Case Review and Planning:

A Study of Treatment Goal Emphasis and Consistency

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HIGHLIGHTS

The case records of a sample of 100 Youth Authority wards were examined in order to identify the treatment goals stated by staffs at reception centers, institutions and parole units. The 100 wards were new commitments paroled from three institutions--O. H. Close School, Karl Holton School, and Fred C. Nelles School--during June through July of 1971. The data were extracted from three case documents: the Clinic Summary, the Institutional Case Report, and the Parole Case Summary.

It was found that reception center, institutional, and parole staffs cited treatment goals related to school more frequently than any other goals for the study cases. This emphasis is partly accounted for by the relatively young age of the study population, as 90 percent of the wards were 18 and under. At the Southern Reception Center and the Nelles School, both of which had a comparitively high percentage of older wards, there was less emphasis on school goals.

Other goals mentioned relatively frequently at reception centers and institutions pertain to personality change and behavioral control; frequent goals named by parole staff refer to employment and to peer relationships.

In order to evaluate the continuity of treatment goals, an analysis was conducted of the goals identified for the same cases by staffs at reception centers, institutions, and parole units. It was found that for 30 percent of the cases there was agreement on one or more goals by staffs at the three settings. There was agreement on at least one goal for 70 percent of the cases among staffs at reception centers and institutions; on 44 percent of the cases at reception centers and parole units, and 51 percent of the cases

at institutions and parole units. The extent to which at least one common goal was stated, however, varied widely for wards assigned to specific facilities involving reception center-institution-parole.

In comparing the types of goals mentioned, relatively high correlations were obtained between the goals named by reception center and institutional staffs, while low correlations were found between those reported by either reception center and parole staffs or by institutional and parole staffs.

Among the main conclusions suggested by the study are the following:

1. There is a relative lack of continuity in the number and types of goals cited for the same wards over the total treatment continuum, i.e., by staffs at reception centers, institutions, and parole;
2. There is reason to believe that treatment goals and strategies are more uniform for wards assigned successively to specific reception centers, institutions, and parole units than for those assigned successively to others.
3. There is closer correspondence between the number and types of goals emphasized by staffs at reception centers and institutions than by either of these and parole staffs. It would appear that reception center staff more often state the intermediate goals of wards destined for institutional assignment rather than their long-term goals relating to parole.

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INTRODUCTION

To ensure that the treatment needs of every ward are periodically evaluated and recorded as a guide for treatment staff, a comprehensive case planning and review procedure is employed in the Youth Authority. This procedure is initiated at the reception center clinic as part of the diagnostic work-up provided each ward during his first month in the Youth Authority. For the ward assigned to an institution, the case reviews are conducted during his first 60 days of stay and at 60-day intervals thereafter. Following his release to parole, further case reviews are held at 120-day intervals.

The present study was undertaken to cast light on several aspects relating to the case planning and review procedure. One of these concerns the relative emphasis placed on various types of goals for the same or similar groups of wards by staffs at different facilities. That is, do staffs at certain facilities tend to stress particular kinds of goals, such as those pertaining to the personal, interpersonal, academic, or employment needs of wards? Moreover, do staffs tend to differ in the emphasis given short-term, long-term, or combination of short- and long-term treatment needs? A related aspect is the extent of continuity in treatment goals recorded for a ward during his successive assignments in the Youth Authority. In other words, are there major variations in the proportion and types of common goals stated in case reports prepared for wards by staffs at reception centers, institutions, and parole units? It was hoped that the study would furnish tentative answers to such questions, and that the findings would be useful in efforts to enhance the case planning and review system.

Further impetus to the current study stems from a recomendation made by the

Legislative Analyst in his 1971-72 report (page 535):

> We recommend that the Department survey a representative sample of cases to determine to what extent recommended programs are being followed by the institutions and determine the reasons for and the need to conduct reevaluations and reprogramming at the institutions.

Although the scope of this study is limited to treatment goals reported by staffs, it fulfills the above recommendation in some respects by examining the consistency of goals recorded for wards across the treatment continuum. The specific study objectives can be summarized as follows:

1. To compare the treatment goals established for wards by staffs at reception centers, institutions, and parole;

2. To determine the extent of agreement on treatment goals established for the same group of wards by staffs at reception centers, institutions, and parole;

3. To determine what types of treatment goals were stated for those wards for whom common goals were reported.

PROCEDURE

The study population consisted of 100 male wards who were first commitments and were paroled from three Youth Authority institutions during June and July of 1971. The population was composed of 36 wards paroled from the Fred C. Nelles School, 28 wards from the Karl Holton School, and 36 wards from the O. H. Close School.

In order to determine the treatment goals that staff at the various settings cited for the wards in the study population, three reports written at different stages in the careers of the wards and routinely included the wards' case records were examined. These reports are:

1. The Clinic Summary written by reception center (Clinic) staff during the first month after commitment and corresponding to the diagnostic phase of treatment,

2. The Case Report written by institutional staff just prior to the ward's release on parole, and

3. The Case Summary written by parole staff approximately 120 days after the ward's release on parole.

Based on an examination of these reports, explicit and implicit treatment goals were categorized and tabulated for the wards in the study sample. In addition, basic personal and social background characteristics of the wards were tabulated according to statistical information which is systematically maintained on the Youth Authority ward population.

The reliability with which goals were categorized from the case records was analyzed for a random sample of cases. The details are reported in Appendix B.

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[1] For each ward, one specific goal was generally cited by staff at a facility. In a few instances, when the goal was cited two or more times, it was counted only once in this study.

FINDINGS

The findings of this study will be presented in three sections. They include:

1. Background characteristics of study population,
2. Treatment goals as cited by staffs at reception centers, institutions, and parole, and
3. Commonality of treatment goals cited by staffs at reception centers, institutions, and parole.

Background Characteristics of Study Population

To provide a context for comparisons made in later tables, basic background characteristics of the study population are presented in Table 1 below. Distributions of the characteristics are shown for the study wards assigned to specific receptions centers and institutions, as well as for the total subjects released to parole.

TABLE 1

BACKGROUND CHARACTERISTICS FOR STUDY WARDS AT RECEPTION CENTERS, INSTITUTIONS, AND PAROLE
(In Percent*)

Background Characteristic	Reception Centers			Institutions			Total Paroled
	NRCC	SRCC	RGC	Nelles	Close	Holton	
Total Study Wards	(48)	(41)	(11)	(36)	(36)	(28)	(100)
Age							
Under 17	73	49	--	50	70	43	55
17 - 18	27	46	27	47	19	39	35
19 and Over	--	5	73	3	11	18	10
Ethnic Group							
White	71	51	46	47	61	75	60
Black	12	29	46	31	22	14	23
Mex.-Amer.	17	20	--	22	17	7	16
Other	--	--	9	--	--	4	1
Offense							
Person	8	22	18	22	17	4	15
Property	40	37	64	33	50	39	41
Drugs	17	5	18	6	11	21	12
W & I**	35	37	--	39	22	36	32

*Percentages are based on total study wards shown in parentheses for each facility and for parole.

**Refers to Welfare and Institutions Code offenders committed by Juvenile Court for incorrigibility, runaways from local detention facilities, truancies, curfew violations, and other delinquent tendencies.

Several characteristics of the study population deserve mention. As shown in the "Total Paroled" column, the majority of the wards are under 17, White, and were committed to the Youth Authority for the commission of either property or W & I offenses. When broken down by facilities, however, important differences emerge among the three reception centers and among the three institutions. Among reception centers, the Northern Reception Center (NRCC) included relatively more wards under 17 and White than did the other two reception centers. NRCC also included proportionately fewer wards involved in offenses against persons and more wards with drug offenses than did the Southern Reception Center (SRCC). With respect to institutions, Close reveals the largest proportion of wards under 17, followed by Nelles and Holton. Ethnically, the largest percentage of White wards were confined at Holton, followed by Close and Nelles. From an offense standpoint, the highest proportion of property offenders were at Close, while the lowest proportion of assaultive offenders were found at Holton. It is apparent that the background characteristics of the SRCC and Nelles wards are similar, since almost all of the SRCC wards were assigned to Nelles.

Treatment Goals: Reception Centers, Institutions, and Parole

Before presenting results on the distribution of treatment goals, it is relevant to define the goal categories used in this study. The goals for individual study cases were divided into eleven categories covering three main areas, as outlined below.

A. Interpersonal Relationships

1. Peer - goals for improving the interaction between a ward and others his own age. Examples of such goals from the study sample are: "Become less dependent on delinquent peer group" and "Select some new friends".

2. Parental - goals for improving the relationships between the ward and his parents, step-parents or foster parents. Two examples are: "Increase communication between ward and parents" and "Decrease number of arguments between ward and father".

3. Other Authorities - goals for improving the relationships between the ward and other authorities (adults). Examples are: "Decrease hostile interaction with youth counselors" and "Improve relationships with school teachers".

B. Academic-Vocational-Employment

4. School - goals of an academic nature. Examples are: "Increase reading level by three grades" and "Obtain high school diploma".

5. Vocational - goals related to trade training.

6. Job - goals related to ward's employment when he is released to the community. An institution might cite as a goal "Develop job finding skills"; Parole might cite "Help ward find a job".

C. Personal-Behavioral

7. Personality Changes - goals regarding changes in ward's personality structure. The changes are more deep-rooted than those in Category 8. Examples are: "Develop feeling of confidence and self-esteem" and "Work on dealing with guilt about family conflicts".

8. Behavioral Control - goals for controlling maladaptive behavior. These goals differ from those in category 7 in that they attempt to treat overt aspects of personality maladjustment, and often depend on external controls. "Control temper" is an example of a behavioral control goal.

D. Other

9. Drugs - goals referring specifically to drug treatment or abatement. Examples are: "Control of drug intake through weekly urinalysis" and "Control through drug counseling".

10. Environmental Manipulation - These goals pertain to improvement in ward's community adjustment through a change in ward's living arrangements. These goals include placements in group and foster homes or a change in ward's community of residence.

11. Miscellaneous - includes all goals which do not fall into one of the above categories.

12. No Treatment or Not Listed - this category includes those cases in which there were no treatment goals listed or cases where it specifically indicated that no treatment was needed or available.

Chart 1 presents an overview of the treatment goals established at the three settings, i.e., reception centers, institutions and parole. In this chart as well as in Charts 2-6, the percentages shown are based on the total number of study wards identified at each setting. The chart indicates that school goals are cited most often at all three settings, partially reflecting the high percentage of school age wards in the study population. Apart from school goals, however, the goals given relatively high priority differ among the three settings. Thus, reception center and institutional staff cited personality change and behavioral control goals second and third most frequently, while parole staff cited job and peer goals second and third most frequently.

Chart 2 shows the treatment goals established for wards at each reception center. Although school goals are most frequently cited at each of the reception centers, NRCC staff set these goals for a much higher proportion of wards than did SRCC staff. This difference is partly related to the larger proportion of younger wards diagnosed at NRCC.

A further aspect worth noting is that NRCC staff named personal-behavioral goals for a higher proportion of its wards than did SRCC staff. This difference still held true in a separate tabulation in which allowance was made for age disparities between the wards at NRCC and SRCC. It should be noted that SRCC staff were more likely to identify vocational goals, as would be expected because of the greater proportion of older wards at SRCC.

The goals established at the three institutions are depicted in Chart 3. There is little consistency among the institutions in terms of the goals cited most frequently. Thus, the modal goal pertains to behavioral control at Nelles, personality change at Close, and school at Holton. All three of the institutions, however, showed relatively high proportions of personal-

CHART 1

TREATMENT GOALS FOR WARDS AT RECEPTION CENTERS, INSTITUTIONS, AND PAROLE

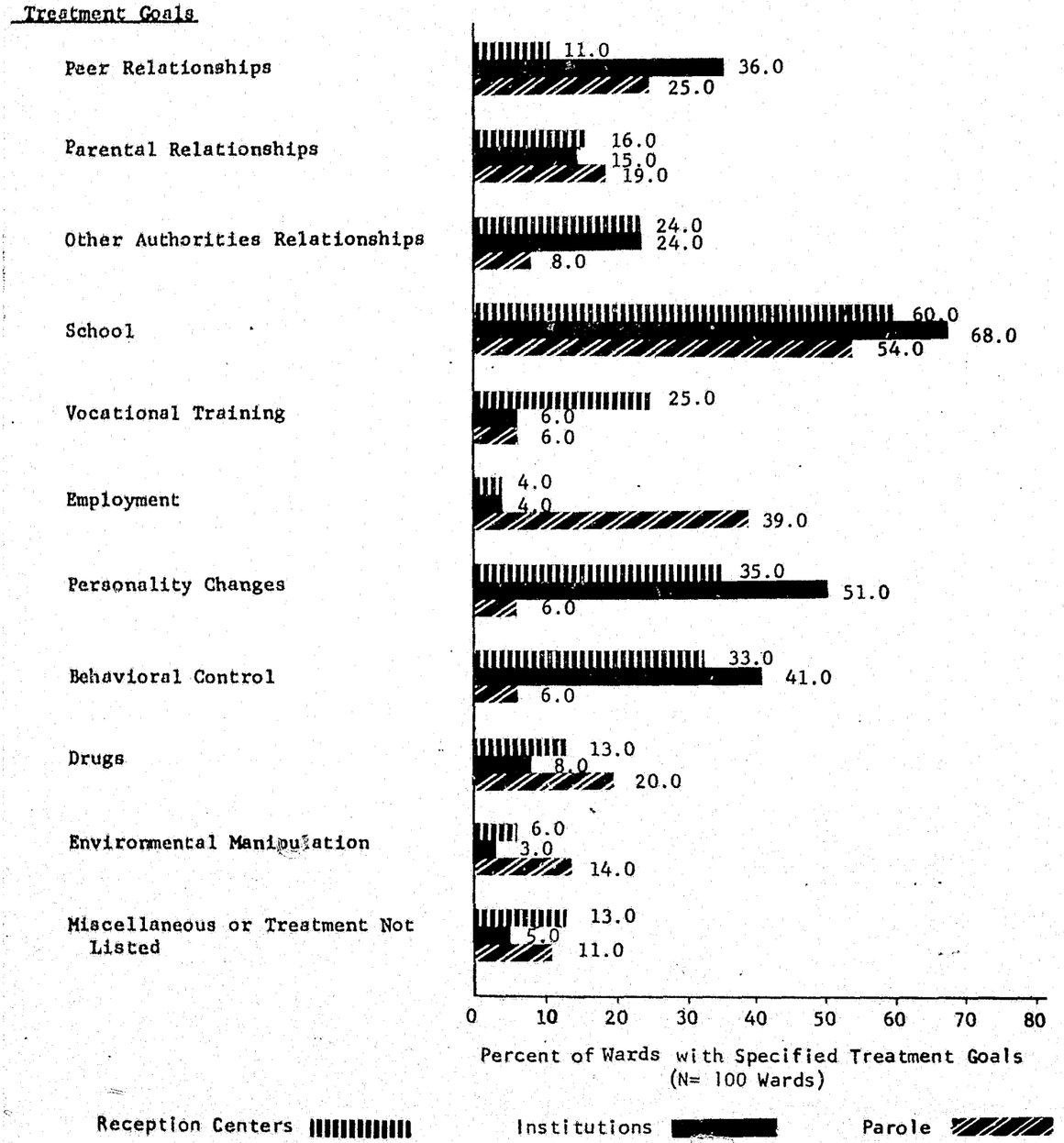


CHART 2

TREATMENT GOALS FOR WARDS AT RECEPTION CENTERS

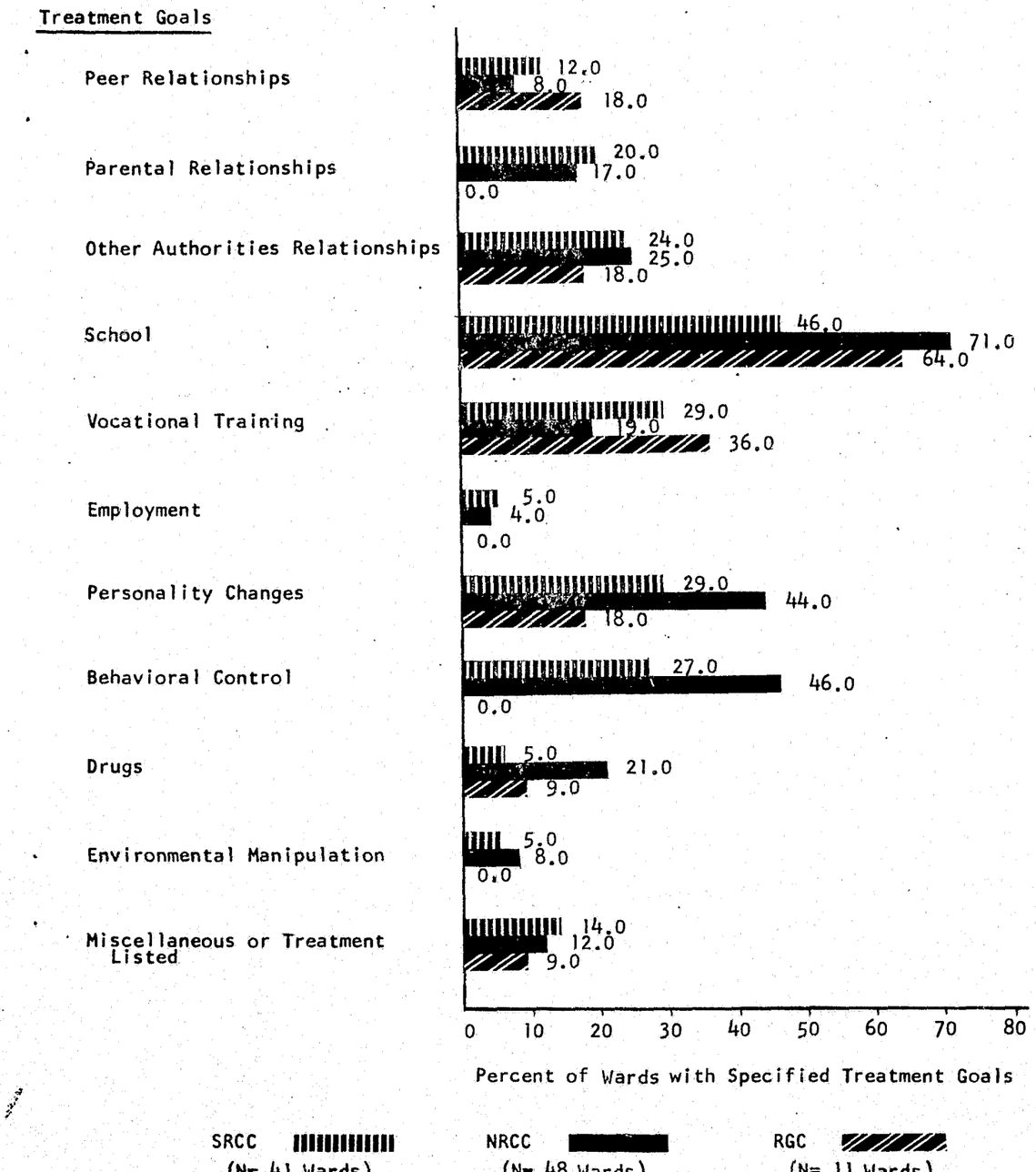
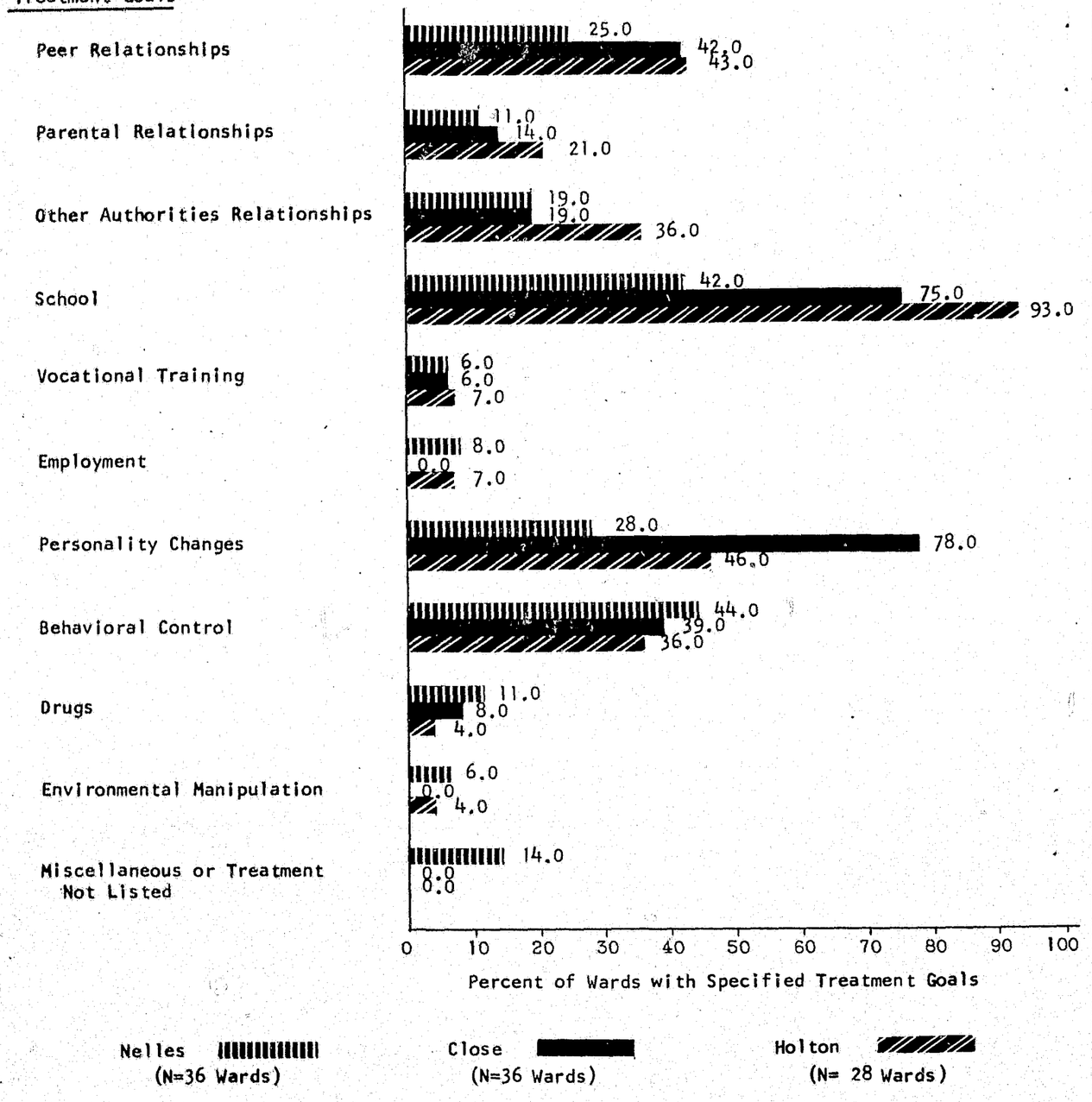


CHART 3

TREATMENT GOALS FOR WARDS AT INSTITUTIONS



behavioral goals. It should be noted that O. H. Close staff emphasized personality change goals more heavily than did staff at Holton. This may well be related to the distinct treatment modalities used at the two institutions. Close staff use transactional analysis designed to produce changes through modifying attitudes and feelings, whereas Holton staff use behavior modification methods which attempt to change overt behavior patterns.

Up to this point, comparisons have been made of the treatment goals cited for groups of wards among reception centers, institutions, and parole. Allowance was not made for the fact that the groups assigned to these three settings consist of some wards with different background characteristics and treatment needs. It was not clear, therefore, to what extent variations in stated treatment goals reflect differences in the wards' background characteristics rather than differences in their treatment needs as judged by staffs at the three settings. To overcome this ambiguity, Charts 4-6 focus on cohorts, each of whom represents the same set of wards assigned from a reception center to an institution and to parole.[1]

Shown in Chart 4 are the treatment goals stated by staffs at NRCC, Holton, and parole with reference to the cohort of wards who progressed along these stages of the treatment continuum. The pattern of goal distribution is similar to that of the total study population as revealed in Table 2. School goals are cited most frequently by staff at each of the three settings. However, stated second most frequently are job goals by parole staff and personality changes by staffs at NRCC and Holton.

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[1] The present cohort analysis, though, is limited to variations in treatment needs as perceived by <u>different</u> staffs at the three settings; no allowance is made for variations in the treatment orientations of staffs at these settings.

CHART 4

TREATMENT GOALS FOR WARDS ASSIGNED FROM NRCC TO HOLTON AND TO PAROLE

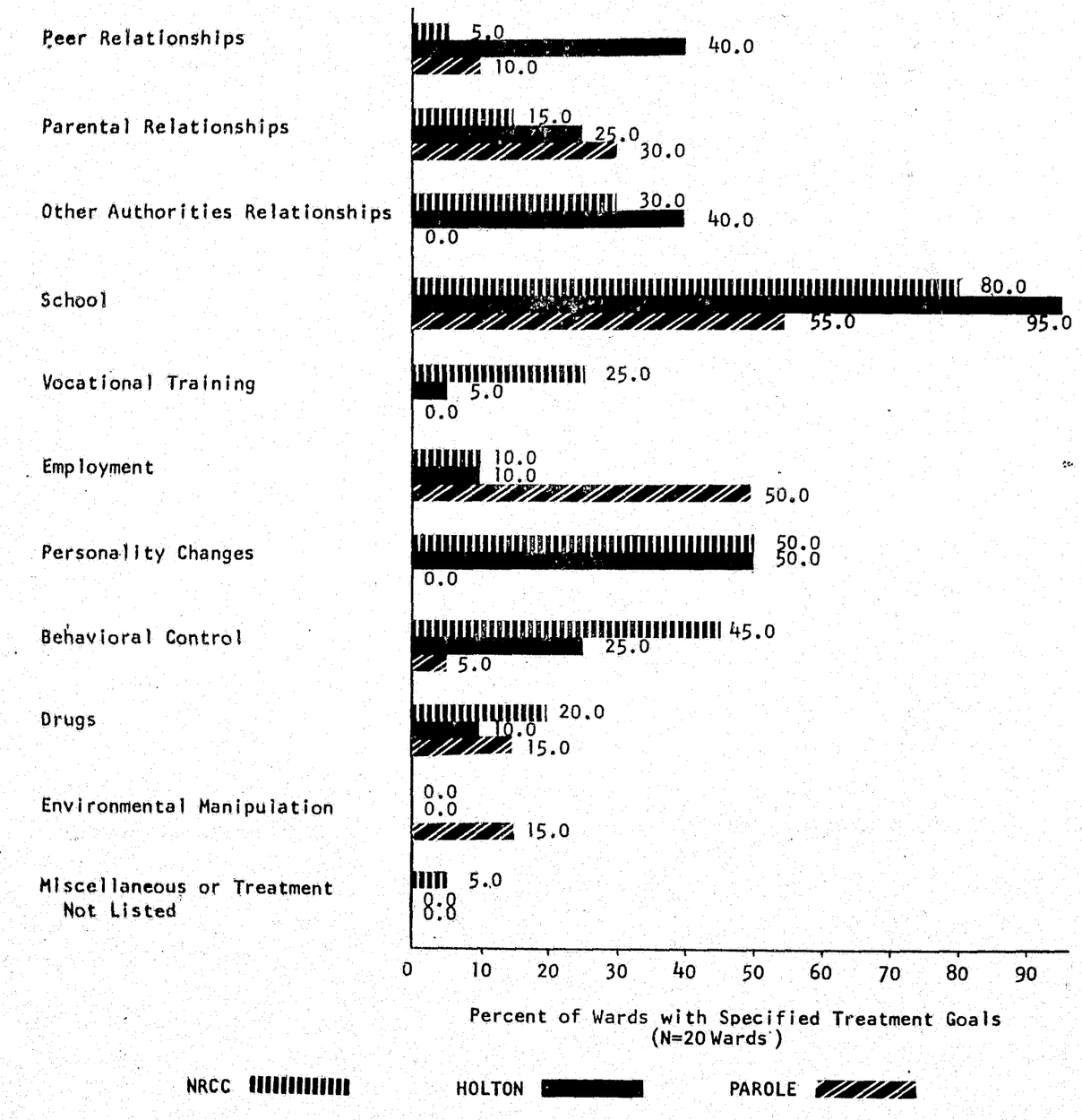

Chart 5 depicts the types of goals reported for the NRCC-Close-Parole cohort. Once again, school goals are cited most frequently at all three settings. Peer and job goals rank second and third in frequency for parole; personal change and peer goals rank second and third at Close[2], and personal change and behavioral control goals rank second and third at NRCC. Interestingly, peer goals received little emphasis at NRCC as compared to Close and parole. This may have resulted from the fact that the limited stay of the wards at the clinics, does not permit staff to assess peer group interaction in a comprehensive manner.

Chart 6 shows the distribution of goals for the SRCC-Nelles-Parole cohort. It should be noted that this cohort is the only one in which staff did not cite school goals most frequently at all three settings, even though it was stated most often at SRCC. Behavioral control and job goals were set forth most frequently by Nelles and parole, respectively. The fact that school was not the predominant goal at the three settings can partially be accounted for by the older age of the cohort, with half of the wards being 18 and older.

To measure the extent of staff agreement at the three settings regarding the relative goal priorities, the goals were ranked and correlated. Shown in Table 2A are Spearman's rank order correlation coefficients for reception centers, institutions and parole. Table 2B presents the correlation coefficients between specified facilities and parole. The correlations between reception centers and institutions were found to be significant at the .05 level, indicating that correlations of the observed magnitudes would not be expected to occur more than 5 percent of the time on a chance basis.

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[2] Personal change and peer goals tied for second and third rank order at Close.

CHART 5

TREATMENT GOALS FOR WARDS ASSIGNED FROM NRCC TO CLOSE AND TO PAROLE

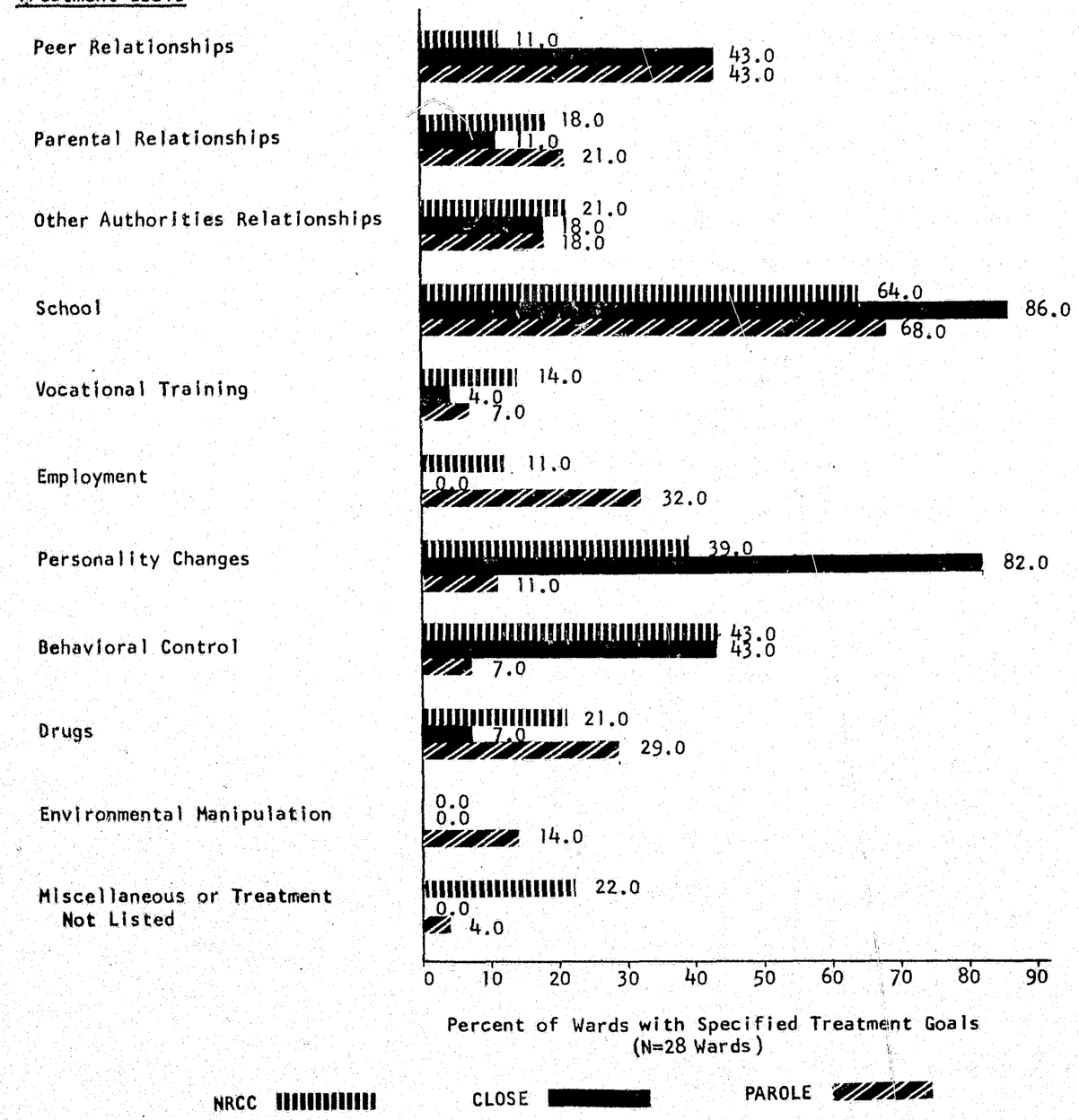
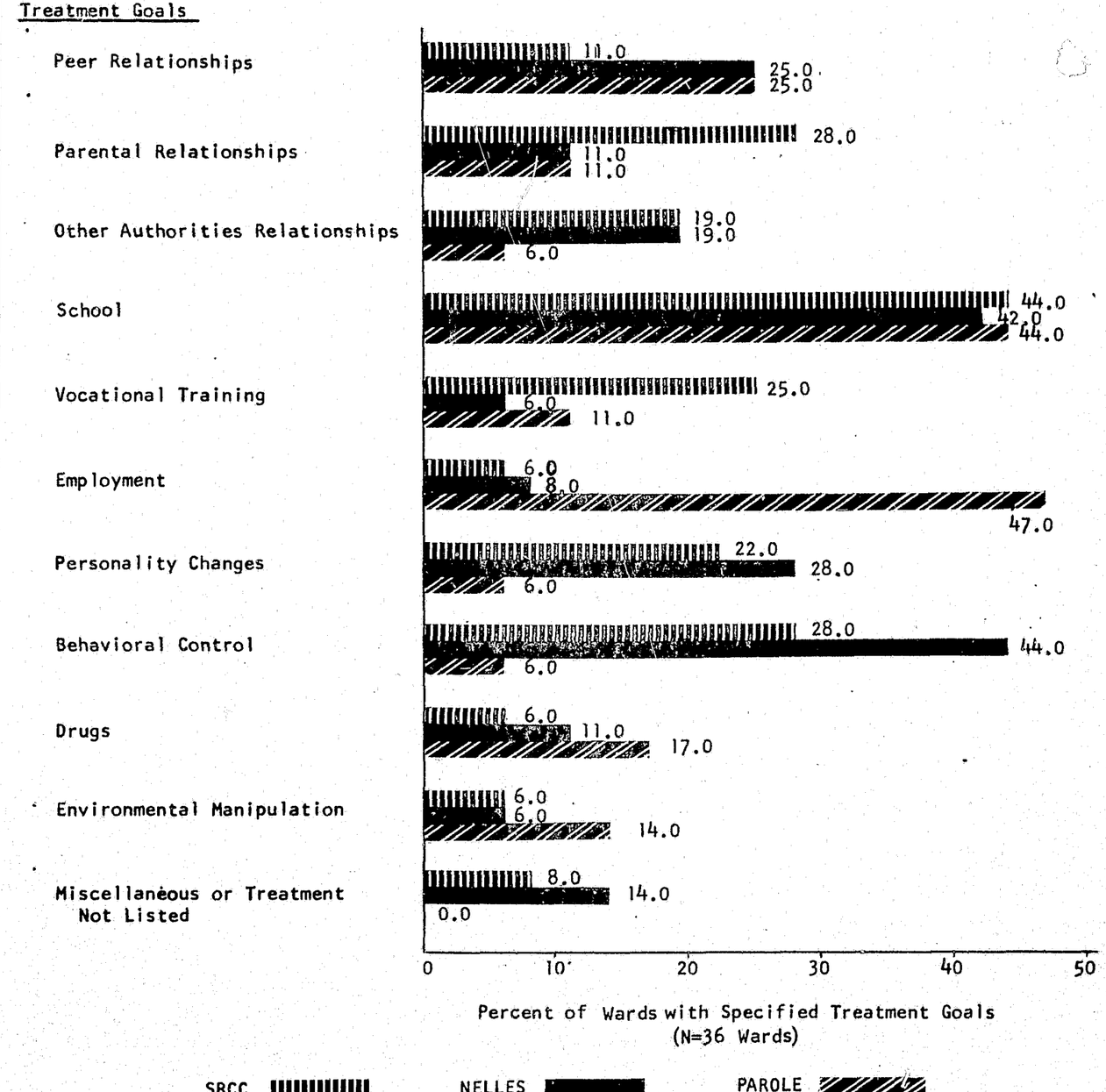


CHART 6

TREATMENT GOALS FOR WARDS ASSIGNED FROM SRCC TO NELLES AND TO PAROLE



By contrast, the correlations between reception centers and parole, as well as between institutions and parole were not significant. It would appear that staff at reception centers and institutions assigned similar treatment goals but differed in those assigned by parole staff. It should be noted, however, that there was a closer correlation of stated treatment goals between NRCC and Close (.82) and between NRCC and Holton (.77) than between SRCC and Nelles (.58).

TABLE 2A

CORRELATIONS BETWEEN RANKINGS OF TREATMENT GOALS FOR WARDS AT RECEPTION CENTERS, INSTITUTIONS AND PAROLE

	Institutions	Parole
Reception Centers	.4	- .17
Institutions		.18

TABLE 2B

CORRELATIONS BETWEEN RANKINGS OF TREATMENT GOALS FOR WARDS AT RECEPTION CENTERS, INSTITUTIONS, AND PAROLE

	NRCC	Nelles	Close	Holton	Parole
SRCC	.76*	(.58*)	--	--	(.21)
NRCC		--	(.82*)	(.77*)	(.22)
Nelles			.89*	.83*	(.15)
Close				.93*	(.45)
Holton					(.28)

* Significant at .05 level, using t-test for Spearman's Coefficient of Rank Order Correlation.

Commonality of Treatment Goals: Reception Centers, Institutions, and Parole

This section examines the extent to which there was continuity of treatment goals among wards across the several treatment settings. An attempt is made to answer two questions:

1. To what extent do reception center, institution, and parole staffs agree on goals established for individual wards?
2. On what types of treatment goals do reception center, institutional, and parole staffs tend to agree for individual wards?

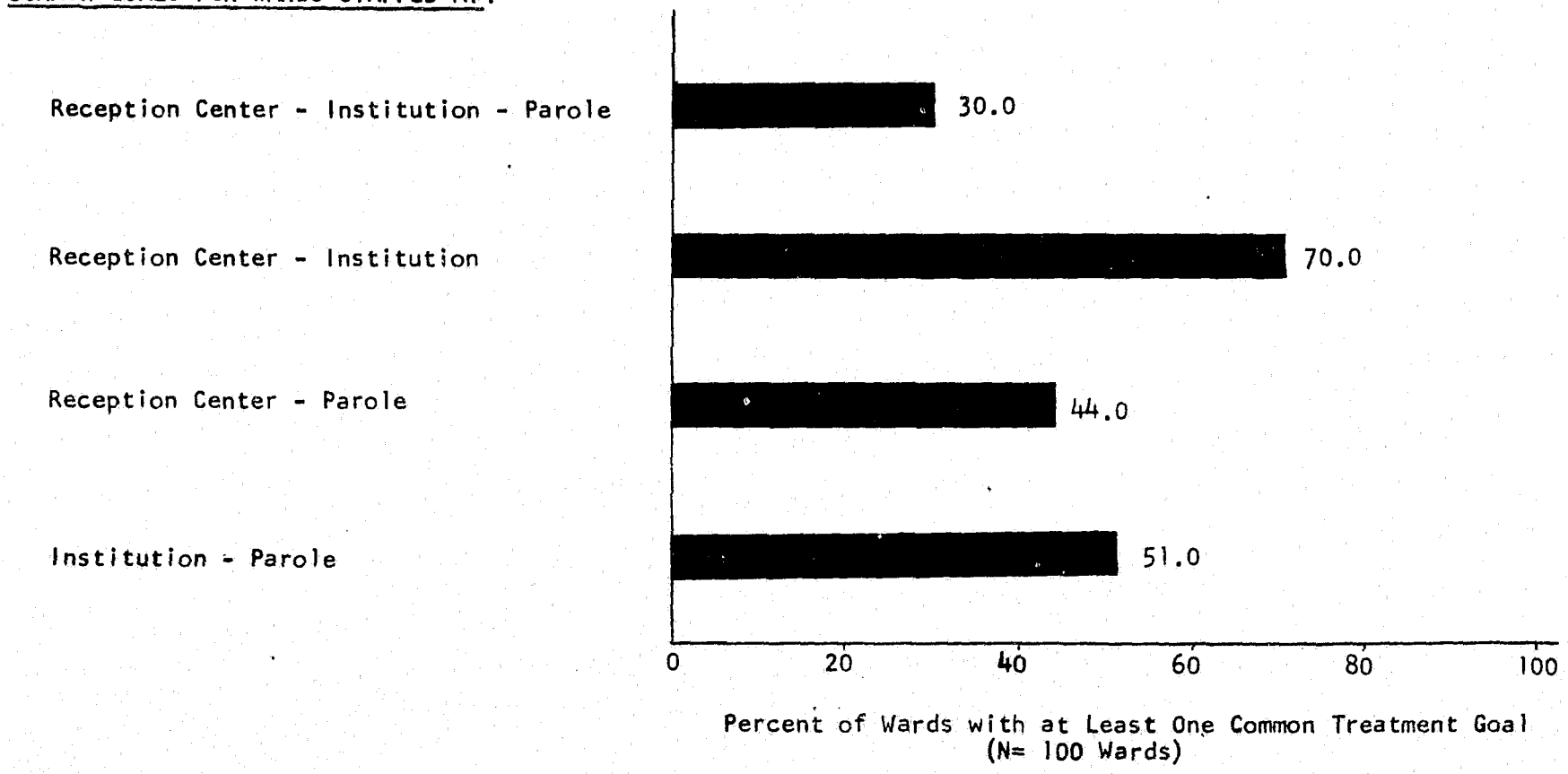
Chart 7 shows the number of wards for whom one or more treatment goals were cited in common by staffs at 1) reception centers, institutions, and parole, 2) reception centers and institutions, and 3) reception centers and parole and 4) institutions and parole.

Overall, 30 percent of the wards had goals specified in common by staffs at reception centers, institutions and parole. As detailed in Appendix Table A-1, there was appreciable variation among the three cohorts defined earlier. Thus, 57 percent of the NRCC-Close-Parole cohort, 30 percent of the NRCC-Holton-Parole cohort, and 14 percent of the SRCC-Nelles-Parole cohort had one or more goals in common.

Regarding the number of wards for whom common goals were specified between reception centers and institutions, Chart 7 shows that 70 percent of them had at least one common goal between the two settings. Again, there was considerable variation among the three cohorts referred to earlier, as shown in Appendix Table A-2. A high degree of commonality of treatment goals was found for the two NRCC cohorts--90 percent for the NRCC-Holton and 82.1 percent for the NRCC-Close cohort. On the other hand, considerably less

CHART 7

COMMON TREATMENT GOALS FOR WARDS ASSIGNED FROM RECEPTION CENTERS TO INSTITUTIONS AND TO PAROLE



goal commonality was obtained for the SRCC-Nelles cohort--about 47.2 percent.

It is further apparent that there was more commonality of goals between reception centers and institutions than between either of these and parole. Thus, commonality of one or more goals between reception centers and institutions was 70 percent, while commonality of these with parole was 44 percent and 51 percent, respectively (for breakdowns see Appendix Table A-3 and A-4).

Considering only those who had continuity or common goals stated between two or three settings, what types of goals were generally cited by staffs? The results are shown in Table 3 for the four combinations of settings referred to in Chart 7.

Among the wards having continuity of goals, "school" is mentioned most often for each of the four combinations of settings. For the reception center-institution-parole settings, "school" represents 83 percent of the cases with common goals, while the other goals shown constitute rather small percentages (less than 7 percent) of these cases. For the reception center-institution settings, goals in the personal-behavioral area reveal moderate proportions (27 percent for "personality changes" and 20 percent for "behavioral control"). For the remaining two combinations of reception center-parole and institution-parole, the proportions of cases with common goals other than "school" were fairly small (less than 8 percent, with the exception of 16 percent "drugs" for the reception center-parole combination).

To sum up, reception center-institution is the only one of the four combinations of settings for which <u>several</u> goals are mentioned in common with considerable frequency. For the other three combinations, "school" is the <u>one</u> goal mentioned in common to a considerable extent.

TABLE 3

TYPES OF COMMON TREATMENT GOALS AMONG WARDS ASSIGNED FROM RECEPTION CENTERS TO INSTITUTIONS AND TO PAROLE

Type of Goal	Reception Centers Institutions Parole		Reception Centers-Institutions		Reception Centers-Parole		Institutions-Parole	
	Number*	Percent**	Number*	Percent**	Number*	Percent**	Number*	Percent**
Interpersonal Relationships								
Peer	1	3.3	3	4.3	2	4.5	4	7.8
Parental	2	6.6	3	4.3	3	6.8	3	5.9
Other Authorities	-	--	8	11.4	2	4.5	4	7.8
Academic-Vocational-Employment								
School	25	83.3	46	65.7	31	70.4	39	76.5
Vocational Training	1	3.3	2	2.8	3	6.8	1	1.9
Job	-	--	-	--	1	2.3	2	3.9
Personal-Behavioral								
Personality Changes	2	6.6	19	27.1	3	6.8	3	5.9
Behavioral Control	1	3.3	14	20.0	2	4.5	1	1.9
Drugs	1	3.3	1	1.4	7	15.9	1	1.9
No Treatment or Not Listed	-	--	-	--	-	--	2	3.9
Total Wards with Common Goals	(30)		(70)		(44)		(51)	

*Represents wards for each of whom the specified goal was cited in common by staffs at the settings shown. E.g., for 25 wards, "school" goals were cited in common by staffs at reception centers, institutions, and parole.

**Represents proportion of total wards, as indicated in parentheses in each column, for whom the specified goal was cited in common by staffs at the settings shown. E.g., school goals were cited for 83.3 percent of the 30 wards across their respective assignments from reception centers to institutions and to parole.

DISCUSSION

A recurring theme throughout this report are the relative differences among staffs at the three settings on the goals established for wards. These differences can mainly be accounted for by the priority given to personal-behavioral goals by reception center and institutional staffs versus the priority given to job goals by parole staff. The goal variations can be explained in at least two ways. One is that staff at reception centers and institutions differ from parole staff in their perceptions of job functions. The former perhaps regard their treatment task mainly as changing attitudes and behavior so that wards can cope more effectively with their environment upon release to parole. Parole staff, however, more often may regard their function as attending to the immediate needs of parolees in the community, such as providing appropriate placement, job or school programs, and supportive services required for day-to-day adjustment.

A second factor underlying the above-mentioned difference between staffs may be distinct treatment orientations. Thus, reception centers and institutions have a greater proportion of staff than parole with clinical training stressing treatment of personal-behavioral problems rather than vocational or job adjustment.

Another important finding is the relative consensus on the school goal for a large proportion of the study population. Agreement on this goal may reflect the high proportion of younger, school-age wards in the study sample and the assumption that they are legally required to attend school. The finding suggests that school is an area which lends itself to joint planning among staffs at the three settings. It may be seen as a starting point from

which other treatment areas of joint planning between institutional and parole staff can be developed.

The finding that there is more agreement on goals between reception center and institutions staffs than between either reception center and parole staffs or between institution and parole staffs has a number of possible implications. First, it may be that reception center staff tend to emphasize the more immediate institutional needs rather than the parole needs of wards who are destined for institutional assignment. In a future study, this hypothesis can be further tested by comparing the treatment goals stated for groups of wards assigned to institutions as compared to similar groups released directly from reception centers to parole. (All of the wards in the present study sample were assigned from reception centers to institutions to parole.)

The similarity of goals set by reception center and institutional staffs may also reflect the fact that both operate in closed settings within which behavioral control and group management is seen as a common daily problem. In this connection, it may be that the limited set of treatment modalities and programs available in institutions can be more readily referred to in case reports than can the wide variety of treatments--many of which are vaguely defined--in the community.

A number of questions are raised by the findings with regard to reception center staffs. Should reception center staff place more emphasis on goals which relate to the immediate needs of wards upon release to parole? Should reception centers obtain more systematic and precise information concerning the community adjustment needs of wards in such areas as employability,

school problems, family situation, and peer relationships? Perhaps such information could be provided through more extensive contacts of parole agents with the ward's family and relevant community agencies. In this connection, should reception center staff be more closely involved with parole agents in case planning and review procedures? Case diagnosis and planning would undoubtedly be facilitated by more detailed and comprehensive knowledge of the critical problems encountered by wards in the community.

The findings also suggest several questions with respect to institutions. Does the heavy emphasis on institutional staff upon personal-behavioral goals reflect mainly their need to maintain control in an intensive living situation rather than the long-term needs of wards? Should institutions be involved in activities which more directly relate to wards' adjustment in the community after release to parole? Should arrangements be made for more joint case planning by institutional and parole staffs?

As regards parole, should agents address themselves more to locating and making available employment and educational resources to wards than to counseling activities designed to change attitudes and behavior? (Given the brief number and duration of case contacts, is it realistic for agents to assume they can generally alter the attitudes and behaviors of wards, most of whom are subjected to complex social pressures and interactions within the community?) Can caseloads be differentiated more effectively so that wards in need of intensive counseling and/or community resource referrals can be identified and given appropriate services?[3]

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[3]Since the start of the present study, extensive provisions for specialized parole services and caseload differentiation have been made under the Increased Parole Effectiveness Program.

SUMMARY AND CONCLUSIONS

A review of the major findings points up a number of patterns concerning treatment goals emphasized by staffs and the continuity of these goals among the wards assigned from reception centers to institutions and to parole.

First, it was found that staffs most frequently refer to school goals, which for the study sample pertain mainly to wards 18 years or under. Moreover, relatively high proportions of staffs at reception centers and institutions cited personality change and behavioral control as targets of treatment, while high percentages of parole staff named employment goals and peer relationship goals. Relative disparities in the types of goals stated by these staffs probably reflect differences in their job functions and treatment orientations. A related factor may be that staffs appraised wards' treatment needs as being different at the time of their assignment to institutions than after their release to parole.

Second, it was found that about 30 percent of the wards considered successively by staffs at reception centers, institutions, and parole had one or more goal cited in common. Here again, the aforementioned factors may have influenced the lack of continuity in treatment goals.

Third, it was observed that wards considered successively at the three settings are likely to have a greater number and more types of goals stated in common between reception centers and institutions than between either of these and parole. One implication is that reception center staff tend to address themselves to the more immediate treatment needs of wards who are destined for assignment to institutions. Also, the treatment perspective of reception

center staff may be more similar to that of institutional staff then that of parole staff.

Fourth, it was noted that there is wide variation in the extent to which common goals are stated for wards assigned from specific reception centers to specific institutions and to parole. For example, the highest proportion (57 percent) of common goals was reported for wards assigned from NRCC to Close to parole, and the lowest proportion (14 percent) for those assigned from SRCC to Nelles to parole. This finding suggests that the efficacy with which goals are communicated varies greatly among staffs at these respective facilities.

RECOMMENDATIONS

1. More coordinated treatment planning among staffs should be developed. For example parole staff should jointly participate in important staffings at the reception centers and institutions. In addition, staffs at the three settings should meet periodically to discuss new developments in institutional and community treatment programs.

2. Staffs at the three settings should have opportunities for and be encouraged to accept rotational assignments to alternate settings.

3. Where geographical limitations do not preclude, a pilot project could be developed in which staff members assume case responsibility for a ward during his entire career with the Youth Authority. The results could then be compared with the current system in which case responsibility is transferred as a ward moves from one setting to another.

4. A more objective system of case planning and review should be developed and implemented across the treatment continuum of reception centers, institutions, and parole. This would include the use of forms containing structured as well as open-ended items of case-information.

5. Research should be undertaken on what types of treatment goals and strategies lead to successful vs. unsuccessful parole outcomes for specified types of wards.

APPENDIX A

TABLE A-1

NUMBER OF COMMON TREATMENT GOALS FOR WARDS ASSIGNED FROM RECEPTION CENTERS TO INSTITUTIONS AND TO PAROLE

Number of Common Treatment Goals	Total		SRCC-Nelles-Parole		NRCC-Close-Parole		NRCC-Holton-Parole		Other*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Common Goals	70	70.0	31	86.1	12	42.9	14	70.0	13	81.2
One Common Goal	27	27.0	5	13.9	13	46.4	6	30.0	3	18.8
Two or More Common Goals	3	3.0	-	--	3	10.7	-	--	-	--
Total Wards	100	100.0	36	100.0	28	100.0	20	100.0	16	100.0

*Consists of wards assigned from: SRCC-Close-Parole, SRCC-Holton-Parole, RGC-Close-Parole, and RGC-Holton-Parole.

TABLE A-2

NUMBER OF COMMON TREATMENT GOALS FOR WARDS ASSIGNED FROM RECEPTION CENTERS TO INSTITUTIONS

Number of Common Treatment Goals	Total		SRCC-Nelles		NRCC-Close		NRCC-Holton		Other*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Common Goals	30	30.0	19	52.8	5	17.9	2	10.0	4	25.0
One Common Goal	48	48.0	11	30.6	15	53.5	13	65.0	9	56.2
Two or More Common Goals	22	22.0	6	16.7	8	28.6	5	25.0	3	18.8
Total Wards	100	100.0	36	100.0	28	100.0	20	100.0	16	100.0

*Other includes all other cohorts. These are SRCC-Close, SRCC-Holton, RGC-Close, and RGC-Holton.

TABLE A-3

NUMBER OF COMMON TREATMENT GOALS FOR WARDS BETWEEN RECEPTION CENTERS AND PAROLE

Number of Common Treatment Goals	Total		SRCC-Parole		NRCC-Parole		RGC-Parole	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Goals	56	56.0	26	63.4	24	50.0	6	54.5
One Goal	36	36.0	14	34.2	17	35.4	5	45.5
Two or More Goals	8	8.0	1	2.4	7	14.6	-	--
Total Wards	100	100.0	41	100.0	48	100.0	11	100.0

TABLE A-4

NUMBER OF COMMON TREATMENT GOALS FOR WARDS BETWEEN INSTITUTIONS AND PAROLE

Number of Common Treatment Goals	Total		Nelles-Parole		Close-Parole		Holton-Parole	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Common Goals	49	49.0	23	63.8	12	33.3	14	50.0
One Common Goal	40	40.0	11	30.6	17	47.3	11	39.3
Two or More Common Goals	11	11.0	2	5.6	7	19.4	3	10.7
Total Wards	100	100.0	36	100.0	36	100.0	28	100.0

APPENDIX B: INTER-RATER RELIABILITY

An attempt was made to assess the reliability of the treatment goals identified through an examination of case records. For this purpose, a sample of 11 out of the 100 study cases was randomly selected. A total of 85 goals were identified for the 11 sample cases, and 708 goals for the entire study population. As shown in Table B-1, the proportions of goals in the sample appear reasonably representative of the total study population. No significant difference was obtained (at the .05 probability level, using a one-tailed test) between the sample and the total study population with respect to the proportions of each type of goal.[1]

Presented in Table B-2 is the extent of agreement between two independent raters regarding the treatment goals cited by staff (a goal may be cited up to three times for a given case, i. e., at the reception center, institution, and parole). Overall, there was agreement on 75.3 percent of the goals cited. The percent agreement, however, varies somewhat among goals. There is most agreement for academic-vocational-employment goals and least agreement between raters for interpersonal relationship goals.

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[1] The test of significance used was the critical ratio for sampling from a finite population. See: Walker and Lev, Statistical Inference, New York, Henry Holt & Company, 1953, pp. 70-73.

TABLE B-1

COMPARISON OF STUDY POPULATION AND SAMPLE WITH RESPECT TO TREATMENT GOALS CITED BY STAFF

Type of Goal	Study Population		Sample	
	Total Goals	Percent	Total Goals	Percent
Interpersonal				
Peer	72	10.2	8	9.4
Parental	50	7.1	6	7.0
Other Authorities	56	7.9	6	7.0
Academic-Vocational-Employment				
School	182	25.7	25	29.4
Vocational	37	5.2	8	9.4
Job	47	6.6	8	9.4
Personal-Behavioral				
Personality Changes	91	12.8	8	9.4
Behavioral Control	80	11.3	11	12.9
Drugs	41	5.8	4	4.7
Environmental Manipulation	23	3.2	-	--
Miscellaneous	11	1.6	1	1.2
No Treatment or Not Listed	18	2.5	-	--

TABLE B-2

INTER-RATER AGREEMENT REGARDING TREATMENT GOALS CITED BY STAFF FOR SAMPLE OF STUDY POPULATION

Type of Goal	Total Number of Goals	Percent of Goals Agreed On
Interpersonal Relationships		
Peer	8	50.0
Parental	6	66.7
Other Authorities	6	33.3
Academic-Vocational-Employment		
School	25	92.0
Vocational Training	8	75.0
Job	8	87.5
Personal-Behavioral		
Personality Changes	8	75.0
Behavioral Control	11	72.7
Drugs	4	75.0
Environmental Manipulation	-	--
Miscellaneous	1	100.0
No Treatment or Not Listed	-	--

END