

# Decision-Making Regarding Release Programs for Committed Criminal Offenders

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## Introduction

In all major facilities for the incarceration of criminals who have committed serious crimes, programs have been organized for probationary or conditional release of prisoners before their sentences have expired. Usually, these programs are administered by parole boards whose members must make decisions about which of the inmates should be selected for conditional release and which should not. In the main, the parole board members choose inmates who have behaved well in the institution and, more important, who they presume are least likely to commit another serious crime while on the conditional release program. The problem that confronts the board member is a touchy one. How does he know which inmates are at lowest risk for recurrent crimes, and which ones at high risk? On what grounds do the board members make these decisions that are so important both to the inmates themselves and to the public at large? In effect, each board member is making a prediction. How often is he right—or wrong? What criteria does he use in making his decision? Does he articulate these criteria carefully and define them clearly, or does he rely on a global or “gut” reaction for assessing the various inmates on whose potential fate he sits in judgment? It is to issues such as these that we address ourselves in this report. We will present a methodology that is probably not familiar to most readers of this article, but one which is well suited to getting some leverage on the problem of making such decisions and the criteria underlying them.

This study was done at the Patuxent Institution, Jessup, Maryland. To understand the rationale for this particular study, it is necessary to understand the setting in which it took place. Patuxent Institution is a unique institution in the United States. It is loosely patterned after the Danish institution at Herstedvester. Patuxent Institution has been fully described elsewhere (Boslow, 1959, 1961, 1966), but for the purposes of this article, a brief description is in order.

Patuxent Institution came into being with the passage of Article 31B, the Annotated Code of the Public General Laws of the State of Maryland, by the Maryland Legislature in 1951 and has been amended in part since 1951. The heart of this law is to be found in Section 5, which states the definition of a “Defective Delinquent,” the individuals who comprise the resident population of Patuxent, as follows:

... an individual who, by the demonstration of persistent aggravated antisocial or criminal behavior, evidences a propensity toward criminal activity, and who is found to have either such intellectual deficiency or emotional unbalance, or both, as to clearly demonstrate an actual danger to society so as to require such confinement and treat-

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ment, when appropriate, as may make it reasonably safe for society to terminate the confinement and treatment.

Patients\* initially come to Patuxent Institution for evaluation as to whether they fit the above definition. Only adult males who have committed a crime in the State of Maryland, and have been convicted and sentenced for that crime, are eligible to be referred to the Institution. The law requires that every patient referred be evaluated independently by a psychologist, psychiatrist, and medical doctor, and, if in the opinion of a majority of the examiners the patient is found to fit the definition, a report to that effect is sent to the Court. After arraignment, at which the patient is assigned an attorney, the patient is then examined by a psychiatrist of his own choosing, and a full scale civil trial takes place. At that time, in accordance with civil law, a determination is made by the judiciary as to whether the patient is or is not a Defective Delinquent. Such a decision is made on the basis of a preponderance of evidence. In the event the patient is found to be a Defective Delinquent, he is committed to the Patuxent Institution for an indeterminate civil commitment. His original criminal sentence is suspended. If found not to be a Defective Delinquent, the patient is returned to the Department of Correction to serve his determinate sentence, with the time spent credited toward the determinate sentence.

Upon commitment, the patient is immediately placed in a treatment program with a treatment team composed of psychiatrists, psychologists, and social workers who are responsible for organizing an individualized treatment program for the patient.

One of the safeguards built into the Law requires that the patient must be reviewed at least once each calendar year by a Board of Review, which has the power to grant forms of conditional release status to the patient. By law, this board is composed of the Director of the Patuxent Institution (a psychiatrist), the three Associate Directors (a psychiatrist, a behavioral scientist, and a representative of custody), a Sociologist from a recognized University in the State of Maryland, the Professor of Constitutional Law of the University of Maryland or his agent, and two practicing members of the Bar appointed by the Governor of the State of Maryland (one of these two positions has never been filled). It is to the decision-making processes of this Board that the current study is directed.

### Method

All members of the Institution's Board of Review were requested to indicate the criteria they used in making a decision concerning a patient. These criteria were gathered and collapsed by the authors into thirteen categories or groupings which represented the major criteria used by the board. On specially prepared sheets, each category was juxtaposed with each of the other twelve categories, all categories paired once in accordance with the method of paired comparisons as described by Ross (1934). Thus, each criterion was compared once with every other criterion, yielding  $n(n-1)/2$ , or 78 pairs. Each category was compared with every other category in a randomized order. The judges, the members of the Board who developed the initial criteria, were then requested to indicate by a check mark on the sheet which of each paired criteria they deemed more important in coming to a decision about a patient whom they had to judge regarding the granting of a leave status. Each rater worked independently.

Since the Institutional Board of Review is composed of members of different professions, we were able to address ourselves to the question of whether professional affiliation was associated with the types of criteria that were thought to be most salient in the

\* At Patuxent, subjects are referred to as patients rather than as inmates, primarily to call their attention to the possibility that something may be wrong with them and that they can be helped, but also because the professional staff sees them as persons with psychiatric-psychological problems which are treatable.

decisions made by the respective Board members regarding the granting of leave status programs for patients. In addition, since four members of the Board work at Patuxent Institution, and three members are from the community, the decision criteria of these two groups could also be compared. To obtain a comparison group, we approached the members of the Advisory Board of Patuxent Institution, who were not involved in the Board of Review decision-making process. They were also asked to rate the paired comparisons. This subgroup of the Advisory Board consisted of a sociologist, two psychiatrists, and a correctional administrator. Thus, all together, we had two sociologists, four psychiatrists, two attorneys, and two correctional administration officers, or ten judges in all.

### Related Literature

Much of the decision-making research in the literature utilizes college students as the experimental subjects. The experiments appear to involve artificial problems which require that a decision be made. For example, Ss are requested to come to a decision as to the type of automobile they would purchase when given certain bits of information. The parameters evaluated are usually the effects of time or distraction on the decision-making process (Wright, 1974). It is only inferentially that the actual decision-making process is studied. The questions propounded in the literature have to do with the 'cognitions' that are used in the decision. Examiners have been involved in the effect of 'payoffs,' 'choice' and 'cost' to the decision maker (Steiner, 1974). Little experimentation has focused on the logical processes involved in decision-making or how the decision maker utilizes his 'cognitions,' logically or not, in arriving at a decision.

Currently, we find many reports which speak of the 'Prisoner's Game,' the 'Prisoner's Dilemma' and games playing in general. Attempts are made to have the experiments as close to real life situations as possible. However, regardless of how close to real life they may be, they are not actual life situations. Students are asked to make decisions about 'duplex bets' after having been given a minimal amount of money with which to make such bets. Other students are required to make bids, as if they represented business firms, which would maximize profits for these business firms or the industry. Such bids are made under conditions of visibility of individual decisions and ability to communicate. Despite the fact that experimenters ascribe conditions of risk or uncertainty to the variables involved in their studies, it cannot be denied that the experimental conditions (no matter how elegantly devised or statistically manipulated) are still artificial. Although conditions of risk or uncertainty either may be spread through a small group, or are specific to an individual, the Ss eventually are debriefed and do not have to live with their decisions after the experiment is over. This is not true concerning the decisions reached in real life.

Sidley (1974), in a thoughtful, logical article concerning Patuxent Institution, raises many of the issues we are attempting to confront in the current study. We do not agree with many of the conclusions he has drawn. As an example, we do not agree that ". . . the indeterminate sentence [should] be eliminated," but we certainly do agree that "The highest priority, however, should be given to systematically evaluating the effects of the various diagnostic and treatment factors." Sidley has propounded logical questions and purported logical responses to these questions. It would perhaps, have strengthened his position had he attempted to validate (test) some of his ideas and conclusions in an empirical, data-based analysis. We recognize, though, that such an approach would have been beyond the stated scope of his work.

Gottfredson *et al.* (1975) have attempted to quantify parole decision-making by providing weights to the offense and to the offender's characteristics. This is a reasonable procedure and it is possible that we can apply the concept of weighting to the criteria used in our study in the future. The authors state of their methodology, ". . . the procedures

to be used in their modification—all of these need to be refined: at present, they are admittedly crude.”

### Procedure

The paired comparisons technique has several methodological virtues. For example, in the usual rankings provided by judges, the examiner has no way of knowing whether the judge understood the task, or whether he could perform it with any conceptual consistency. The method of paired comparisons enables us to determine judgmental consistency in a measurable way. The unit of measurement is the *circular triad*, which is based on the following reasoning. Let us assume that a judge is assessing three items, A, B, and C. If he is consistent, and he judges A higher than B, and B higher than C, then he must also judge A higher than C. If, however, he judges C higher than A, he is not being consistent. It is this sequence of  $A > B > C > A$  that is the circular triad, or measure of inconsistency. The greater the number of circular triads in a judge's performance on an assessment task, such as the one that is the concern of this manuscript, the greater is the difficulty that the judge is having in maintaining conceptual consistency regarding the task. It should be clear to the reader that if the number of judgments is small, it is easier to maintain consistency, but when the number of judgments is large (78 in the present study) then the judge must have a stable conceptual set regarding the items he is assessing if he is to maintain a high level of consistency. The reader will be aware that high consistency means a high level of *reliability* of judgment.

Once we have determined that the judgments made are of an acceptable level of reliability, then the rankings of items generated by each judge can be correlated without concern that the correlations may be relatively meaningless, as would be the case if rankings were highly inconsistent.

Each rater's protocol was evaluated in two ways. Initially, the number of circular triads was determined for each rater. Secondly, as a function of the rating system, the rank order of the rated criteria was determined for each rater. Raters within each board who were from the same discipline were compared with each other to determine if significant rank order differences existed. Correlations were also determined between disciplines and between boards.

In carrying out correlations between the rankings of the different judges, we were faced with the choice of using a Spearman rank correlation ( $\rho$ ) or the Kendall rank correlation coefficient ( $\tau$ ). The Spearman rank correlation coefficient ( $\rho$ ) is a measure of association which requires that both variables be measured in at least an ordinal scale so that the objects or individuals under study may be ranked in two ordered series. The Kendall rank correlation coefficient ( $\tau$ ) is suitable as a measure of correlation if at least ordinal measurement of both X and Y variables has been achieved, so that every subject can be assigned a rank on both X and Y. Tau gives a measure of the degree of association or correlation between the two sets of ranks. In the main,  $\rho$  yields higher correlations than  $\tau$ , but that is because the two measures have different underlying scales, and numerically they are not directly comparable to each other. However, both have the same power to detect the existence of association in the population, and both will reject the null hypothesis at essentially the same level of significance (Siegel, 1956). We therefore decided to calculate both  $\rho$  and  $\tau$ , with the thought that at least the coefficients obtained would serve as an arithmetic check on one another.

The thirteen major criteria selected by the members of the Board of Review, listed alphabetically, are:

- Age and Physical Appearance
- Alcohol and Drug History
- Crimes and Circumstances
- Current Mental Status

Family and Community Resources  
Institutional Behavioral Record  
Length of Sentence  
Makes Effort to Increase Educational Skills  
Prior Board of Review Status  
Subjective Estimate of Risk  
Therapeutic Progress  
Unit Recommendation  
Vocational Background, Skills and Goals

### *Descriptions of the Criteria*

#### *1. Age and Physical Appearance*

It is possible that Board members manifest great concern about young people remaining too long in the Institution, and that they hope to place a youngster on leave status as soon as possible, if there are even marginal indications that he may be able to stay out of trouble. The Board may also express concern about men who are forty and above, perhaps seeing them as less likely to commit further crimes as they move into middle age. Physical appearance may include manner, dress, attitude, carriage, emotionality, sense of stability, and related factors, such as tension and physical illness.

#### *2. Alcohol and Drug History*

Board members know from experience and from case records that a large proportion of crimes committed by our patients occurred while they were intoxicated, or had been taking other drugs. It is probable that they assess the patient's efforts in the Institution to control these habits, as by attending AA meetings, and the likelihood of his maintaining such control while on conditional release.

#### *3. Crimes and Circumstances*

It would be clear to any evaluating group that some crimes are more heinous than others and are committed more often by some inmates than others. Some crimes may occur in passion, in a fight or brawl, against a child or woman, or may occur with some extenuating circumstances. Board members are therefore clearly concerned with the total crime record of any patient.

#### *4. Current Mental Status*

The Board questions the patient to determine how his program has changed him. Has he matured sufficiently so that past distortions have been ameliorated and will no longer lead him to antisocial activities?

#### *5. Family and Community Resources*

One concern of the Board has to do with such questions as these: Where will the patient stay? With whom will he live? Does he have an intact family or relatives to go to? Will the family be supportive or rejecting? Will the community be accepting? Does he have an available job that will be suitable for him? Will he be back in a high crime rate community? Will his financial resources be adequate? and other matters of such nature.

#### *6. Institutional Behavioral Record*

A record is maintained concerning all rule infractions and other pertinent information about the patient's Institutional behavior. If an individual is unable to function adequately in a structured, protected environment, such as an institution, it does not augur well for his capacity to function in a more stressful, less protected environment such as society.

#### *7. Length of Sentence*

Each patient at Patuxent Institution has been given a determinate criminal sentence, before coming to the Institution. Some sentences were very long, some were appreciably

shorter. In judging whether a man should be placed on conditional leave, the Board clearly weighs the length of sentence as an important factor.

#### 8. *Makes Effort to Increase Educational Skills*

Has the patient made use of the educational facilities available to him at Patuxent Institution? Has he tried to obtain a high school diploma if he has the intellectual capacity to do so? If he has enrolled in school, has he attended classes regularly or not? In selecting this criterion, Board members indicate that the more a patient advances his reading, arithmetic, and other educational skills, the better they see his chances of getting along on the outside.

#### 9. *Prior Board of Review Status*

This criterion is concerned primarily with those people who had received some kind of conditional leave status in the past, but for some reason failed to meet the conditions regarding leave status, and had to be recalled back to the Institution. Some went on escape, others had various kinds of problems with family, job, living conditions, etc., and it seemed desirable to recall them before they got into serious difficulty. Some broke leave status conditions by drinking heavily. Others got into trouble with the law and had to be recalled. Some had more than one try on leave status and failed each time. Board members review these instances critically and evaluate the men's previous problems and reasons for failure, and their chances of making a go of leave status once again.

#### 10. *Subjective Estimate of Risk*

This criterion is more difficult to define. Essentially, it reflects the fact that there are many criteria that must be evaluated, not only one by one, but in an integrated way, so that a Board member has to process a great deal of information and arrive at a single best estimate of the likelihood of the patient's faring well on leave status.

#### 11. *Therapeutic Progress*

All patients at the Institution are urged to participate in the programs that are intended to help them understand better the root causes and problems that led them into crime, and the ways in which they may be able to counteract these earlier undesirable influences. The principal program is called group therapy. Some patients resist this program initially, but most accept it. Some learn the psychiatric and psychological jargon, and may try to use it in talking to the Board, with the intent of demonstrating their personal gains in therapy and their general improvement. The Board is concerned with how much desired change has really occurred, and how much is merely show and "conning" the Board. Consistency of attendance is considered as well as type and amount of participation. Board members weigh real gains of this kind seriously.

#### 12. *Unit Recommendation*

The Institution is administratively divided into four units. Each unit includes a psychiatrist, two psychologists, two social workers, and a custodial officer. In this way, each unit has more in-depth contact with a relatively small group of patients (approximately 100) and knows them well. Before each Board of Review meeting, the separate units make recommendations to the Board regarding which men should be granted leave status. The unit may or may not be unanimous in its recommendation and the Board may or may not accept it. However, the Board does see the unit recommendation as an important guide to its own decision-making.

#### 13. *Vocational Background, Skills and Goals*

Patuxent Institution has a strong vocational program. Many of the men have no occupational skills and are not prepared for a satisfying job, and may have hardly ever worked before. All patients are encouraged to learn occupational skills in which they may be interested and which are within their range of talents. Board members weigh seriously the ability of a man to make his living by his own skills, which are also consonant with his vocational goals.

## Results

Having determined the thirteen major criteria which the Board of Review members use to make their decisions regarding conditional release, we now address ourselves to four main questions.

1. Are some of these criteria more salient than others, and if so can we determine their relative primacy?

2. Does professional affiliation make a difference in regard to which criteria are regarded as the most or least salient?

3. Do inside members of the Board, that is, those who work daily at the Institution, differ in their choice of which criteria are most salient, as compared to outside members of the Board, who have their own primary professional affiliation, but who give their time one or two days a month to serve on the Board?

4. Given the thirteen selected criteria, will a comparable professional group, who have never served such a function as that provided by the Board of Review, diverge significantly from the Board in deciding which of the criteria should be most or least salient?

After all judges returned their ratings, the number of circular triads was calculated for each and it was found that all fell within acceptable limits (mean = 6.9 circular triads per judge\*). This finding means that each judge's ranking was significantly more consistent than one would expect by chance, and it permitted the writers to explore meaningfully the correlations between individuals of the same or different profession.

Table 1 presents the ratings of the ten judges with regard to their respective rankings of the thirteen categories. Each of the first ten columns represents a judge's ranking. Column *Sum* shows the cumulative rank scores, reading across, for each category. The higher the *Sum*, the greater is the primacy accorded that category by all judges combined. Column *Rank* merely translates the *Sum* of scores for each category to their respective ranks. Column *S.D.* shows the standard deviation of assigned scores for each category. The higher the standard deviation, the more the judges disagreed among themselves about the weightings they assigned to a given category.

It can be seen that one judge had 26 circular triads, which is far above the group mean, but even so, his rankings are more significantly consistent than one would expect by chance alone. Still, less weight would be placed on his ratings than those of the other judges. Two judges were completely consistent in their paired comparisons and had no circular triads at all. Such judges may have maintained a set from the very beginning to maintain internal consistency and may have even revised some of their original ratings before submitting them, so that they would not deviate at all from complete internal consistency. Such a procedure is not optimal from our standpoint, but it is acceptable.

The rankings of the categories across all judges are:

Unit Recommendation	12
Subjective Estimate of Risk	11
Therapeutic Progress	10
Crimes and Circumstances	9
Current Mental Status	8
Alcohol and Drugs	7
Institutional Behavioral Record	6
Family and Community Resources	5
Prior Board of Review Status	4
Vocational Background, Skills and Goals	3
Makes Effort to Increase Educational Skills	2
Length of Sentence	1
Age and Physical Appearance	0

\* The number of circular triads for each judge is shown in Table 1.

TABLE 1—Ten Judges' Ranking of Thirteen Categories

Category	Judges										Sum	Rank	S.D.
	A	B	C	D	E	F	G	H	I	J			
1. Age and Physical Appearance	0.5	1.0	0.0	1.0	0.0	0.0	0.0	2.0	2.0	0.0	6.5	0	0.78
2. Alcohol and Drug History	8.5	6.0	7.0	11.5	8.5	9.5	4.0	10.0	3.5	6.0	74.5	7	2.26
3. Crimes and Circumstances	4.0	8.5	7.0	9.5	8.5	8.0	8.0	11.0	9.5	8.5	82.5	9	1.80
4. Current Mental Status	12.0	10.5	9.0	7.5	7.0	6.5	7.0	5.0	12.0	3.5	80.0	8	2.70
5. Family and Community Resources	10.5	2.0	1.5	5.5	5.5	6.5	3.0	7.0	3.5	1.0	46.0	5	2.81
6. Institutional Behavioral Record	7.0	12.0	1.5	5.5	1.0	11.5	9.0	6.0	5.5	8.5	67.5	6	3.40
7. Length of Sentence	0.5	0.0	3.0	0.0	3.0	1.0	1.0	0.0	5.5	5.0	19.0	1	1.99
8. Makes Effort to Increase Educational Skills	3.0	3.0	7.0	4.0	2.0	3.5	2.0	1.0	0.5	3.5	29.5	2	1.72
9. Prior Board of Review Status	2.0	5.0	4.5	3.0	4.0	3.5	6.0	4.0	0.5	12.0	44.5	4	2.91
10. Subjective Estimate of Risk	10.5	7.0	12.0	7.5	10.0	9.5	12.0	12.0	7.5	7.0	95.0	11	1.98
11. Therapeutic Progress	8.5	8.5	11.0	9.5	12.0	5.0	10.0	8.0	11.0	10.5	94.0	10	1.91
12. Unit Recommendation	5.5	10.5	10.0	11.5	11.0	11.5	11.0	9.0	9.5	10.5	100.0	12	1.69
13. Vocational Background, Skills and Goals	5.5	4.0	4.5	2.0	5.5	2.0	5.0	3.0	7.5	2.0	41.0	3	1.76
Circular Triads	7	6	4	4	8	11	0	0	26	3			

The category with the highest rank is Unit Recommendation, which means that this was the most salient criterion for all judges combined. However, not one judge gave this criterion its highest possible ranking, which is twelve. By contrast, Subjective Estimate of Risk, which was accorded the second highest ranking, was given a rank of twelve by three judges. Thus, these two categories are clearly regarded as most salient, with judgments regarding Unit Recommendation being more consistent, whereas judgments regarding Subjective Estimate of Risk were more variable.

The category regarded as least important was Age and Physical Appearance, with Length of Sentence trailing somewhat close behind. Judges clearly place appreciable emphasis on Therapeutic Progress, which is ranked third highest and is virtually equivalent in Sum to Subjective Estimate of Risk. Crimes and Circumstances, Current Mental Status, and Alcohol and Drug History follow in that order. The categories that evoked the greatest variability, or divergence of opinion among judges, were Prior Board of Review Status, Family and Community Resources, Current Mental Status, and Alcohol and Drug History, in that order.



Table 2 shows the *rho* and *tau* correlations between judges of the same profession and members of Patuxent's two major Boards.

In comparing the Board of Review with the Advisory Board, we are asking whether a group that is similar in composition to the Board of Review and which is also involved in making decisions about policies regarding Patuxent Institution, but has never served Board of Review functions, will evaluate the thirteen criteria differently from the Review Board. The data in Table 2 shows that this is not the case, and that, indeed, the two Boards are in strong agreement about which criteria are more or less salient.

Do members of the same profession agree more than do members of different professions? The two sociologists are in marginal agreement. They correlate at a statistically significant level if the statistic is *tau* but not if the statistic is *rho* (an unusual occurrence). The two attorneys disagree to the point at which their correlation does not reach statistical significance at all.

By contrast, the correctional administrators agree very well. The psychiatrists, however, generate the most interesting findings, in the sense that the Board of Review psychiatrists agree most highly among themselves, and the Advisory Board psychiatrists agree equally highly among themselves, but when the psychiatrists are correlated across Boards, the correlation drops appreciably, although it still reaches statistical significance. This finding indicates that the high agreement between the Board of Review and the Advisory Board is due in good part to the non-psychiatrists in the two Boards, especially the correctional administrators.

To obtain an assessment of agreement across professions, we combined the rankings of judges of the same profession, in the process arriving at a mean rank for each criterion for each professional group. We then intercorrelated the four professions and obtained the findings shown in Table 3.

It can be readily seen in Table 3 that the correlations across professions are high indeed. This finding does not by itself mean that the correlations across professions are higher than the correlations within professions. Rather, the finding reflects the probability that when the rankings within professions are collapsed and combined to generate new mean ranks, the revised rankings tend to follow a common pattern irrespective of profession, and the original variability tends to be somewhat submerged.

TABLE 2—*Rho* and *Tau* Correlations Between Judges of the Same Profession and Members of Complementary Boards

	<i>rho</i>	<i>p</i>	<i>tau</i>	<i>p</i>
Board of Review, Advisory Board	0.77	<0.017	0.58	0.002
Sociologists	0.52	<0.1>0.05	0.40	0.028
Attorneys	0.25	>0.1	0.15	0.24
Correctional Administrators	0.76	<0.01	0.62	0.0016
Psychiatrists, Board of Review (BR)	0.84	<0.001	0.68	0.0007
Psychiatrists, Advisory Board (AB)	0.82	<0.001	0.62	0.0016
Psychiatrists BR, Psychiatrists AB	0.61	<0.05	0.42	0.0228

TABLE 3—Correlations of Criterion Rankings by Different Professions

	Sociologists	Psychiatrists	Correctional Administrators
Psychiatrists	0.82		
Correctional Administrators	0.82	0.90	
Attorneys	0.75	0.81	0.82

## Discussion

We have attempted to shed some light on the process of decision-making as it relates to conditional release of dangerous adult offenders. To this end, we have utilized a real situation, involving raters who actually make such decisions. We have attempted to determine the consistency of the cognitive patterns raters use in coming to a decision. The data reveal that judges, despite disparate backgrounds, tend to have a high degree of agreement as to which criteria are important. A high degree of agreement was also found among judges who were not involved in the decision-making process. Though degrees of variance exist, cognitive or perceptual agreement exists beyond a chance level in the decision-making process. It is interesting to note that all judges appear to maintain a consistent conceptual system. They do not develop circular triads beyond acceptable limits.

A further point of interest is that apparently objective (Unit Recommendation) and subjective (Subjective Estimate of Risk) criteria tend to follow each other in the rankings. It would appear that the decision-making process follows a logical course from objective to subjective, with the ultimate decision of each judge an amalgam of these factors. Since Board of Review decisions rely heavily on the categories ranked, it is appropriate to discuss these categories at this point, in the order of their ranking, from most important to least important.

### 1. *Unit Recommendations*

Since unit recommendation, the highest ranked, resulted from a tangible vote by the Unit Treatment Team, it may well be considered an objective category. The Unit evaluation is based on personal interview of the patient in a structured setting, therapist reports, institutional behavior, behavior during tier counselling, and other contacts with the patient. Because of the relatively small number of patients per unit, each Unit member has an in-depth awareness of every patient in the Unit. Each individual on the Unit Treatment Team brings a varying degree of experience and expertise to his task, and independently comes to a decision. Clearly, the Board members have great faith in the judgment of the Unit team.

### 2. *Subjective Estimate of Risk*

In this category, judges' perceptions are based on their background, experience, training, and life style. They weigh the objective (or semi-objective) evidence and pass it through the crucible of their own perceptions in determining a particular offender's ability to remain at large in the community.

### 3. *Therapeutic Progress*

The therapist records the progress of every committed patient in treatment on a monthly or quarterly basis. A summary of this record appears as part of the Unit Evaluation report and is given to each member of the Board of Review, who must then ascertain from the record and from personal observations over time whether the patient has made real therapeutic progress. Has he developed internal controls, or is he still impulsive? Instances do arise when Units, therapists, and judges differ as to the degree of therapeutic progress a patient has made.

### 4. *Crimes and Circumstances*

It is obvious that the type of crime committed, i.e., murder, rape, assault, breaking and entering, and how the patient perpetrated the crime, enters into the decision-making process. It is important to know if the patient callously murdered someone as part of a contract killing, or whether, during the chase after a robbery, he killed his pursuer with a brick. Decisions must also be based on whether the patient's prior convictions were for similar types of offenses, committed in the same manner, or whether there has been increasing severity in the types of crimes he has committed.

### 5. *Current Mental Status*

This criterion involves the patient's actual functioning while appearing before the Board. Was he attempting to manipulate or fool (con) the Board? Did he threaten the Board overtly or covertly? Was he demanding, did he insist on release because "my time is up"? Did he present himself as mature, adolescent, or infantile? Was he aware of the problems that led him into criminal activity? How had he overcome these problems and how did he plan to handle them if placed on conditional release status? Was he nervous, crying, trembling? Did he appear psychotic or marginally psychotic, or confused, or under self-control? What was his outlook?

### 6. *Alcohol and Drugs*

Since many offenders have a history of use and abuse of alcohol and drugs, the Board is interested in the severity of such problems and their role in the offender's past anti-social actions. Was the patient generally under the influence of drugs or alcohol when he committed his crimes in the past, or was he trying to support his addiction through a life of crime? Has the patient acknowledged his addiction, and has he worked on the underlying etiological factors in his therapy sessions?

### 7. *Institutional Behavioral Record*

This criterion involves the kinds of interrelationships that the patient develops with his peers, the custodial force, and the professional staff, the number and kind of Incident or Infraction Reports he has accumulated, flagrant violation of institution rules, such as fighting or possession of a weapon, whether he has moved upward or downward in the Institution's graded tier system, and his general behavior.

### 8. *Family and Community Resources*

In this category the focus is on the extent and availability of support to the patient if he should be returned to the community. A determination is made as to the accuracy and reality of the patient's perceptions of such resources, and how he has integrated them into his release program and goals. The past and current role of the family—whether constructive or destructive to the patient—is a vital consideration.

### 9. *Prior Board of Review Status*

Patients at Patuxent Institution may be placed on some form of conditional release more than once. They may have abrogated the rules of their original release in some way, resulting in their return. This would influence the Board's evaluation of the patient.

### 10. *Vocational Background, Skills and Goals*

The patient's utilization of the vocational program offered by the Institution is evaluated by the Board of Review. Has he attempted to upgrade skills that he had when he entered the system, or added ancillary or new skills to those he already possessed? The value of such skills in the marketplace is appraised by Board members. His work performance in the Institution is rated by the job supervisor.

### 11. *Makes Effort to Increase Educational Skills*

The Board is interested in what the patient has done to advance his level of education. They want to know whether the patient has expended effort and energy to achieve his verbalized educational goals, or whether he has just paid lip service to these goals. Such information is reflected in his attendance record and periodic reports of his participation.

### 12. *Length of Sentence*

It was recognized that the length of the original criminal sentence might have an effect on the Board's decision to consider conditional release. In the usual penal institution parole system where the individual is serving a determinate criminal sentence, this criterion regarding release (parole) may be crucial, but the indeterminate sentence law of the Patuxent Institution imparts to Length of Sentence a different set of implications

regarding conditional release. Clearly, the length of sentence is considered seriously by the Board, but it is not ranked high as a release criterion.

### 13. *Age and Physical Appearance*

Is it possible that physical comeliness and youth would be important factors when considering the conditional release of a patient? Does neatness count? Is mode of dress important? Would Board members be influenced by a patient's charm and engaging manner? Both the Board of Review and those who are not actually involved in the decision-making process indicate that such factors are only minimally considered when reaching their ultimate decision.

## Conclusions

We have attempted to tease out or determine factors of importance in the process of making decisions regarding conditional release of dangerous offenders. Heretofore, most of the criteria regarding such decisions had not been clearly specified in the literature. By utilizing the method of paired comparisons, we were able to assess the logic and reliability of some of the cognitive processes involved in making such decisions. Once the criteria were defined, it was then possible to rank them in order of their importance. We learned that individuals who were responsible for making the decision to release committed offenders conditionally were able to order the criteria to a highly similar degree. Almost all the correlations within and between professions were statistically significant. It is especially noteworthy that judges who were not specifically involved in the decision-making process were utilizing the criteria in essentially the same order as the judges who were actively involved in the process. This finding argues strongly for the possibility that a general common agreement with respect to the judgmental criteria regarding readiness for release exists in our society.

It is possible that the uniqueness of Patuxent Institution may have contributed to the ordering of the criteria obtained in this study. However, this realization does not gainsay the possibility of generalizing the technique described above for use in all correctional systems. Nor does it preclude the possibility of applying the techniques used here to Parole Boards in order to make explicit some of their implicit criteria. Development of a hierarchy of explicit criteria for parole would make the decisions of the paroling agent more consistent, and perhaps lead to the development of criteria unique for each State Parole Board. It is possible that each Board might thereby achieve higher predictability regarding the success or failure of placing their inmates on conditional release.

It should be clear to the reader that although the methodology we employ provides us with basic information regarding the reliability of judgments, we have not addressed ourselves to the problem of validity. One could surmise that the judges may not only have been consistent, but also may have been consistently wrong. What we ultimately want to know is whether or not we can predict, on the basis of our criteria, who will or will not become a recidivist. This is the validity issue. At this point, we are not able to provide information regarding the validity of prediction, but we hope to address ourselves to this issue in the future.

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