

STATE OF NEW YORK
DEPARTMENT OF CORRECTION



*Aims and Methods of the
Psychiatric Clinic*

CLASSIFICATION CLINIC
SING SING PRISON

AIMS AND METHODS
OF THE
PSYCHIATRIC CLINIC



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Funds appropriated by the State legislature for the establishment of a Psychiatric Clinic at Sing Sing Prison were made available on July 1, 1926. The Clinic was organized on January 15, 1927, when the staff provided for was appointed. The staff then was made up of one psychiatrist, one psychologist and a stenographer.

As the new Clinic and Hospital building was not then ready for occupancy, temporary quarters for the Clinic were provided in one of the old prison buildings. These quarters, which were not at all adequate, were occupied from March 1, 1927 until August 8, 1929, when the permanent quarters on the second floor of the new Clinic and Hospital building were taken over by the Psychiatric Clinic. These quarters comprise five offices for examinations; a large office for staff meetings, a psychological laboratory, a library, a museum, a large lecture hall and an office for the clerical force.

Additions to the staff were provided for each year, so that at present the staff consists of one psychiatrist, two assistant psychiatrists, one psychologist, one assistant psychologist, two social investigators and two stenographers.

In the beginning, the problem which confronted the Clinic was a prison population of over 1,500 inmates, additions thereto at the rate of about 100 new

admissions each month and a considerable number of problem cases, which demanded attention. It was possible for a time to examine only specially referred problem cases.

Soon after the Clinic was organized, one member of the staff was assigned to attend the weekly sessions of an intramural court, known as the Warden's Court. In this court those inmates charged with infractions of prison rules are given hearings and in this way the Clinic came immediately in contact with the problem cases. A number of them were selected for examination; others were referred to the Clinic for examination by the officer in charge of this court. One member of the staff continues to attend the sessions of this court regularly.

On or about April 1, 1927 the Board of Parole requested a psychiatric report of inmates who were candidates for parole, as well as reports for those who were returned to prison for violations of their parole. This resulted in the examination of from eighty to one hundred and twenty inmates each month, in addition to the examination of problem and other referred cases.

Since July 1, 1928, in addition, every new inmate admitted to the institution is examined and gradually those old cases, which remained in the prison since the Clinic was established, have been examined. At present every new inmate in the prison has been examined and a report in each case has been filed in the Central Office of the prison.

The Clinic has made four annual reports for the past four fiscal years, beginning on July 1st and terminating on June 30th of each year. During the period covered by these annual reports 3,872 inmates were examined. 1,438 inmates were re-examined for special purposes. A total of 5,310 examinations and reports were made. An examination consists of the taking and recording of as complete a family and personal history as can be obtained from the inmate, supplemented, where possible, by an outside investigation and an examination by the psychologists. The psychologists' examination consists of group tests, followed, where indicated, by individual tests, to determine the mental level of the inmate. A number of group and individual tests are used so that a more nearly accurate estimate of the inmate's intellectual endowment may be secured. In addition tests to determine mechanical aptitude and tests for other purposes are given in each case. With the data obtained from the above examinations it is possible for the psychiatrists to proceed with their special examination to ascertain what the mental and personality make-up of the inmate is and what special indications there are for any special treatment in prison and what his future outlook appears to be.

For the purpose of classification on a Psychiatric basis, the classification adopted by the American Prison Association is used. The following is the Psychiatric classification, in terms of percentages of cases examined during the period covered by our four annual reports:

Normal (Including dull-normal and those of borderline intelligence)	33	%
Feeble-minded	15	%
Neuropathic	44	85/100%
A. Psychopathic personality	31	1/2%
B. Epileptic		4/10%
C. Post encephalitic personality . .		5/100%
D. Alcoholic	9	%
E. Drug Addict		7/10%
F. Psychoneurotic	2	%
G. Organic cerebro-spinal conditions		6/10%
H. Sex perversion		4/10%
I. Senile Deterioration		2/10%
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	44	85/100%
Potentially Psychotic	5	15/100%
Psychotic	2	%
	<hr/>	
	100	%

In our third annual report the Clinic proposed a classification of inmates for segregation purposes, based upon the prognosis or outlook for reformability. Recommendations were proposed for special treatment of each group as well as special training for the guards and keepers who were to be in charge of each group.

In addition to the reports for the Central Prison Office, appropriate reports in each case examined are forwarded to (1) The Principal Keeper (2) Superintendent of the prison industries (3) Hospital (4) school department.

When inmates are admitted to the prison they are placed in what is termed a Reception Company. They remain in this company, apart from the general prison population, for a period of twenty-one days. Daily, except Sunday, one member of the staff visits these inmates. Frequent contacts are made with inmates isolated in what is known as the Idle or Observation Company. This company is made up of inmates isolated for disciplinary purposes or for having a history of drug addiction or for observation purposes.

Two members of the Clinic staff attend the weekly sessions of the Assignment Board. This Board is made up of officers who are charged with placing inmates at jobs in the prison. The case of each inmate is gone over thoroughly by the Board for proper placement and the Clinic renders valuable assistance in this work.

In all of the above work so far outlined, the Clinic has kept in mind three objectives: (1) What aid can the Clinic render to the prison authorities? (2) What aid can the Clinic render to the individual inmate? (3) What contribution can the Clinic make toward the individual and general causes of delinquency and possible remedies for them?

It is obvious in what way the Clinic helps the prison officials. Our studies make it possible for them to learn the types of persons with whom they deal and what measures to employ, which will prove beneficial to the prison and to the individual inmate. That detailed reports of psychiatric and psychological findings are invaluable sources of interest and knowledge is becoming more and more obvious by the number of inmates referred to the Clinic by prison officers for special examination and report. It is very gratifying to the Clinic to have inmates referred to us this way, even though it adds to our already burdensome load.

In what manner is the Clinic of assistance to the inmates? No argument is needed to demonstrate the Clinic's assistance in the cases of those inmates who are psychotic. They are promptly placed under observation and if their condition warrants it they are promptly reported for transfer to the Department of Corrections special hospital at Dannemora, New York. Those inmates with nervous disorders or neurological conditions are referred for appropriate treatment. The mental defectives are cared for, so far as it is possible to do so.

It is not very easy to demonstrate our value to other inmates, but that we are of assistance is proved by the increasing number of inmates who apply to us to talk over their problems.

Every case examined is approached from a psychiatric point of view. We are convinced that, in a number of cases, as a result of our interviews, ideas and judgments have been changed and a new outlook on life's problems has been taken. Results of this kind cannot be measured and it is impossible to determine how many inmates have been reached in this way. Expressions of sincere appreciation has convinced us that there is value in this approach. More tangible results of our help to the inmates are furnished by the work of our social investigators, who have in many instances secured help and work for inmate's dependents on the outside.

Along with our daily work we are gathering data on a number of factors that enter into the causes for delinquency and we hope, as a result of our studies, soon to be able to make interesting contributions in this field.