	Medium	-.05470	.14722	.927	-.4038	.2944
		High	-.32530	.14035	.057	-.6581	.0075
	Medium	Low	.05470	.14722	.927	-.2944	.4038
		High	-.27059	.14576	.156	-.6162	.0750
	High	Low	.32530	.14035	.057	-.0075	.6581
		Medium	.27059	.14576	.156	-.0750	.6162

Figure 1. Bar Graph Comparing Group Means on Vignette 1 Rating



There were no other significant findings between the manipulation and the other Vignettes.

A correlation using spearman’s rho was conducted which yielded no significant correlation between being given the manipulation and a person’s overall perception of criminal justice and psychology causing us to reject Hypothesis (rho = -.022, p= .800). See Table 2

Table 2
Correlation between Manipulation and Criminal Justice Perceptions Survey

		Manipulation	SurveyTotal
Spearman's rho	Manipulation	Correlation Coefficient	1.000
		Sig. (2-tailed)	.800
		N	131
SurveyTotal	SurveyTotal	Correlation Coefficient	-.022
		Sig. (2-tailed)	.800
		N	131

Additional Findings

There was a negative correlation between the Machiavellian score and the ratings on Vignette 1. This correlation shows that when Machiavellian scores are higher, meaning the participant had a more negative view of human nature; the participants were more likely to pick a rehabilitative sentence. (See Table 3)

Table 3
Correlation between Machiavellian Scores and Vignette Ratings

		MTotal	Vin1	Vin2	Vin3	Vin4	Vin5	Vin6	Vin7
MTotal	Pearson Correlation	1	-.257**	-.124	-.048	-.068	.066	-.100	-.150
	Sig. (2-tailed)		.003	.157	.590	.441	.451	.258	.087
	N	131	131	131	131	131	131	131	131

** . Correlation is significant at the 0.01 level (2-tailed).

If on the demographic survey the participant had answered that they in fact did consider themselves to be a religious person, we found there to be a negative correlation between religious

identify, and their answer to vignette 5. This vignette dealt with the sensitive issue of child abuse, a topic not in the pamphlet. Those who claimed to identify themselves as being religious were more likely to choose rehabilitative sentencing in this instance. (See Table 4)

Table 4
Correlation between Religion and Vignette Ratings

		Religion	Vin1	Vin2	Vin3	Vin4	Vin5	Vin6	Vin7
Religion Spearman's rho	Correlation	1.000	.115	-.165	-.030	-.029	-.217*	-.113	.046
	Sig. (2-tailed)	.	.199	.063	.740	.745	.014	.207	.610
	N	127	127	127	127	127	127	127	127

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion

Analysis showed a significant difference in mean scores on the answer for Vignette 1 between the three manipulation groups. Those with the High Level pamphlet were more likely, when presented with a mental illness that was found within that pamphlet, to select rehabilitative treatment over those in the Medium and Low groups. This finding leads to the conclusion that when not all possible information is provided, in this case mental illness, rehabilitation success and failure rates, and recidivism statistics, there is no difference in answering patterns. However, when presented with a full range of information, value predispositions can be ignored.

This change in answering patterns can be proven with the correlation between the scores on the Machiavellian test and the answer for Vignette 1. Those who had a negative view of human nature were the most likely to select the rehabilitative treatment options, when for the rest of the questions there was no clear distinction. This finding leads to the conclusion that although the participants tend to think negatively of human nature, when given information about how

psychology can work in tandem with criminal justice, the overall benefits of treatment outweigh their overall tendency to view humans in a poor light.

The fact that the manipulation did not change one's opinion of the effectiveness of criminal justice was also very valuable to us. It allowed us to see that people are concrete in their opinions of the criminal justice system and simply providing statistics about its effectiveness did not mean that people would be more willing to think the criminal justice system works in the way it is supposed to.

Another interesting discovery was the correlation between religious identity and the participants' score on Vignette 5. Vignette 5 was a sensitive scenario dealing with the topic of child abuse, a subject not addressed in the pamphlet. Participants who were more likely to claim religious affiliation were also more likely to select a rehabilitative sentence, or waive any responsibility on the part of the offender, showing that people are most likely to revert to their moral codes and standards when dealing with sensitive topics that have no clear right or wrong answer.

Based on the research regarding knowledge sharing in a study by Law and Ngai (2008), results show that the use of knowledge sharing in the business realm amongst members of a community was associated with output improvements. These findings are concurrent with the results of our study which conclude that knowledge of mental illness and rehabilitative programs as well as their overall effectiveness led participants to lean towards more rehabilitative sentencing. Another study that is in coherence with our results is the research of Brossard and Scheufele (2008) which researched public opinion toward controversial issues in science. This study concluded that value predispositions formed by morals and previous knowledge regarding the issue in question play a large role in the levels of support generated for new programs. These

results reinforce the findings presented in our study that show that by presenting clear and concise information on a certain mental illness and rehabilitation program effectiveness to those with little or no previous knowledge on these topics, we were able to sway value standards creating a trend towards rehabilitative sentencing, especially in Vignette 1.

Our findings could have a huge impact on the criminal justice system at large. The use of knowledge sharing could increase the overall support for the implementation of new programs during sentencing. We found that highly informative pamphlets are a simple way to inform people about a topic, and work to effectively change the overall amount of knowledge a person has on a subject. This could be highly beneficial to the community in numerous areas where raising awareness is a necessary measure. There is proof that when presented with information that shows how we can better rehabilitate offenders and overall ebb recidivism the public is willing to allow such sentencing.

Although our results showed some significance, we would have liked to see transference of knowledge between the general information in the pamphlet and the more applied illnesses in the vignettes. One contributing factor to the limits of this study may have been sample size. If the groups were larger they would be more likely to include a greater span of beliefs and values, as well as a larger effect. Another limitation for the study its self was the general lack of knowledge regarding the law, and sentencing procedures.

In the future, this research could be expanded on by making a pamphlet with a more in depth explanation of the criminal justice system, as well as a series of vignettes that correspond to each illness. Since we now know that there is no bias on the part of the participant to just select rehabilitative treatment when presented with knowledge on mental illness, it is now a possible path of exploration.

Overall, there is a strong desire for the community to want criminals to be punished for their crimes; however, there is also a strong desire for the ability to know that the criminal justice system is working to correct offenders. This study helps the public and the criminal justice system to take a step on the actual path toward correction; rehabilitation.

Conclusion

It is my belief that the criminal justice system can function both punitively and therapeutically. By introducing the five-steps laid out: increasing the usage of psychology, creating wide spread job and vocational training programs, reforming the education system, establishing a budget for parole officers and treatment, and forming an Employment Opportunity Community, the prison system will no longer be limited in the amount of rehabilitation it is capable of, it will instead reach its maximum capacity to rehabilitate offenders. Through the usage of this plan, the recidivism rate will decline, and community discontent with the usage of tax funds will slightly ebb. Once the community sees that the therapeutic treatment of offenders creates better results than punitive treatment, we will witness a change in the political tide.

Through my research regarding the, “Effect of Information Regarding Mentally Ill Offenders on Community Perception of Sentencing,” I was able to find evidence that if the community were aware of the correlation between mental illness and crime, as well as the positive effects of therapeutic treatments on the amount of recidivism, there would be a strong desire to implement therapeutic methods of sentencing over punitive methods, thereby providing evidence that the usage of this five-step plan towards prison reformation would be supported by the community.

The criminal justice system is in major need of reform, the implementing of this five-step plan, would help to transform the system and create a society that doesn't believe in punishment over care, but one that believes in the ability of one to change. Our country has been abandoning those who need help the most, and with the support of the community something can finally be done to create a much needed change.

References

- Bromberg M.D, W. (1965). *Crime in the mind*. New York: Macmillan
- Brossard, D., Ho, S.S., Scheufele, D.A. (2008). Effects of value predisposition, mass media use and knowledge on public attitudes toward embryonic stem cell research. *International Journal of Public Opinion*, 20 (2). Retrieved November 13, 2008. Re-accessed April 2010.
- Bureau of Justice. (2003).Criminal offender statistics. Retrieved April, 22, 2008 from www.ojp.usdoj.gov/bjs/crimoff.htm#recidivism. Re-accessed April 2010.
- Conis, P., Delis, M. (2008) *Violent offenders: theory, research, public policy, and practice*. (p. 49- 185). Subury: Jones & Bartlett
- Cuddeback, G., Morrissey, J., Evans Cuellar, & Steadman, H. (2007). The role of medicaid enrollment and outpatient service use in jail recidivism among persons with severe mental illness. *Psychiatric Services*, 58(6),794. Retrieved January 30, 2008, from the ProQuest database. ID 1280473671. Re-accessed April 2010.
- Gaes, G., Saylor, W. (1989). Post release employment project (PREP) study links federal prison industries (UNICOR) with successful post-release outcome. *National Criminal Justice Journal*. Retrieved April 22, 2008 from the NCJRS.gov database. ID15022 Re-accessed April 2010.
- Goldstrom, I., Gravesend, A., Manderscheid, R. (2003). Growth of mental health services in state adult correctional facilities. *Psychiatric Services*, 55(8),869. Retrieved April 22, 2008, from Psychiatryonline.org. Re-accessed April 2010.

- Greenberg, G.A., & Rosenshach, R.A.(2008). Jail incarceration, homelessness, and mental health: a national study. *ps.psychiatryonline.org*, 59(2),170 – 176. Retrieved September 23,2008. Re-accessed April 2010.
- Harley, M., Murtagh, A., Cannon, M. (2008). Conduct disorder: psychiatry's greatest opportunity for prevention. *Psychological Medicine*, 38, p 929- 931. Re-accessed April 2010.
- Harer, M. (1995). Prison education program participation and recidivism: a test of the normalization hypothesis. *Federal Bureau of Prisons*. Retrieved April 22, 2008 from http://www.bop.gov/news/research_projects/published_reports/recidivism/orepredprg.pdf . Re-accessed April 2010.
- Harlow, C. (2003). Education and correctional populations. Retrieved April 22, 2008 from the NCJ database. ID 195670 Re-accessed April 2010.
- Hodgins, S., Cree, A., Alderton, J., Mak, T.(2007)From conduct disorder to severe mental illness: associations with aggressive behavior, crime and victimization. *Psychological Medicine*, 38, 975-98. Re-accessed April 2010.
- James, N. (2007) Report for congress: federal prison industries.(p. 4). Retrieved April 22, 2008 from Fas.Org. ID RL32380 Re-accessed April 2010.
- Justice.gov. (2003). Budget summery. (p. 119). Retrieved April 22, 2008, from www.justice.gov Re-accessed April 2010.
- Kaupers, T.A.,(2008). What to do with the survivors? *Criminal Justice and Behavior*, 35(8),1005-1016.

King, R., Mauer, M., Young, M. (2004). The meaning of life: long prison sentences in context.

The sentencing Project. (p.15). Retrieved April 22, 2008 from www.soros.org. ID

20040511. Re-accessed April 2010.

Krohn, M., Thornberry, T., Rivera, C., LeBlanc, M. (2001). Later delinquency careers. Sage:

London.

Langan, P.A. PhD., Levin, D.J., PhD.(2002). Recidivism of prisoners released in 1994. *Bureau*

of Justice Statistics, Retrieved April 20, 2008 from [http://bjs.ojp.usdoj.gov/index.cfm?ty=](http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1134)

[pbdetail&iid=1134](http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1134). Re-accessed April 2010.

Law, C.H., Ngai, E.W. (2008). An empirical study of the effects of knowledge sharing and

learning behaviors of firm performance. *Expert Systems with Applications*, 34(4).

Liptack, A.(2008). Inmate count in U.S dwarfs other nations. *The New York Times*, Retrieved

April 23, 2008 from www.nytimes.com ID 5070. Re-accessed April 2010.

Marshall, J. (1980). Law and psychology in conflict 2nd Edition. New York: Bobbs- Merrill

Miller, W., Rollnick, S. (2002). Motivational interviewing, 2nd Edition: preparing people for

change. New York: The Guilford Press

Monograph 109. (2003). The supervision of federal offenders. *Administrative Office of the*

United States Courts.

Osterburg , J., Ward, R., (2007). Criminal investigation. LexisNexis: Baltimore

Petersilia, J. (2001). Prisoner reentry: public safety and reintegration challenges. *The Prison*

Journal 81(3),360. Retrieved April 22,2008, from Sage Publications. Re-accessed April

2010.

PREP. (1985) Interim report. *Office of Research and Evaluation*. Retrieved April 22, 2008, from www.fastio.com Re-accessed April 2010.

Schmallegar, F. (2007) *Criminal justice today*. Boston: Pearson

Taxpolicycenter.org. (2008). State minimum wage rates. Retrieved April 22, 2008 from

<http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=357>. Re-accessed April 2010.

UNICOR. (2008) History. Retrieved April 22, 2008, from www.unicor.gov. Re-accessed April 2010.

Yolton, J.W.[Editor] (1977) *The Locke Reader*. London: Cambridge University Press.

Appendix A
Informed Consent Form

You have been invited to participate in a research study about how decision making is affected when presented with information regarding a certain subject. Completion of this study should take between thirty and forty-five minutes; you will be given a series of survey's followed by a questionnaire in which you will be asked to read a selection of scenarios and select an answer. Prior to beginning this survey, if you are unsure of whether or not you would like to participate, you may consult with others to discuss your decision.

If you choose to participate in this study, your identity will remain completely anonymous. You will be asked to complete a demographic information form where you will be asked basic demographic information about yourself.

Once you are finished with the demographic sheet, you will be presented with the study.

Once all of the components of the study have been completed you will receive a debriefing form in which the purpose of the study will be explained to you. At this time, you may ask any questions you have concerning the study and the way in which the information you provide will be used.

During your participation in this study you will not be subjected to any stressful situations. You will not be exposed to any emotional, mental or physical risks at any time. Participation is completely voluntary; if at any point during the experiment, you wish to end your participation you may do so without judgment.

The experimenters' are students attending undergraduate courses at Pace University in experimental psychology under the instruction of Dr. Richard Velayo. The intentions of this study include: presenting findings of this study at collegiate/professional conferences and publishing any findings in an academic journal. If you have any questions or concerns please feel free to contact Dr.Velayo by phone, at 212-346-1506, or email at rvelayo@gmail.com.

All personal information you share will be confidential and only used for research purposes. Any of the information gathered from the questionnaire materials will be stored separately from the informed consent information and will not permit the identification of individual participants.

Prior to handing back your survey you may, if you so choose, detach this informed consent and keep the top half for your personal records.

By providing my valid email address I am verifying that I have read and understand the above information concerning the study I am about to participant in. Any questions I had concerning this study have been answered clearly.

Signature

Date

The recruitment of participants for this project has been approved by the Pace University Institutional Review Board (IRB). If you have questions regarding your rights as a participant you may contact Dr. Anastasia Yasik, Co-Chair Pace IRB at 212-346-1801 or ayasik@pace.edu.

Appendix B
Demographic Information

Gender: Male or Female

Age: _____

Marital Status:

- Single
- Married
- Divorced
- In relationship

Educational Level:

- Some High School
- High School
- Some college
- College
- Graduate
- Professional School

Undergraduate major if applicable: _____

Graduate major if applicable: _____

Employment: Please select all that apply.

- Full time
- Part time
- Unemployed
- Student

If you are currently employed what is your profession _____

What is your race? (optional)

- Caucasian
- African American
- Hispanic
- Asian
- Other _____

Do you consider yourself a religious person? (optional)

- Yes
- No

Do you belong to a political party? If yes which one. (optional)

- Yes
- No _____

Appendix C
Machiavellianism

Directions: This questionnaire is a series of attitude statements. Each represents a commonly held opinion, and there are no right or wrong answers. You will probably disagree with some items and agree with others. We are interested in the extent to which you agree or disagree with matters of opinion. Read each statement carefully. Then indicate the extent to which you agree or disagree by circling the number in front of each statement. The numbers and their meaning are as follows:

If you *agree strongly*, circle +3
 If you *agree somewhat*, circle +2
 If you *agree slightly*, circle +1
 If you *disagree slightly*, circle -1
 If you *disagree somewhat*, circle -2
 If you *disagree strongly*, circle -3

-3	-2	-1	+1	+2	+3	
STRONGLY DISAGREE	DISAGREE SOMEWHAT	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE SOMEWHAT	AGREE STRONG	

1. If most people could get into a movie without paying and be sure that they would not be seen, they would do it.
2. Most people have the courage of their convictions.
3. The average person is conceited.
4. Most people try to apply the Golden Rule, even in today's complex society.
5. Most people would stop and help a person whose car was disabled.
6. The typical student will cheat on a test when everybody else does, even though he has a set of ethical standards.
7. Most people do not hesitate to go out of their way to help someone in trouble.
8. Most people would tell a lie if they could gain by it.
9. It's pathetic to see an unselfish person in today's world because, so many people take advantage of him.
10. "Do unto others as you would have them do unto you" is a motto that most people follow.
11. People claim that they have ethical standards regarding honesty and morality; but few people stick to them when the chips are down.
12. Most people will speak out for what they believe in.
13. People pretend to care more about one another than they really do.
14. People usually tell the truth, even when they know they would be better off lying.
15. Most people inwardly dislike putting themselves out to help other people.
16. Most people would cheat on their income tax if they had the chance.
17. The average person will stick to his opinion if he thinks he's right, even if others disagree.
18. Most people will act as "Good Samaritans" if given the opportunity.
19. Most people are not really honest for a desirable reason; they're afraid of getting caught.
20. The typical person is sincerely concerned about the problems of others.

Appendix D
Medium Level IV Manipulation

Directions:

The following document will be a compilation of information regarding mental illness and mental illness as it pertains to criminal offenders. Read the information to gain an understanding of the certain terms, and disorders. Following the information session, you will receive a short questionnaire regarding the information presented to you. If needed or desired, you may go back to the presentation.

The information provided has been contributed from:

King, R., Mauer, M., Young, M. (2004). The meaning of life: long prison sentences in context. *The sentencing project*. (p.15). Retrieved October 10, 2008 from www.soros.org. ID 2004040511.

Osterburg, J., Ward, R., (2007) Criminal investigation. LexisNexis: Baltimore

Schmallegar, F. (2007) Criminal justice today. Boston: Pearson.

Zimmerman M.D., M. (1994). Interview guide for evaluating Dsm-IV psychiatric disorders and the mental status examination. East Greenwich: Psych Products Press.

MENTAL ILLNESS

1 in 6 prisoners suffer from a mental illness

The most common mental illnesses in a prison setting are:

Schizophrenia

Mania and Hypomania

Anti-Social Personality Disorder

Depression

Drug and Alcohol Dependencies

MENTAL ILLNESS

Schizophrenia is defined as a chronic illness beginning before the age of 25. Many of the symptoms of schizophrenia include:

Prominent visual and auditory hallucinations and delusions (ex: seeing and hearing stimuli that do not exist)

Disorganized Speech (ex: “The FBI found a frog in a radio show in my eye”)

Grossly Disorganized Behavior (ex: dressing inappropriately, crying frequently)

Flat Affect (ex: lack of emotional response)

Functional Impairment (ex: inability to perform at work)

Abnormal Cognitive Functioning (ex: inability to reason)

Abnormal Communication (ex: failure to make and maintain social relationships)

Thought Broadcasting (ex: belief that others can hear thoughts)

Delusions of Control (ex: belief that an outside force is responsible for controlling actions and thoughts)

MENTAL ILLNESS

Anti-social personality disorder is defined as a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. Many of the symptoms of anti-social personality disorder include:

Deceitfulness (ex: lying to shift blame from self to others)

Manipulation of others (ex: using others to achieve goals)

Cruelty to animals and humans (ex: killing dogs, bullying peers)

Failure to conform to social norms with respect to lawful behavior (ex: history of minor crimes)

Highly impulsive (ex: failure to plan and think actions through)

Recklessness (ex: disregard for the safety of others)

Lack of remorse as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from others (ex: "I stole his watch because he didn't care about it")

MENTAL ILLNESS

Mania and Hypomania are disorders associated with bi-polar personality disorder. They are defined as distinct periods of abnormal and persistently elevated expansive irritable and dramatic mood swings that do not follow a set pattern with hypomania being less severe than mania. Some of the symptoms associated with mania and hypomania are:

Inflated self esteem/grandiosity (ex: larger-than-life feelings of superiority)

Decreased need for sleep (ex: going from needing eight, to only needing three hours of sleep a night)

Flight of ideas (ex: a nearly continuous flow of rapid speech that jumps from topic to topic, usually based on discernible associations, distractions, or plays on words, but in severe cases so rapid as to be disorganized and incoherent.)

Excessive involvement in pleasurable activities that have a high potential for painful consequences (ex: sexual indiscretions)

Pressured speech (ex: rapid, virtually nonstop, often loud and emphatic, seemingly driven, and usually hard to interrupt)

MENTAL ILLNESS

Alcohol and drug dependencies are defined as maladaptive patterns of substance use that lead to clinically significant impairment or distress. Symptoms of these dependencies include:

Failure to fulfill major role obligations (ex: failing to show up to work)

Usage of substance in situations where it is physically harmful (ex: while driving)

Usage of intoxicant leading to legal problems (ex: disorderly conduct)

Tolerance for substance (ex: increased amounts needed to feel effects of substance.

Withdrawals (ex: physical illness resulting from not having the substance)

Blackouts (ex: forgetting details of what happened while under the influence of a substance)

MENTAL ILLNESS

Depression is defined as the experiencing of sadness, or emptiness, with a diminished interest in pleasure, or activities that once provided pleasure. These feelings of sadness are also accompanied by feelings of worthlessness and excessive guilt. Symptoms of depression are:

Weight loss (ex: change of more than 5% body weight in a month)

Increased or decreased amounts of sleep

Fatigue

Diminished ability to think (ex: lack of concentration)

Diminished ability to make decisions

Recurrent thoughts of death

Suicidal ideations (ex: exact plan or no particular plan)

Impaired social functioning (ex: inability to maintain relationships)

DEFINITIONS

Criminal Responsibility: To be responsible for a criminal act implies the perpetrator must understand what they are doing and that it is wrong.

Guilty: Belief that one has committed a violation of criminal law, or performed all the elements of the offense set out by a criminal statute.

Not Guilty: Belief that an individual has not committed a violation of criminal law, or performed all the elements of the offense set out by a criminal statute.

Not Guilty by Reason of Insanity: Belief that an offender should not be held responsible for breaking the law because they were mentally impaired at the time of the commission of the alleged crimes.

Manslaughter: In regard to homicide a charge that implies guilt due to either negligence, neglecting to take proper precautions that would have prevented the death, or “heat of the moment,” a crime caused by acting on an immediate emotional response. An example of negligent homicide would be drunk driving, where as a heat of the moment homicide would be coming home to find your spouse cheating on you, and immediately killing them.

Recidivism: The repetition of a crime by an offender after already being sentenced for the exact criminal act.

Treatment Programs: Methods aimed towards the rehabilitation of offenders with mental illnesses, substance dependencies, and behavioral disorders. Often times geared towards psychology, however can range from participating in work programs, to taking school courses.

Appendix E
High Level IV Manipulation

Directions:

The following document will be a compilation of information regarding mental illness, mental illness as it pertains to criminal offenders, recidivism, and rehabilitation success rates. Read the information to gain an understanding of the certain terms, and disorders. Following the information session, you will receive a short questionnaire regarding the information presented to you. If needed, you can go back to the presentation.

The information provided has been contributed from:

- Babcock, J. C. & Steiner, R. (March 1999). Relative efficacy of criminological, clinical, and personality measures of future risk of offending in mentally disordered offenders: A Comparative Study of HCR-20, PCL:SV, and OGRS. *Journal of Family Psychology*, 13(1), 46-59. Retrieved October 12, 2008, PsycArticles.
- Beech, A., Ford, H. (December 2006). The relationship between risk, deviance, treatment outcome and sexual reconviction in a sample of child sexual abusers completing residential treatment for their offending. *Psychology, Crime & Law*, 12(6), 685-701. Retrieved October 10, 2008, PsycArticles.
- Bonta, J., Hanson, K., Law, M. (March 1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 123(2), 123-142. Retrieved October 12, 2008, PsycArticles.
- Bureau of Justice. (2003). Criminal offender statistics. Retrieved April, 22, 2008 from www.ojp.usdoj.gov/bjs/crimoff.htm#recidivism.
- Elliot, S. F., Estell, A. Lindsay, W. R., (December 2004). Predictors of sexual offence recidivism in offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 17(4), 299-305. Retrieved October 15, 2008, PsycArticles.
- King, R., Mauer, M., Young, M. (2004). The meaning of life: long prison sentences in context. *The sentencing project*. (p.15). Retrieved October 10, 2008 from www.soros.org. ID 2004040511.
- McMurran, Theodosi, (2007). Is treatment non-completion associated with increased reconviction over no treatment? *Psychology, Crime & Law*, 13(4), 333-343. Retrieved October 12, 2008, PsycArticles.
- Osterburg, J., Ward, R., (2007). Criminal investigation. LexisNexis: Baltimore
- Schmallegar, F. (2007). Criminal justice today. Boston: Pearson.
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Blackouts (ex: forgetting details of what happened while under the influence of a substance)

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Increased or decreased amounts of sleep

Fatigue

Diminished ability to think (ex: lack of concentration)

Diminished ability to make decisions

Recurrent thoughts of death

Suicidal ideations (ex: exact plan or no particular plan)

Impaired social functioning (ex: inability to maintain relationships)

RECIDIVISM

Offenders that are most likely to recidivate, repetitively commit a crime, suffer from some type of mental illness

- In 1994 67.5% of recently released offenders in the U.S. were rearrested.
- 46.9% of those rearrested were reconvicted.

Offenders who recidivate often suffer from one or more of these behavioral and psychological illnesses:

- Anti-social attitude
- Denial (of crime)
- Low self esteem
- Substance abuse
- Family dysfunction
- Schizophrenia
- Manic personality disorders

Often times many of these illnesses go undiagnosed and untreated.

This contributes to the likelihood of recidivating among offenders.

REHABILITATION

There is consistent evidence for the effectiveness of treatment programs.

- Treatment completers are less likely to recidivate than non-completers.
- This is true for both in prison and community based (out of prison) programs.

A study found that, out of the 65 offenders who completed an institutional (in prison) treatment program, and received a “treated” (responded to treatment) profile, zero were reconvicted.

- Similar studies have been performed and found similar results.
- This reinforces the claim that treatment programs are effective.

Community based programs (programs outside of prison) have been found to be effective as well.

- A study was done of Not guilty by Reason of Insanity acquittees who participated in community based programs.
- 66.12% maintained conditional release (were not re-institutionalized back to forensic hospitals.)
- Of the 33.88% that were re-institutionalized, only 7.11% were re-institutionalized due to a crime.
- Only 3.68% were re-institutionalized due to a violent crime.

FAULTS OF REHABILITATION

Not all treatment is completely effective

- One study found that of the 26 sex offenders categorized as “high deviance” (e.g. strong preoccupation with young children) involved in an institutional treatment program, only 4 received a “treated” profile (responded to treatment).
- This is possibly due to certain programs that are faulty and do not comply to the needs of certain high risk or deviant offenders.

Offenders are more likely to recidivate in community based programs

- There are more opportunities and reasons not to complete treatment. E.g. jobs, relationships, returning to old habits such as substance and alcohol abuse, lack of motivation, returning to “the wrong crowd”
- There is less supervision

DEFINITIONS

Criminal Responsibility: To be responsible for a criminal act implies the perpetrator must understand what they are doing and that it is wrong.

Guilty: Belief that one has committed a violation of criminal law, or performed all the elements of the offense set out by a criminal statute.

Not Guilty: Belief that an individual has not committed a violation of criminal law, or performed all the elements of the offense set out by a criminal statute.

Not Guilty by Reason of Insanity: Belief that an offender should not be held responsible for breaking the law because they were mentally impaired at the time of the commission of the alleged crimes.

Manslaughter: In regard to homicide a charge that implies guilt due to either negligence, neglecting to take proper precautions that would have prevented the death, or “heat of the moment,” a crime caused by acting on an immediate emotional response. An example of negligent homicide would be drunk driving, where as a heat of the moment homicide would be coming home to find your spouse cheating on you, and immediately killing them.

Recidivism: The repetition of a crime by an offender after already being sentenced for the exact criminal act.

Treatment Programs: Methods aimed towards the rehabilitation of offenders with mental illnesses, substance dependencies, and behavioral disorders. Often times geared towards psychology, however can range from participating in work programs, to taking school courses.

Appendix F
Manipulation Check

Directions: Based on the information you were just provided with, and your previous beliefs regarding psychology and criminal justice, answer the following questions to the best of your ability. Feel free to consult the information given to you.

1. How many prisoners suffer from a mental illness?
2. What are the major mental illnesses that effect criminal offenders?
3. Name three symptoms of schizophrenia?
4. How would someone be judged not guilty by reason of insanity?
5. What are three characteristics of offenders who will repeat their crimes?
6. What are some of the pro's of treatment programs in prison settings?
7. Why would some people be against treatment programs?

Appendix G
Survey of perceived criminal justice and psychological effectiveness

Directions: Answer the following questions based on your opinions of the abilities of the criminal justice system with 1 meaning you completely disagree, 2 meaning you disagree, 3 meaning you agree, and four meaning you completely agree with the following statements. If you can not pick an answer do not leave it blank, select the best fit answer:

1	2	3	4
Completely Disagree	Disagree	Agree	Completely Agree

1. The criminal justice system currently works as a means to correct offenders.
2. No matter how much treatment a criminal receives they will never function properly in society
3. Harsher sentencing will not act as a means to cure criminals
4. Treatment programs are successful in rehabilitating a good portion of criminal offenders.
5. Psychology has been successful in discovering how the human mind works.
6. If more prisoners had access to treatment programs, they would be less likely to repeat their crimes.
7. I think that mental illness has no role in crimes

Appendix H
Vignette

Directions: Read the following scenarios. Then using your discretion select the best option for sentencing, if you are not positive, make the best selection based on your understanding of the scenario.

1	2	3	4
Guilty, Sentenced to jail time, no treatment offered.	Guilty, Sentenced to jail time, rehabilitative Treatment offered.	Not Guilty by Reason of Insanity, sentenced to high security mental health facility until mental illness is controlled.	Not Guilty

- 1) Tom a happily married, 24 year old man, with no history of violence began hearing voices. At first they were friendly and suggested to him that he was not religious enough. As a result he began to frequent religious services at the local church in his town. About two months after the first appearance of the voices, they began to tell him that his wife, who declined to go to church most Sundays, was possessed by the devil. One night, while his wife was cooking dinner, God began to tell him that the only way to save his wife from the devil was to slit her throat and allow him to leave her body. He then got up from his chair and slit his wife's throat. When she failed to regain consciousness he called the cops and told them that the devil wouldn't leave his wife. _____

- 2) Jose comes from a family with low economic means. Many times they have found themselves living paycheck to paycheck. His parents would often go without to ensure that they would have. As a result Jose began to suffer from feelings of depression. He felt if he had never been born his parents would have enough for themselves. In an attempt to fix his feelings of responsibility and sadness Jose began shoplifting food from local stores. One day on the bus on the way home he saw an opportunity to steal a woman's wallet out of her bag. He used the money he stole to buy a gun. He worked out an elaborate plan to hold up a convenience store, late at night so not too many people would be there. When he arrived at the store the clerk noticed his odd behaviors and called the police. The police arrived just as Jose pulled the gun on the clerk. He was arrested for attempted robbery with a deadly weapon. _____

- 3) Veronica had been dating William for almost five years. She was constantly becoming irritated at his unwillingness to pick up around the house, take out the trash, and perform

other household chores. Everyday she would remind him that as an equal partner he had to do an equal share of work. One night William, growing tired of her constant nagging, commented to her that he was the man in the relationship, and as the woman it was her job to clean and not his. She retreated to their bedroom and wrote in her journal that William was “a waste of space,” and then stated that she would be better off if she killed him. The following afternoon she went to the local sporting good store, and purchased a gun. While she waited a couple of weeks for her background check to clear, she took up going to target practice in her spare time. The evening that she finally got her gun, about three weeks after placing the order, she waited for William to fall asleep on the couch, as was customary for him to do, and shot him once in the head. _____

- 4) Lily and Jamal had been dating for over five years when Lily found out she was pregnant. After giving birth to their child Jamal moved them into a two bedroom house and worked extra hours while Lily stayed home to recover and care for the baby. Jamal began to notice that Lily was acting weird, so one day decided to come home early. When he arrived home he noticed Lily was shaking the baby in an attempt to make him stop crying. Jamal quickly grabbed the baby calmed him down and called the police. The police placed Lily in the hospital where she was diagnosed with postpartum depression. Jamal sued for full custody and received it. Upon being let out of the hospital Lily attempted to speak with Jamal but he would not answer her calls or let her come over. One night Lily broke in through the basement window and kidnapped the baby. When Jamal woke up he immediately called the cops. When the cops apprehended Lily the baby was fine but Lily was in a panic crying. _____

- 5) Max, a 17 year old boy, had been consistently abused by his mother since the age of five. The abuse was not only physical, but verbal as well. His mother would beat him at least three times a week, and degrade him for hours on end nightly. She claimed he wasn't good enough, would end up being a failure, and would often tell him she should have had an abortion. Many times she would ground him for no reason, throw out his homework and make him start again, or make him do endless amounts of chores until he would get them just right. In his late teens he began to resist the punishments, but if he did, she would beat his younger sister as a way get back at him, so often he would just accept the abuse to protect his sister. In January he began to place rat poison in the meals she would force him to prepare for her. When she died a few months later, an autopsy revealed the poisoning as the cause of death. When questioned he gave a tearful confession immediately stating that, “He could find no other way to escape his mother, and also protect his sister. Either she had to die, or they would.” _____

- 6) In order to prove that she was stronger than her sister Larissa decided that she would join a gang, her ex boyfriend Eddie was a member of one of the local street gangs so she decided to give him a call. He told her to meet him at the diner but not to tell anyone where she was going. When he got there he smelled of marijuana and she asked if he had any on him. She took a few hits and then asked him what he decided. He told her that before she could meet with the leader she would have to prove herself to the gang. He led her to the car and drove her to an apartment building. After pulling up he made her get out. They walked to the trunk where a can of kerosene and a box of matches lay. He told her she knew what to do and if she wanted in she wouldn't chicken out. She removed the items from the trunk and he pulled away leaving her there. She decided to pour the kerosene around as much of the perimeter as it would go and then lit it on fire. She ran away as the building went up in flames. None of the injuries sustained by the victims were fatal, but Larissa was arrested on charges of Arson and 20 counts of attempted murder. _____
- 7) Standing on a train platform one day, Charles and Hector got into a fight. Charles, in attempting to get Hector away from him, pushed Hector hard, however Hector then fell into Gail, a woman who was waiting for the train as well. Gail, taken off guard stumbled and knocked into the man standing next to her, Glenn, who subsequently fell onto the tracks and was hit by the oncoming train. Gail is being sued for manslaughter. _____

Appendix I
Debriefing Form

You have just participated in a study exploring the effect that knowledge of mental illness has on a person's willingness to provide offenders with rehabilitation during incarceration. There were three different levels of information provided: low, medium, and high. Low level information was based on previous conceptions of criminal justice and psychology, medium level information was a presentation of information regarding mental illness, and high level information was a presentation of information regarding mental illness, rehabilitation, and recidivism.

Prior to the study you received a survey called a Machiavellianism Test, which provides a measure for your views of human nature. This survey will give us an understanding of how personal views of human nature effect punishment selected for criminal offenders.

The post-experimental surveys will be used to examine if the amount of knowledge provided actually did effect whether or not rehabilitation with sentence was selected as a sentencing option during incarceration.

The experimenters will compare the answers on the surveys to arrive at a conclusion of whether or not being given information on mental illness, or mental illness, rehabilitation and recidivism will affect the responses to incarceration methods.

We believe that there will be a significant difference in the willingness to provide treatment during incarceration depending on the amount of information each participant is provided with.

Thank you for participating in this experiment.

Signature

Date

If you have any questions feel free to contact one of the experimenters.

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