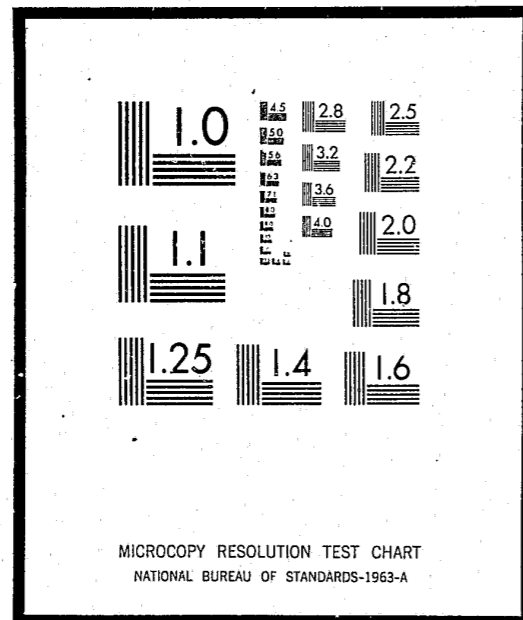


NCJRS

This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



FINAL REPORT

1973

DENVER COURT DIAGNOSTIC CENTER

IMPACT CITIES GRANT

72-ED-08-0005

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U.S. Department of Justice.

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

Date filmed

9/24/75

BACKGROUND

Theory and logic strongly suggest that a thoroughly integrated system of diagnosis and treatment will contribute significantly to the reduction of the repetitive phenomena so apparent in criminal statistics. The objective of the diagnostic process is the individualizing of the offender and the identification of needs and of the treatment options available. Diagnosis of needs without available treatment resources is less than desirable, however, the diagnostic process does make apparent the lack of treatment alternatives and in other jurisdictions has led to the creation of needed treatment programs.

Providing for psychological and psychiatric evaluation of offenders is preliminary recognition that diagnosis is a necessary first step in implementing the now generally accepted view that treatment of the offender should be individualized to the fullest possible degree within the framework of a flexible criminal code.

The creation of the Denver Court Diagnostic Center was in response to this recognized need for diagnostic and evaluation resource for the criminal justice agencies of the City & County of Denver. The implementation of

the project took advantage of an existing misdemeanor diagnostic facility that was and is an integral part of the Denver County Court Department of Probation Services. With minor additions to existing staff and the improvement of existing space the capacity of the clinic could provide an expanded testing program that would partially meet the psychological and psychiatric evaluation needs of the felony jurisdictions in the City and County of Denver.

PROJECT PLANNING AND IMPLEMENTATION

In the preliminary planning stages for the project flexibility became the Diagnostic Center's operational goal, flexibility in meeting the needs of the referring agencies and clients. Accomplishing this goal was expected to require uneven demands on the staff's time and the establishing of priorities in consideration of the urgency of the referral, the availability of the client and the meeting of court deadlines were considered in planning the expanded clinic operation.

Existing staff of the Diagnostic Clinic, psychologists and psychiatrist were involved in the planning of the project, in developing the expanded testing program; in doing the necessary research on the instruments that were

to be used and in trying to anticipate referral volume. As the project matured the quality of their work has been recognized by the cooperating agencies and is primarily responsible for the now well established acceptance of the Diagnostic Center. The teams' informal lines of communication have overcome to a large extent any deficiencies that may have existed in formal attempts to provide the necessary channels for the free flow of referrals and information between the various cooperating agencies.

Prior to the funding of the Impact Cities Diagnostic and Evaluation project, the clinic staff consisted of (in addition to other probation department staff), two full-time psychologists and a half-time psychiatrist. The two psychologists, in addition to their clinical duties, spent significant amounts of time scoring tests they had given and keeping department statistics. In consultation with the psychologists it was believed that if they were relieved of test administration, test scoring and plotting, and statistical duties they could use the time in testing and evaluating felony referrals from other agencies. Based on this consideration the staff's request for the Impact Cities Project was two assistants for the psychologists and one secretary to aid in the preparation

of felony reports. With the additional staff, two diagnostic and evaluation teams were established and the work of the misdemeanor program and the felony project was divided equally between the two teams. Both of the psychologists' assistants (administrative interns) were two year graduates of Metropolitan State College Helping Services Program and both are continuing their education with majors in psychology. The assistants administer all but the projective tests, and are also responsible for general department statistics, scoring tests and plotting profiles and transferring demographic data to coding sheets. The teams work quite autonomously within a general testing format. The necessary evening hours are rotated between the two teams. Appointment scheduling and necessary contacts with referring agency people is the responsibility of the teams exclusively and does not ordinarily involve other department personnel.

At a very conceptual level of project development, the director of the Diagnostic Center had discussions with the directors of the District Court Probation and Parole Departments in an effort to avoid any serious jurisdictional concerns. * These conversations were congenial and with few exceptions jurisdictional lines

* See page 25 of this report.

were well defined and have been respected.

During December, 1972 and the first weeks in January, 1973 one of the staff psychologists and the director or the department met with the District Court Probation and Parole Department administrators and supervisory staffs to present the program as seen by our personnel and to discuss procedures. An effort was made during these conversations to anticipate possible problems. We discussed with them their expectations of what we could provide in the way of evaluations and how these evaluations might aid them in their work with their clients.

In addition to the meetings held with administrative and supervisory personnel the Diagnostic Center's staff had formal meetings with those people who would be directly involved in the referral process. Specifically we met with the probation and parole agents in the Denver area and with the training personnel and new staff who were being hired in connection with the Intensive Parole and Probation Supervision project of the Denver Anti-Crime Council (Impact Cities Grant #72-IC-0008-64). Invariable, a result of formal presentations is the limited opportunity for exchange and some misunderstanding did occur. These misunderstandings may partially explain the rather slow initial build-up of referrals to the Diagnostic

Center.

Dr. James Bridges*, the Project Evaluator, has noted, however, that during the early months of the project "both probation and parole agencies had been preoccupied by their own internal imperatives and changes and the various agents have not been ideally free to concentrate upon the diagnostic needs of their cases."** It appeared to the evaluator that many of these internal needs were in the process of being resolved in the late summer of 1973 and that the Diagnostic Center could anticipate a considerable influx of cases during the fall and early winter of 1973.

Prior to the establishment of the Court Diagnostic Center, Center personnel had very few meaningful exchanges with the various departments involved in the project. No particular animosity was apparent, only that we were each concerned with our own particular area of jurisdiction and exchanges were more by chance than by design. The Diagnostic Center project has brought change to this particular set of circumstances and during the first year of the project virtually all of the working probation and parole officers and many of the supervisors and administrators have come into contact with personnel of the Diagnostic Center.

* Dr. James Bridges, Director of Research, Denver University Graduate School of Social Work, Diagnostic Center Project Research Consultant.

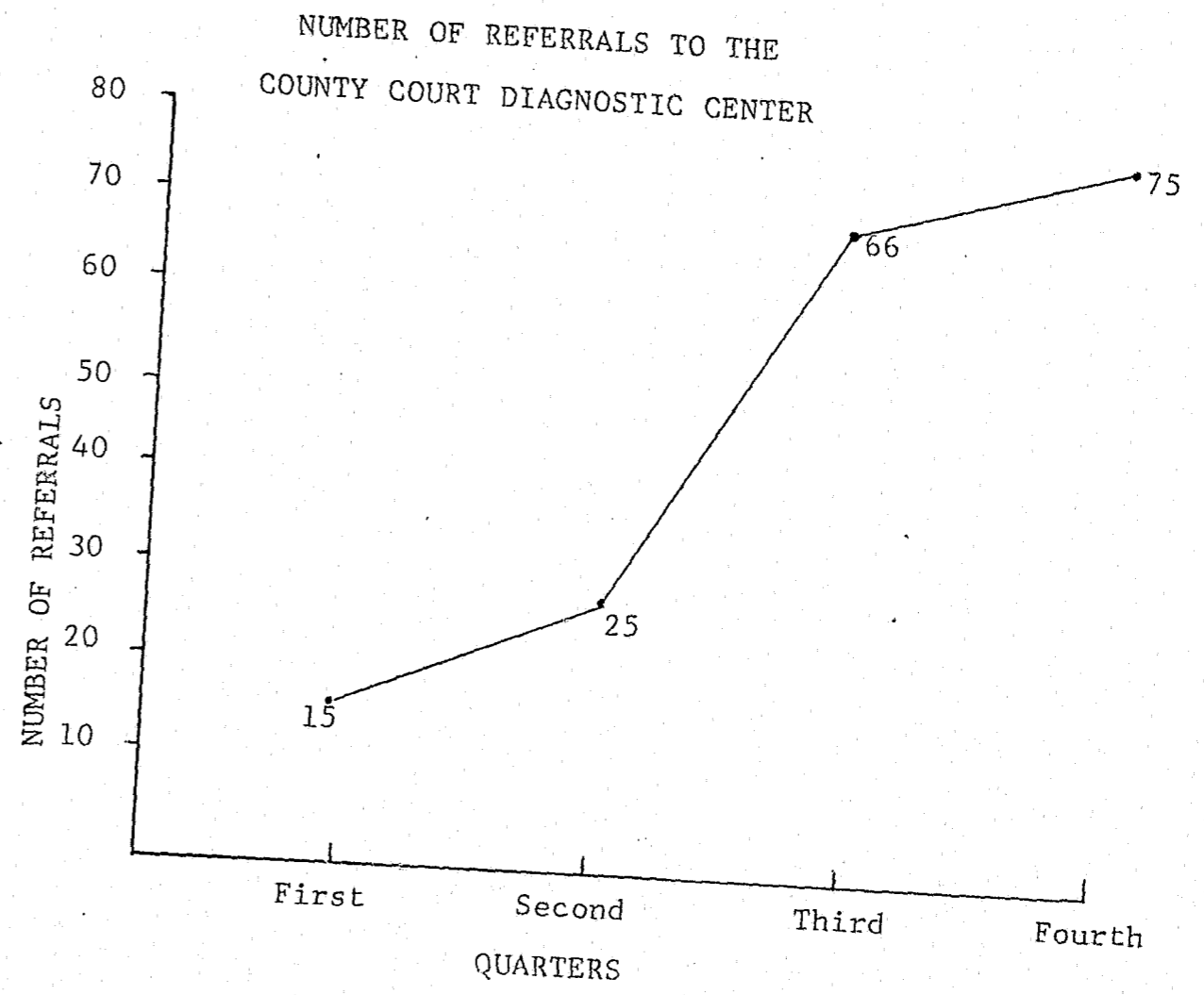
** See Dr. Bridges evaluative report appendix I, page 2.

By mid-summer of 1973 Impact Cities projects that had been in the planning stages reached a level of development where they were more productive than disruptive. In particular the intensive probation and parole supervision centers became operational at this time. Coinciding with this was a rapid increase in referrals to the Diagnostic Center that has continued to the present time, consistently reaching 20-25 referrals each month. Figure 1 on the following page illustrates the referral volume from the beginning of the project in January, 1973 through December, 1973.

The interviews conducted by Dr. Bridges, the Program Evaluator, in August and the early part of September, 1973 indicated that all departments involved in making referrals to the Center seemed to have been adequately informed about procedures and services offered by the Diagnostic Center. There was one major exception to this in that two members of the five judge criminal bench had and have reservations about referring clients to the clinic unless this was requested by either the defense or the prosecuting attorney.

Qualitative feed-back regarding the Diagnostic Center's services indicated that with some exceptions the evaluations were, in the opinion of those questioned by Dr. Bridges, helpful in both court disposition and in the ongoing

FIGURE 1



supervision of cases. The evaluations were in Dr. Bridges words "considered by many to make a significant difference in both decisions regarding dispositions of the case and in decisions regarding supervision strategies and approaches." *

As the result of the evaluation survey conducted by Dr. Bridges, five major recommendations were made and have been or will be acted on by the Diagnostic Center administration:

1. Efforts should be made to acquire a third evaluative team consisting of a psychologist and an administrative intern.
2. Efforts should be made to educate and inform two of the Criminal Court Judges concerning the functions and services of the Diagnostic Center.
3. Routine evening hours should be arranged in the operation of the Diagnostic Center.
4. A greater effort should be made to meet the particular needs of investigative personnel in relation to services of the Diagnostic Center.
5. Actions need to be taken to insure that cases held in custody in the County Jail will receive adequate evaluation.

At this time recommendations one, three, and five have been acted upon. Specifically the 1974 Diagnostic Center grant

does provide for a third diagnostic team. In July of 1973 and continuing to the present time the Diagnostic Center has been available for the evaluation of impact offenders every Monday evening from 5:00 to 9:00 p.m. And as of February 27th will also be open on Tuesday evenings. Monday, Tuesday and Wednesday evening services will be available in April, 1974.

At this writing no additional steps have been made to implement Dr. Bridges second recommendation which was to make additional efforts to educate and inform two of the Criminal Judges concerning the Diagnostic Center and services it provides. However, with the additional staff to evaluate those incarcerated in the County Jail we believe the opportunity is presented to again approach the members of the Criminal Division of the District Court in an effort to convince them of the value of the additional information that can be provided by the Center in aiding them in making their sentencing decisions.

Concerning Dr. Bridges fourth recommendation, it should be noted that at the time he made his evaluation in August and September, 1973 the referrals from the investigative personnel of the District Court Probation Department were somewhat behind those of the community supervision people (23% of referrals in August. By the end December the percentage has risen to 33%). As of this

writing, the number of evaluations completed for pre-sentence purposes has nearly equaled those for community supervision agencies. With the addition of a third diagnostic unit the Center's capacity to evaluate those incarcerated in the County Jail and unable to make bond will increase and the number of pre-sentence evaluations completed should also increase.

The first year's experience of the felony program of the Denver Court Diagnostic Center seems to indicate that the services provided by the Center are filling a definite need in the Denver Correctional system. We have encountered the usual number of problems that invariably arise when you are trying to set up an inter-jurisdictional agency. At this point in time, however, most of these problems seem to have been resolved and the second year of operation should see general improvement in the qualitative and quantitative aspects of the project.

DESCRIPTION OF PROJECT

The Denver Court Diagnostic Center project provides psychiatric and psychological diagnostic evaluations for the Denver District Courts, the Denver District Court Probation Department and the Colorado State Department of Parole for felons and those defendants originally charged with felonies in the Denver Criminal Justice System. The Diagnostic Center staff consists of two psychologists

(part-time), one psychiatrist (part-time), two administrative interns (full-time), and one secretary (full-time). Referrals for evaluation come from District Court judges, probation officers writing pre-sentence reports on those already convicted and from probation and parole officers and agents of those on active probation and parole status. In most cases the decision as to whether or not the individual is to be referred for diagnostic evaluation is made by the individual probation or parole officer. Occasionally a judge will request the service.

The diagnostic evaluation consists of a battery of tests administered and interpreted by a staff of two psychologists, an interview with a psychiatrist (for most clients) and a report on the results of the testing and the interview is prepared. When the report is requested prior to disposition of the case then the report becomes part of the pre-sentence report that is prepared by the investigating probation officer. Reports prepared for referrals of people who are already on probation or parole go directly to the probation or parole officer making the referral or to the psychologist with the Intensive Probation and Parole Supervision Projects.

The battery of tests are designed to measure:

1. Intellectual functioning
2. Brain damage
3. Psychological and psychiatric symptomology
4. Educational achievement levels
5. Self concept
6. Impulse controls and overt aggression
7. Other personality and psychological characteristics
8. Criminal history
9. History of drug and alcohol use
10. History of psychiatric-psychological treatment or hospitalization
11. Other personal and demographic factors

Among the tests routinely used are:

1. The Wechsler Memory Scale
2. Hooper Visual Organization Scale
3. The IPAT (Culture Fair Test of Intelligence)
4. Wide Range Achievement Test
5. Somantic Differential Test of Self Concept
6. The Hand Test
7. Minnesota Multiphasic Personality Inventory (MMPI)
8. Incomplete Sentences Test
9. The Mooney Problem Check List
10. Thematic Apperception Test (TAT)
11. Draw a Person Test

Other tests are sometimes given to clients with known or suspected alcohol or drug problems or suspected brain damage. A face sheet containing personal and demographic information (including previous hospitalization) is filled out for each client. Approximately 75% of the clients are also interviewed by the psychiatrist on the project.

The reports based on the information are written by the psychologists and a separate report is written by the psychiatrist. These reports are included in the pre-sentence report or sent to the person requesting the evaluation. Not infrequently there is consultation between the psychologist and/or the psychiatrist and the person requesting the evaluation. The entire procedure (testing, scoring, report writing, consultation) takes between one and two days for each client referred. The elapsed time between referral and the return of the report to the referring agent is approximately seven days. When requested and necessary the reports can be completed sooner.

The majority of diagnostic evaluations are completed at the Diagnostic Center which is located in the City and County Building of Denver. When requested a diagnostic team goes to the County Jail located approximately 12 miles from the City and County Building to do the evaluation. Those needing prolonged observation can be placed in Ward 18 (the jail ward) of Denver General Hospital.

DATA COLLECTION

In assessing the data requirements for the research component of the project, the research questions that

emerged were:

1. What personality and demographic characteristics tend to be commonly and uniquely related to the commission of the four target crimes of burglary, robbery, rape, and assault?
2. What personality and demographic characteristics tend to be differentially associated with the commission of lesser crimes and each of the target crimes of robbery, burglary, rape and assault?

The demographic characteristics identified and specified as related importantly to the research purpose are:

1. Birth date
2. Sex
3. Ethnic background
4. Religion
5. Highest school grade completed
6. GED
7. Present offense
8. Date present offense was committed
9. Additional felony convictions and year convicted
10. Misdemeanor convictions and year committed (10 most recent)
11. Convictions of more than 10 misdemeanors
12. Juvenile history with criminal justice system
13. Number of times apprehended as a juvenile
14. Length of time incarcerated as a juvenile
15. Hospitalization for emotional problem
16. Drug usage

17. Present marital status
18. Military service and discharge
19. Occupation
20. Employment stability
21. Income during past 12 months
22. Average income over past 5 years
23. Average income for 5 years preceeding past 5 years
24. Highest yearly income attained
25. Location of subject's birth
26. Location where subject lived longest as a child
27. Location where subject lived longest as an adult
28. Location where subject lived in Denver
29. Location where subject spent most of his childhood
30. Alcohol usage

An interview schedule by which this data is collected was developed and may be found in appendix II

In addition to the demographic data mentioned above psychometric measures are to be included in the final research analysis of the project.

"These measures (psychometric) comprise the basic test battery to be utilized in the diagnostic evaluation of impact offenders. While some additional instruments will be administered on a selective basis they will not be included in the basic datamatrix in view of the relatively small number of individual measures that will be obtained. In many cases for the instruments identified below, subscales comprise an important element in the interpretation of the test results, at times in conjunction with one over-all or total score. Subscale scores will be routinely included within the datamatrix, when they provide meaningful information as viewed separately or apart from

their interaction with other subscales for the test. In some instances subscale scores will be included when they may yield only questionable information as they are viewed or interpreted apart from the over-all constellation of subscale scores. Where this procedure is followed it will be based upon an exploratory rationale." *

The "basic test" referred to above is the Minnesota Multiphasic Personality Inventory. The long form of the MMPI (Form R) was used. In addition to the basic scales, six special subscales will be included for analysis. These are scales that are thought to have particular relevance to the behavior of the population to be studied. They are:

1. Self Alienation - PD4B
2. Emotional Alienation - SE1B
3. Social Alienation - SE1A
4. Persecutory Ideas - PA1
5. Need for Affection - HY2
6. Over Controlled Hostility - OH

The remainder of the tests listed on page 12 preceeding will also be analyzed in terms of the research objectives. Collection and coding of the data according to the coding protocol developed by Dr. Bridges is up to date and on-going as of this writing.

In May and June of 1973 procedures were initiated that would provide feedback from those utilizing the services offered by the Center. Questionnaires were mailed to all those who had referred clients up until

* Appendix IV page 2

May, 1973 asking specific information about the services that had been received and requesting information about any problems they might have noticed regarding referral procedures and communication with the Center staff.

Beginning at this time a postcard questionnaire was sent to the referring personnel along with the diagnostic report. This postcard continues to be used and is returned by the agent directly to the program evaluator, Dr. Bridges. The postcard requests the following information:

1. Was your purpose in referring this case primarily
 - a. To assist in the disposition of the case
 - b. To assist in the supervision of the case
 - c. In response to a judge's request for an evaluation
2. To what extent was the evaluation provided helpful to you?
 - a. Very helpful
 - b. Somewhat helpful
 - c. Of little or no help, why?
3. Are you a parole agent or probation officer?

In August and September, 1973 Dr. Bridges undertook a full scale survey of the referring agents acceptance and response to the Diagnostic Center project. The results of this survey are presented throughout this paper and the full report is in Appendix I.

The interview schedules and mailed questionnaires may also be found in Appendix I.

Demographic and psychometric data is routinely transferred to coding sheets for transfer to Holorith cards. The process of data collection and coding is well established and operating smoothly.

PROJECT OBJECTIVES

The objectives of the first year's operation of the Diagnostic Center are listed and discussed below:

GOAL 1. Reduce the incidence of impact offenses

It was anticipated that as a result of the psychological and psychiatric evaluations performed on those who commit impact crimes, that a better understanding of the individuals would result and be reflected in more effective sentencing and supervision practices, consequently reducing the incidence of impact offenses.

It will be very difficult to unambiguously assess the recidivism reduction goal of the project. Diagnostic information is obtained only on a select group of probationers and parolees. Comparison groups of similar individuals with similar sentences and/or parole or probation experiences but without the diagnostic report would be extremely difficult to develop. It is possible to compare recidivism rates of felons with and without a diagnostic evaluation but any results would be almost impossible to attribute to the diagnostic evaluation.

For the second year of the project the use of the diagnostic information by probation and parole personnel as well as by judges should be emphasized. It may be possible to relate, in some qualitative manner, the decisions based on the diagnostic information to outcomes such as recidivism for some cases especially in the Intensive Supervision Parole and Probation Project.

Goal 2. Establish an inter-agency diagnostic and evaluation center

Our more immediate goal was to establish an inter-agency diagnostic center that would provide 8 to 10 psychological and psychiatric evaluations per week on those people referred to the Center by the Denver District Court, the Colorado Department of Parole and the District Court Probation Department.

The original goal for referrals during the first project year was projected at 500 impact offenders. The figure was arrived at by reviewing the 1971 annual report of the District Court Probation Department and did not take into consideration those people who would be referred to the Diagnostic Center by the Department of Parole. The 500 referral target was an inflated figure in terms of actual impact cases processed by the District Court in a period of 12 months and in terms of the Diagnostic Center's capacity to evaluate properly that many people in the same time frame.

In the early spring of 1973 referrals for evaluation were lagging badly. It was a temptation at that time to try to establish a screening procedure consisting of administering only the MMPI to everyone applying for probation on impact offense and for all those who were being supervised at the intensive probation and parole centers. In retrospect we believe it was fortunate that we did not go to the very limited test screening procedure, that would have brought in the additional numbers, but would have been far less meaningful to the courts, investigating probation officers and supervising probation and parole agents in the field. Instead of diluting the evaluation process the opposite became the rule and is now well established.

The original testing format * administered to those referred under the impact project results in significantly more time involvement on the part of the Diagnostic Center staff than was originally anticipated (approximately 8 hours) but produced, we believe, a more meaningful diagnostic document. The more in-depth testing was accomplished well within the deadlines that we had established between time of referral and the time when the report was returned to the agent and discussed with him. (5 to 7 days).

* See page 12 of this report

By mid-summer 1973 the intensive probation and parole supervision centers (Impact Cities Grant #72-IC-0008-64) were operational. With their opening and due very largely to the efforts of Mr. C. M. Carter, psychologist for the neighborhood centers, referrals increased rapidly. From mid-summer through the end of the first project year in December, 1973 we maintained a steady flow of referrals that achieved 20 actual referrals each month and a high of 30 referrals during one month.

The psychologist available at the supervision centers helped eliminate one of the procedures that, at least in the opinion of some, complicated the referral process. The procedure referred to was the Denver Anti-Crime Council staff and the Diagnostic Center staff's preference calling for the formal staffing of each completed case which involved a meeting between the referring officer and the clinical staff after the evaluation. The probation and parole psychologist's availability to the officers and agents of the intensive probation and parole centers made the staffing of these cases unnecessary in most instances. The probation and parole psychologist made a definite effort to familiarize himself with the clinical staff and procedures and was able to explain clinical findings and made evaluations of very practical use to probation and parole personnel. He

also encouraged the use of the Diagnostic Center facilities by people in the intensive probation and parole supervision centers. The general acceptance of the services offered by the Diagnostic Center by referral sources now make this extra encouragement less necessary than it was in the beginning.

During the late summer and fall of 1973 the intensive supervision centers were the main source of referrals to the Diagnostic Center. At the present time referrals are almost equally divided between field supervision and pre-sentence investigation officers and agents. The psychologist at the intensive probation and parole supervision centers continues to be in frequent communication with the Diagnostic Center staff and his role as a liaison person between center and the probation and parole personnel in the field is extremely valuable.

The data presented as the result of the research efforts during the first project year are concerned with the project objective now being discussed, that of providing psychological and psychiatric evaluation for the District Court Probation Department and the Colorado Department of Parole.

The Denver Court Diagnostic Center was established and functioning on January 15, 1973. The number of people referred and tested during the first two quarters (January to June) was lower than expected. Concern on the part of the Diagnostic Center's staff and the Denver Anti-Crime Council staff prompted our request that Dr. Bridges pursue the users opinions survey in an effort to identify and correct any problems that may have contributed to the low volume of referrals.

"In essence the evaluative question in August of 1973 condensed to the following:

Was the service of the Diagnostic Center proving

to be a help to the District Court judges and to parole and probation officers and would there be sufficient future demand for the services to justify continued support by impact crime funds?" *

In looking for and providing answers to the above question, Dr. Bridges interviewed 46 people who were involved in making referrals or in a supervisory capacity in agencies making referrals to the Diagnostic Clinic. In addition to the probation and parole, Dr. Bridges also interviewed the judges of the criminal division of the Denver District Court and the members of the Diagnostic Center's staff. Part of the summary of Dr. Bridges findings are presented below:

"From the evaluative interviews that were held it would appear that all participating systems have been adequately informed of the services of the Diagnostic Center with the exception of the bench. While it is recognized by the evaluator that efforts have been made to inform and educate all relevant systems concerning the services and functions of the Diagnostic Center, it was evident at the time of the evaluation study that two judges out of five handling criminal cases could benefit from interpretive efforts by the staff of the Diagnostic Center.

While the benefits of the diagnostic evaluations were acknowledged by both investigative and supervisory personnel it would appear that the reports could be made somewhat more useful to investigative agents. In view of this it is suggested that particular awareness be given to the needs of probation staff investigating cases

for court dispositions. It should be mentioned parenthetically that these agents do not have a psychologist available to them for the concrete translation of the evaluation reports into treatment and action.

The very pleasant findings in the evaluation study was the high degree of positive effect, expressed by most of the persons contacted toward the Diagnostic Center project. Even in those cases where some fault was found, ameliorating statements were made. In the opinion of the researcher this response speaks to the general values that is placed upon the service being provided by the Diagnostic Center." *

Dr. Bridges observation concerning the particular problem of investigating probation agents is well taken, however, this is a particularly sensitive jurisdictional area and in the formative stages of the project it was agreed that in those cases where diagnostic evaluation was requested as part of the pre-sentence report that that evaluation would be appended to the report as additional information only and that the Diagnostic Center staff would not usurp the recommendation prerogative of the District Court Probation Department. The clinic staff feels much freer to make treatment recommendations when they are providing evaluations for the supervision centers. Many of the field supervision agents have requested that the Diagnostic Center offer definite treatment recommendations, and occasionally have complained when reports presented

only test data with very little of a concrete nature for them to take action on. *

Goal 3. Research

In that the primary mission of the Denver County Court Probation Services Department is to provide casework services for misdemeanants referred to us by the Denver County Court system, and suspecting that many of the impact offenders had been initially seen by the County Court prior to their felony involvement, we were interested in developing, through data collection, information that might aid us in identifying individuals referred on misdemeanor charges as potential felons, and providing correctional intervention.

The lack of hard data generated by the first project year contraindicated the expense and time that would have been necessary for processing this limited amount of data. The limited sample would also have made questionable any results the data might have been expected to produce. Dr. Bridges, the program evaluator, noted:

"That while broader and more definitive evaluation procedures would have been desirable in relation to the first year of the operation of the Diagnostic Center, these procedures were contraindicated by the over-all status of the project in late August and early September of 1973. Due to several important factors outside the control of project personnel, impact referrals to the Diagnostic Clinic began to occur in volume only by mid-summer of 1973. The total number of cases referred and processed at the time of the major evaluation effort for 1973 were not sufficient to warrant

research efforts, to realize some of the evaluation and research goals identified in the original project design and the later elaboration of the original design." *

The evaluation and research goals for 1974 will remain the same as stated in the original proposal and in the supplementary statement to that proposal. The goal thus stated could not be operationally achieved the first year of the project due to the lag which was encountered in anticipated referrals to the Diagnostic Center. In terms of the present and the future expected activities of the Center these goals should be fully realized for the combined 73-74 operation of the Diagnostic Center. In his 1974 research objective statement, Dr. Bridges stated:

"In lieu of sufficient referrals during the first eight months of clinic operation, upon which an adequate quantitative research effort could be based, and in view of the request for some documentation of project success and achievement within the first eight months of the project's implementation an interview survey was conducted during the end of August and early part of September, 1973, with diagnostic clinic staff, probation and parole line agents, probation and parole supervisory administrative staff and judges.

While these face to face informal interviews were time consuming as compared to a mailed questionnaire methodology, the evaluative approach was uniquely suited to the current status of the project and the need for process documentation of the project. The experience obtained in the conduct of these

interviews will help serve as a guide for the development of formal end of second year of project instruments, as well as serve as a crucial part of the over-all evaluation process of the Diagnostic Center project.

A major step toward the realization of the research goal for the Diagnostic Center project has been achieved during the first eight months of the project in the preparation of procedures and instruments for the routine collection of coding and coding of demographic personal, and psychological test data. Face sheets have been prepared for the routine collection of personal and demographic material and protocols has been developed for the coding of all relevant data, and ongoing procedures has been developed and implemented for transferring all data to coding sheets preparatory to key punching on to Hollerith cards. Thus, at the present time all necessary research steps have been achieved preliminary to the computer analysis and interpretation of the data for the combined two years of project operation."

Intake data gathered thus far indicates that 54% of those referred to the Center for evaluation had been convicted of 9 prior impact or impact related offense. (Possession of burglary tools, murder, criminal menacing, third degree assault etc.). If impact offenses occurring sometime in the past are taken into consideration nearly 70% of those referred were for impact related offenses. 15.09% of those seen were referred on drug related charges and 26.41% for property related crimes other than burglary.

In terms of age the 20-24 year old age group represented almost 45% of the number of people referred. Under 20 and over 35 represented just slightly more than 20% of total number of referrals.

Chicanos were the most disproportionately represented ethnic group referred to the clinic for evaluation. In the City and County of Denver approximately 13% of the population are Chicano, 33.23% of those seen for evaluation were of Hispanic ethnic origin. 13.21% of those seen were Black and Blacks represent 10% of the population of the City and County of Denver. Whites represented 51.57% of those seen and Whites represent 72% of the population of the City and County of Denver. Indian and Oriental ethnic groups were represented by less than 2% of those referred for evaluation and this is proportionate to their representation in the general population of the City and County of Denver.

The total number of referrals during the first project year was 181. The total number of referrals where the evaluation was actually completed was 159. There were 141 males, 18 females; 53 of those referred were Chicano, 21 Blacks, 82 Anglos, 2 Indians, and 1 Oriental.

Impact Related Offense Categories:

	<u>Number of Referrals</u>	<u>Percent</u>
Burglary	37	23.27
Robbery	14	8.8
Rape	9	5.67
Assault	25	15.72
Total	85	53.46

Miscellaneous Offense Categories:

Drug Related	24	15.09
Property Related	42	26.41
Misc.	8	5.03
Total	74	46.54

Age Groups:

(- 20)	16	10.06
(20-24)	71	44.65
(25-29)	37	23.27
(30-34)	17	10.69
(35-39)	6	3.77
(40-44)	5	3.14
(45-49)	0	0
(50 +)	7	4.40
Total	159	100.

Ethnic Origin:

Chicanos	53	33.33
Blacks	21	13.21
Anglos	82	51.57
Indian	2	1.26
Oriental	1	.63
Total	159	100.

Sources of Referrals:

Judge Pre-sentence	52	32.70
Field Probation	60	37.73
Field Parole	41	25.79
Judge Pre-trial	2	1.26
Other	4	2.52
Total	159	100.

GOAL 4. Demonstration of inter-agency cooperation

Our fourth and last objective in applying for funds for the Diagnostic Center was to demonstrate the cooperative effort involving four autonomous correctional agencies. The agencies involved are the Denver County Court of Probation Services, where the Diagnostic Center is located, the Denver District Court, the Denver District Court Probation Department, and the Denver Division of the Colorado State Department of Parole.

Dr. Bridges evaluative study of the project which was conducted in August and early September of 1973 is probably the best measure of achievement of this goal. Dr. Bridges conducted telephone and personal interviews (semi-structured and un-structured) with 46 people including five judges who hear criminal cases, all six members of the Center's staff, three probation and parole administrators, 29 probation and parole officers (including those who had not referred, as well as those who had referred clients to the Center) and three supervisors who had not referred clients directly.

The telephone interviews with the directors of the probation and parole departments showed a positive opinion of the Center's services. There were no problems indicated by these men with regard to evaluations or the procedures. Both directors thought that the referrals from their organizations would increase.

Three division supervisors of the District Court Probation Department were interviewed. All three were very positive about the quality of the service provided and the needs of the departments that the services were meeting. Supervisors as well as others interviewed stressed the need for evaluations on those held in the County Jail. No other procedural problems were mentioned.

Dr. Bridges study showed acceptance of the Diagnostic Center by a large majority of those who used the service as well as positive feelings from some personnel who had not used the clinic. Top administrators of the District Court Parole Department were very favorable toward the diagnostic services provided. There were some indications from the interviews for expansion of the Diagnostic Center to evaluate those offenders held in County Jail. A little more than half of the parole and probation officers indicated they would send more clients to the Center in the future. There were very few expressed procedural difficulties and the over-all relationships among the County Court Probation, District Court Probation and the Department of Parole revolving around the Court Diagnostic Center appear to be proceeding smoothly with no obvious inter-organizational conflicts.

MAJOR ACCOMPLISHMENTS

The Denver Court Diagnostic Center is, as Impact Cities projects go, a relatively simple and inexpensive endeavor. In that the Center serves in a staff capacity to referring agencies it is about as non-controversial and non-political as a criminal justice agency can be. With few exceptions people agree that information of a psychological and psychiatric nature is a valuable addition in understanding the individuals involved in serious criminal activity.

In this context the major accomplishment of the project was the general recognition of the need for a diagnostic and evaluation center and the willingness of the administrators of the various criminal justice agencies to cooperate in making the Center a success.

Being selected as the agency to implement the felony diagnostic program is viewed by the Diagnostic Center staff as recognition of the Denver County Court Diagnostic Clinic and its unique contribution to the advancement of correctional practice at the misdemeanor level of criminal activity over the past six years. This is considered a major accomplishment. At this writing 24,000 people convicted of minor offenses have been seen by the Clinic staff. Expanding these clinical services to felony jurisdictions was a logical step in utilizing this

experience and in implementing a thoroughly viable and unique court services idea for general use by other criminal justice agencies in the City and County of Denver.

In accepting the Impact Cities felony project the Denver County Court Probation Services Department was presented with a new research opportunity and while the first year's opinion survey of agencies utilizing the felony evaluation service gave us information justifying a second year's operation, the objective evaluation of data collected over the two year period of the project may provide us with information that will further refine our preventative efforts with those misdemeanants referred to the Center by the County Courts, and in the long term reduce the number of serious crimes committed in Denver.

The project has demonstrated that a psychological and psychiatric evaluation of some depth need not take 30 days to six weeks to be accomplished. Of equal importance to the flexibility and rapidity of the service is the Center's correctional setting. The Center staff is attuned philosophically with other criminal justice agencies and the difference this makes is quite apparent when Center staff have evaluated an

individual and a medical agency evaluation is made at the same time. The different priorities that emerge are sometimes striking. In a purely medical setting the individual and the problems he presents seem paramount. A more balanced approach, recognizing legal realities and the interests of society and the individual seem to emerge in the Center's evaluations.

MAJOR PROBLEMS

Some initial difficulty in getting our diagnostic teams admitted to the County Jail was encountered. With the help of the Director of Corrections, the City and County of Denver and the Associate Warden at the County Jail this was partially resolved. One of the psychologist assistants is on Federal Probation and is denied admittance. When he is released from parole in February or March, 1974 another attempt will be made to allow him to enter the County Jail for testing purposes. His inability to be admitted detracts from the Center's capacity to evaluate incarcerated offenders.

The 20 mile round trip to the County Jail still presents some problems as does the lack of adequate secure interview and testing space in the lock-up facility in the City and County Building. Eliminating the second problem would increase greatly our ability to respond to the courts pre-sentencing needs, and could be

accomplished by having a deputy sheriff assigned to the Center during the day shift. This would not only increase the Center's capacity to see incarcerated felony offenders but also eliminate the need to test and interview 2 to 5 incarcerated misdemeanor offenders daily in the cramped, noisy lock-up facility at the City and County Building. It should be mentioned parenthetically that no consideration (to my knowledge) was given this problem in planning for the new city jail. When that multimillion dollar facility is complete, Denver County Court Probation, District Court Probation, Parole, Defense Attorneys, TASC Screeners, Bonding Interviewers, etc. will still have to compete for very limited space to do their necessary work.

SUMMARY

The evaluation study made by Dr. Bridges in the late summer and early fall of 1973 showed acceptance of the Diagnostic Center by a large majority of those who had used the services as well as positive feelings from some personnel who had not used the Center. Many officers who make pre-sentencing and supervision decisions felt the diagnostic evaluation useful and influential. Among those who were negative several indicated that the diagnostic report could be of use if more specific suggestions were made. Three of the five

judges are well aware of the Center's functions and have used the evaluations. Top administrators of the District Court Probation and Parole Departments are very favorable toward the diagnostic services. There are strong indications from the interviews for expansion of the diagnostic services to those offenders held in the County Jail, and with the additional staff capacity this problem should diminish somewhat. A little more than half of the parole and probation officers indicated that they will refer more clients to the Center in the future. There were very few expressed procedural difficulties and the over-all relationship among the County Court Probation and Colorado Department of Parole revolving around the County Court Diagnostic Center appears to be proceeding smoothly with no obvious inter-organizational conflicts.

With regard to the research objectives the development of profiles of impact offenders and comparison of these profiles with non-impact offenders -- the data has not been analyzed at this time. The analysis will be done during the second year of the project when a large enough number of clients have been tested and have had data recorded to develop stable profiles. Both background data and test data will be

used. In addition, the second year of the project will provide data on the influence of diagnostic information on sentencing and supervision decisions and perhaps evidence relating to the role of these decisions on recidivism.

Procedures and instruments for the routine collection of demographic, personal history, criminal history and test data have been developed and are in operation. Face sheets for recording of personal demographic and criminal history information are being used. This information as well as test data are being coded and will be transferred to punch cards for computer analysis at the end of the second project year.

1974 PROJECT YEAR

During the 1974 project year our goal is to provide 8 to 11 evaluations per week for the courts, probation and parole. The additional diagnostic team provided by 1974 funds will increase our capacity to provide evaluations for those incarcerated in the County Jail. We anticipate sending each diagnostic team to the jail one day a week. At this writing the judges of the District Court Criminal Division have been informed of our availability for jail work.

The response to the Center being open during certain evening hours has been good and by April, 1974 the Center will be open Monday, Tuesday and Wednesday evenings until 9:00 p.m. The cooperating agencies have been informed of the expanded evening hours.

Those research objectives that could not be accomplished during the first project year because of limited data will be completed during 1974. The following effectiveness and efficiency objectives for 1974 were developed in cooperation with the Denver Anti-Crime Council staff.

EFFECTIVENESS OBJECTIVE 1: To provide psychological and psychiatric diagnostic evaluation on impact and other offenders referred from the District Courts, the District Court Probation Department and the Colorado Department of Parole.

Efficiency Objective 1-1: Provide 8 to 11 complete diagnostic evaluations per week (416 to 572 for the year) to judges, intake probation officers, field probation and parole officers and to the psychologist of the intensive parole and probation supervision projects.

Efficiency Objective 1-2: To utilize the information contained in the diagnostic evaluation report for sentencing decision, supervision practices and treatment strategies for convicted offenders and offenders already on active parole and probation supervision.

EFFECTIVENESS OBJECTIVE 2: To provide basic information about the background and psychological functioning of impact offenders in order to develop treatment models and to assess the etiological factors prevalent in impact offenders.

Efficiency Objective 2-1: Provide normative data on the various tests and background variables for impact offenders as a group, as well as for each type of offense.

Efficiency Objective 2-2: Develop profiles of impact offenders based on psychological tests, demographic data, criminal history data and other background data for the group as a whole and for each impact offender category.

Efficiency Objective 2-3: Derive possible etiological factors and treatment strategies from the data on impact offenders.

Efficiency Objective 2-4: To compare impact and non-impact offenders on the variables measured (tests, criminal history, other background data, etc.).

EFFECTIVENESS OBJECTIVE 3: To continue the cooperative efforts of four autonomous criminal justice agencies (Denver County Court Probation, Denver District Court Probation, the Colorado Department of Parole, and the Criminal Division of the Denver District Court) around the utilization of the Diagnostic Center.

Appendix I Opinion Survey and Evaluation
James Bridges Phd. Program Evaluator

Appendix II Data Collection Instruments

Appendix III Research Statement for 1973
Project Year

Appendix IV Supplemental Research Statement

Appendix V Sample Evaluation Reports

APPENDIX I
REPORT OF THE 1973
EVALUATION OF THE
DENVER COURT DIAGNOSTIC CENTER

James H. Bridges, Ph. D.

	Page	
Section I	Summary and Recommendations	1
Section II	Background for the Study	6
Section III	Routine Data Collection Procedures	11
Section IV	Evaluation Methodology	12
Section V	Findings: Postcard Questionnaire and Judges Questionnaire	20
Section VI	Findings: Evaluation Interviews	27

I SUMMARY AND RECOMMENDATIONS

The following summary of the evaluation study and the conclusions reached are presented at the beginning of the report as an aid to the reader. While the report is not overly long, it is based primarily upon a descriptive, case methodology. Therefore, many individualized comments are reported concerning response to the service of the Diagnostic Clinic. While a more quantified research methodology would be appropriate, ultimately, the current approach was considered to be the most useful for the present status of the project.

In summary, the primary methodology utilized during the latter part of August and the early part of September of 1973 was that of the semi-structured and unstructured interview. In other words, opinions were sought of participants, and other relevant personnel, concerning the operation and effectiveness of the Diagnostic Clinic project. In total 46 face to face and telephone interviews were conducted in relation to the evaluative study. In addition certain structured, questionnaire responses had also been obtained from both judges and probation and parole personnel. Based upon the procedures utilized, the following general findings emerged.

Summary of Study Findings:

At the time of the evaluation study the services of the Diagnostic Clinic appeared to be well accepted. While there were some dissenters, the diagnostic evaluations were considered to be of help in both the Court disposition and in the ongoing supervision of the case. The evaluations were considered by many to make a significant difference in both decisions regarding disposition of the case and in decisions regarding supervision strategies and approaches.

The participating probation and parole agencies appeared to be adequately knowledgeable concerning the services provided by the Diagnostic Clinic. While somewhat more intensive and earlier public relations and educational efforts may have been ideally made on the part of Diagnostic Clinic staff, the efforts that were made appeared to fit, functionally, the ongoing operational capability of the Clinic. In other words, earlier referrals in greater numbers might have placed an overload upon the staff of the Diagnostic Clinic.

By all reports, the referrals to the Diagnostic Clinic will continue to increase during the months to come. The value of the services provided appears to be well recognized, and operational obstacles to referrals by participating agencies are being overcome. That is to say, that both the probation and parole agencies have been pre-occupied by their own internal imperatives and changes, and the various agents

have not been ideally free to concentrate upon the diagnostic needs of their cases. It appeared to the evaluator that many of these internal needs were in the process of being resolved in the late summer of 1973, and that the Diagnostic Clinic could anticipate a considerable influx of cases during the fall and early winter of 1973.

It should be mentioned again, that if this anticipated request for Diagnostic Clinic services is to be met adequately, another psychological team must be added to the present complement of Clinic personnel.

Perhaps the major procedural problem which emerged as a result of the interviews was the lack of evaluation provided for those individuals held in custody in the County Jail. These cases were seen not only as most needing diagnostic services, by all systems personnel, but were also seen as those cases most lacking in adequate evaluation. The desired evaluations of the cases held in custody could, by all expectations, add 10 to 15, if not more, referrals a month to the Diagnostic Clinic.

From the evaluative interviews that were held it would appear that all participating systems have been adequately informed of the services of the Diagnostic Clinic, with the exception of the Bench. While it is recognized by the evaluator that efforts have been made to inform and educate all relevant systems concerning the services and functions of

the Diagnostic Clinic, it was evident at the time of the evaluation study that two judges, out of the five handling criminal cases, could benefit from interpretive efforts by the staff of the Diagnostic Clinic.

While the benefits of the diagnostic evaluations were acknowledged by both investigative and supervising personnel, it would appear that the reports could be made somewhat more useful to investigative agents. In view of this it is suggested that particular awareness be given to the needs of the probation staff investigating cases for Court disposition. It should be mentioned, parenthetically that these agents do not have a psychologist available to them for the concrete translation of evaluation reports into treatment action.

A very pleasant finding in the evaluation study was the high degree of positive affect, expressed by most of the persons contacted, toward the Diagnostic Clinic Project. Even in those cases where some fault was found, ameliorating statements were made. In the opinion of the researcher, this response speaks to the general value that is placed upon the service being provided by the Diagnostic Clinic.

Recommendations:

In terms of the study findings reported, the following recommendations are made by the evaluator for implementation by the staff of the Diagnostic Clinic project.

1. Efforts should be made to acquire a third evaluative team (consisting of a licensed psychologist and an

administrative intern).

2. Efforts should be made to educate and inform two of the criminal judges concerning the functions and services of the Diagnostic Clinic.
3. Routine evening hours should be arranged in the operation of the Diagnostic Clinic.
4. Greater efforts should be made to meet the particular needs of investigative personnel in relation to the services of the Diagnostic Clinic.
5. Actions need to be taken to ensure that cases held in custody in the County Jail will receive adequate evaluation.

II BACKGROUND FOR THE STUDY

The present evaluation study of the Diagnostic Clinic Project of the Denver County Probation Office was focused upon one type of measure of effectiveness; the opinions of users and potential users of the services provided toward the Diagnostic Clinic program. This specific approach was taken in the 1973 evaluation study of the Project since the opinions of personnel in the participating correctional and judicial systems, toward the Diagnostic Clinic services, were most important to obtain at that particular point in time. While these opinions and reactions to the Project must be considered as soft as opposed to hard data regarding effectiveness of the Project, they do provide a particular kind of measure of effectiveness. In addition, the opinions obtained offered a monitoring of the processes utilized by the Diagnostic Clinic, and thus could provide feedback for necessary changes and corrections of procedures, if indicated. As part of the evaluation design interviews were held by the Project evaluator with all of the staff immediately connected with the Diagnostic Clinic. One of the goals in conducting these interviews with staff, in addition to the monitoring and feedback functions served, was to assess the congruence or lack of congruence which existed between the perceptions of staff and the perceptions of outside personnel toward the operation of the Project. A marked lack of congruence between these perceptions

would provide a warning indicator that specific explanations were required for the factors creating the ambiguity and disagreement.

While broader and more definitive evaluation procedures would have been desirable in relation to the first year of operation of the Diagnostic Clinic, these procedures were contraindicated by the over-all status of the Project in late August and early September of 1973. Due to several important factors outside the control of Project personnel, Impact referrals to the Diagnostic Clinic began to occur, in volume, only by mid-summer of 1973. The total number of cases referred and processed at the time of the major evaluation effort for 1973 were not sufficient to warrant research efforts to realize some of the evaluation and research goals identified in the original Project research design and in the later supplement and elaboration to the original design. These goals stated, in general, that in addition to an examination of user opinion toward the Project, attention would be focused upon the effect of the Project on recidivism rates a cost/benefit analysis would be conducted if feasible, and a research examination would be made of Impact offender characteristics based upon the data collected in the course of the Project.

In view of the questionable validity of these research goals at the time of the 1973 evaluation, and in lieu of the elaborated research procedures, the decision was made to concentrate research effort upon personal interviews with the staff of the participating correctional and judicial systems.

Because of the major thrust which was to be given to obtaining the personal opinions and reactions of these personnel it was decided that contact, rather than mailed questionnaires, would be the preferred methodology. The methods employed and the results of these evaluation interviews are reported below.

The present report will discuss the following research procedures and findings:

1. The development of the interview facesheet to obtain personal history and demographic data.
2. The development of the computer coding protocol and procedures for the routine processing of impact offender data.
3. The methodology employed in the evaluation procedures conducted in late August and early September of 1973.
4. The findings from the questionnaires sent to judges in June 1973.
5. The findings from the postcard questionnaires routinely sent to all individuals referring cases.
6. The findings from the evaluation interviews conducted in late August and early September 1973.

Before proceeding to a discussion of the research procedures and findings for the first year of implementation of the Diagnostic Clinic Project, a brief overview of the programmatic experiences will be helpful. The context of the operational situation in which the Clinic was placed in late August of 1973 determined the nature of the evaluation questions which needed to be asked, and therefore the major thrust of the 1973 research evaluation procedures.

Briefly, the total number of referrals to the Diagnostic Clinic, and particularly the referral of Impact cases, during the first six months of Clinic operation was the cause for some concern. The referrals did not occur in the volume expected. (Data regarding the number and types of referrals by specific time periods are available in the administrative report of the Project director.) This reduction of cases, from the volume anticipated during the first year of Clinic operation, thus impinged upon the research goals which had been established for 1973. In the late summer of 1973 it became apparent that a detailed study of Impact offender characteristics would more profitably be conducted with a greater total number of cases than would be available by December 31, 1973. Furthermore, questions regarding the effectiveness of the Diagnostic Clinic Project as it has impact upon recidivism rates and consequent cost/benefit ratios could be examined with greater validity as a greater number of cases were available for evaluative analysis.

In view of these considerations, the primary questions which were posed for a research evaluation effort in the late summer of 1973 were:

1. What can be anticipated in terms of future referrals to the Diagnostic Clinic? Will they be sufficient to justify the further input of Impact funds, and will they be sufficient to realize the research goals for the Project.
2. What were the reasons for the low volume of referrals during the first six months of Diagnostic Clinic operation?

3. Are changes or modifications required in procedures and approaches to ensure that future programmatic goals will be met sufficiently?

III ROUTINE DATA COLLECTION PROCEDURES

Prior to the beginning operational date of January 15, 1973 an interview facesheet was prepared for the routine collection of personal history and demographic data. Much of the data collected by means of this facesheet will be included in the over-all statistical analysis which is now to be conducted at the end of the second year of the Diagnostic Clinic Project.

In the early spring of 1973 a coding protocol was developed for the routine translation of personal history, demographic, and psychological test data onto IBM (or Hollerith) cards. Routine procedures were established for the coding process so that a data deck will be ready for computer analysis in late 1974. Training interviews were conducted with the personnel concerned with the coding and transcription process. A pre-test procedure was employed in the preparation of the coding protocol, and following conferences with Diagnostic Clinic staff around the initial statement of the coding protocol, recommended modifications were made. Consequently, the routine data collection procedures have been established and are operating effectively at the present time. (Copies of both the interview facesheet and the coding protocol are appended to the present report.)

IV EVALUATION METHODOLOGY

As mentioned above, the evaluative methodology for the first year of Diagnostic Clinic implementation underwent change in the summer of 1973. Because of the relatively slow start of the Project certain evaluative questions emerged which had not been anticipated earlier. In view of the reduced number of referrals, from those expected, it became of utmost importance to determine the anticipated future demands which most probably would be made upon the services provided by the Diagnostic Clinic. Considerable priority was also attached, in late August of 1973, to the responses of those individuals who had utilized the services of the Diagnostic Clinic. In essence, the evaluative questions in August of 1973 condensed to the following: "Was the service of the Diagnostic Clinic proving to be of help to District Court judges and to parole and probation officers, and would there be sufficient future demand for the services justify continued support by Impact crime funds?"

The research methodology that was adopted to answer these crucial questions was that of the personal interview. It was decided that personal contact with the users, and potential users, of Diagnostic Clinic services would best answer these questions. Through this approach there could be anticipated both a greater sharing of thoughts and reactions, as well as a better percentage of response, as compared to the mailed questionnaire approach. Of particular value, at the time of the study, were the subjective evaluations of Clinic service made by

the various personnel. Many of the comments made would not have been elicited through a mailed questionnaire methodology.

It should be elaborated that the personal interview approach contained three basic objectives, essential to the continued implementation of the Diagnostic Clinic Project. They were as follows:

1. The assessment of the effectiveness of the services provided by the Diagnostic Clinic.
2. The identification of any changes or modifications which might be required in the routine procedures established within the Diagnostic Clinic.
3. The interpretation of the Diagnostic Clinic to the persons interviewed.

Particular comment might be made upon the third purpose for the evaluative interviews identified above. At the time of the evaluation study, in late August and early September of 1973, the interpretation of the Diagnostic Clinic Project was still a vital, ongoing process. It was quite possible, and in fact probable, that personal evaluation interviews with relevant system personnel could serve the dual purposes of both evaluation and continued program interpretation. This, in fact, proved to be the case as will be reported below.

An interview schedule was drafted (and is included in the appendix to the present report) for interviews with relevant probation and parole personnel. This schedule served as a guide in the interviews which were held subsequently with these

staff persons. Evaluation interviews were also conducted with probation and parole supervisory and administrative personnel. In addition, those judges currently handling felony cases in District Court were interviewed to obtain their opinions about the services provided by the Diagnostic clinic. The last group of individuals who were selected to be interviewed were the staff members of the Diagnostic Clinic itself. As mentioned earlier, it was desirable to determine if any great lack of congruence existed between the perceptions of staff members toward the service provided and the perceptions of those using the service. In addition these interviews with staff would have the potential for identifying any changes which might be desirable in the operating procedures of the Diagnostic Clinic. In total then, either telephone or face to face interviews were held with the following personnel during the last week of August and the first week in September, 1973:

1. Probation agents
2. Probation supervisory and administrative personnel
3. Parole agents
4. Parole supervisory and administrative personnel
5. Judges
6. Staff of the Diagnostic Clinic Project

The interviews with probation and parole personnel were semi-structured in nature, as were the interviews held with the staff of the Diagnostic Clinic. Areas were identified in which the opinions of respondents would be sought, and with the exception of several questions, no closed ended responses were

provided. (These two interview schedules are appended to the present report.) Since the responses were open ended in nature, the data obtained did not lend itself to systematic, quantitative compilation as might have been true for a mailed, checklist questionnaire. The advantage, however, was that a great deal of discursive material could be obtained, and the reasons for particular responses could be probed and explored. This approach necessarily placed considerable responsibility upon the researcher for the analysis and interpretation of the data received. In view of these considerations much of the data obtained will be reported textually rather than in tabular form.

In the interviews with judges and with supervisory and administrative personnel an unstructured approach was taken. The general purpose for the interviews, however, was to obtain their reactions to the Diagnostic Clinic services, to the manner in which services were being coordinated with their own organizations, and to obtain their opinions regarding any problems which might be apparent to them.

The Study Sample:

In total, 46 interviews were conducted in the research evaluation study. The table following presents the number and percentage of persons interviewed from each of the systems relevant to the services of the Diagnostic Clinic. Prior to the beginning of the interview process a list was compiled of all individuals who has referred cases to the Diagnostic Clinic. As Table 1 indicates 34 probation and parole agents had referred

cases to the Diagnostic Clinic at the time of the evaluation study. It was determined approximately that there was a total population of 43 probation and parole agents who might be expected to make use of the services of the Diagnostic Clinic. Thus, at the time of the study seventy-nine percent (79%) of those probation and parole agents who might have been expected to utilize the services of the Diagnostic Clinic had in fact done so in at least one instance. Interview contact was successfully made with 25 of the probation and parole agents who had referred cases, and this was seventy-three percent (73%) of the total. There were only nine individuals who might have been expected to use the Clinic services, who had not done so, and contact was made with four of these probation and parole agents.

Table 1 shows that interview contact was made with all five of the judges handling felony cases at the time of the study, and contact was also established with three of the four top administrative personnel in the probation and parole organizations. In addition, interviews were held with five supervisors or division supervisors in probation and parole, although this is not an unduplicated count from those individuals having referred cases to the Clinic. In several instances, however, supervisors were interviewed who had not personally referred cases to the Diagnostic Clinic. Interviews were held, as Table 1 demonstrates, with all of the staff members connected with the Diagnostic Clinic.

Postcard Responses of Users

In addition to the 46 evaluation interviews that were conducted for the study a routine procedure had also been established for obtaining the opinions of Clinic users toward the service provided, and this data will be reported in the Findings section below. Postcards were routinely attached to the evaluation report sent to the referring personnel, who were asked to complete and return the postcard to the project evaluator at the University of Denver. The purpose of these short, postcard questionnaires was not to obtain detailed evaluative information, but rather to provide a means for the ongoing monitoring of general response to the service provided. In other words, the postcard questionnaires were intended simply to provide a rough "indicator" of the ongoing response of Clinic users.

The individuals receiving evaluations from the Diagnostic Clinic were asked to indicate whether the evaluation was to be used primarily in the supervision or disposition of the case, and the degree to which the officer found the evaluation to be of help. (A copy of the postcard questionnaire is appended to the present report.)

Since the routine attachment of postcard questionnaires to the completed diagnostic evaluation was begun several months following the beginning operation of the Clinic, identical mailed questionnaires were sent to those officers having previously referred cases.

In summary, Table 1 indicates that, at the time of the evaluation study, an extremely high percentage of personnel had made at least beginning use of the Diagnostic Clinic. Furthermore, evaluative interviews were held with approximately three-fourths of all individuals who might be expected to provide opinions relevant to the operation of the Diagnostic Clinic.

An attempt was made to contact all of the personnel identified as relevant to the concerns of the evaluation study. Those individuals not interviewed were either on vacation, or could not be contacted in spite of a number of attempts to do so.

Table 1
Number and Percent of Relevant
Personnel Interviewed

Job Position	Number of Relevant Individuals	Number Interviewed	Percent Interviewed
Judge	5	5	100%
Diagnostic Clinic Staff Member	6	6	100%
Parole or Probation Administrator	4	3	75%
Probation and Parole Personnel Who Made Referrals	34	25	73%
Probation and Parole Personnel Who Had Not Referred Cases	9	4	44%
Supervisors Who Had Not Referred Cases Directly		3	
Total Number of Persons Interviewed		46	

Questionnaire Sent to Judges in June 1973

In June of 1973 questionnaires were sent to District Court judges to determine their opinions concerning the Diagnostic Clinic. Two of these questionnaires were returned, and the results will be discussed in the findings section below.

V FINDINGS: POSTCARD QUESTIONNAIRE AND JUDGES QUESTIONNAIRE

The Postcard Questionnaire:

At the writing of the present report (September 10, 1973) responses had been received in relation to 61 diagnostic evaluation reports. As mentioned above these responses were made both on postcards and on single sheets of paper with which a stamped, addressed envelope was enclosed. While the same information was sought in these two questionnaire forms, it was interesting to note that many more written comments were made on the single sheets of paper than upon the postcards.

While the exact percentage of response on these postcard questionnaires could not be determined it should be noted that the response rate was quite high. (It is estimated that the response rate was at least 80%, and very probably it was somewhat higher than this.)

The results of these brief, mailed questionnaires are reported below in Tables 2 and 3. It is significant to note that in relation to less than 10% of the cases were the evaluations judged to be of "little or no help." It is also of interest to note that the cases were referred in approximately equal numbers for assistance in disposition of the case and for assistance in supervision of the case.

Table 2
Reason for Referring Case to
the Diagnostic Clinic

Reason for Referral	Number of Cases	Percent of Cases
Case Disposition *	30	49
Case Supervision	31	51
Totals	61	100%

Table 3
Helpfulness of the Diagnostic
Evaluation

Degree of Help	Number	Percent
Very Helpful	28	46
Somewhat Helpful	27	44
Of little or no help	6	10
Totals	61	100%

* In 10 of the cases the respondents checked both disposition and supervision. These cases were placed within the disposition category.

A number of written comments were made on the questionnaires concerning the helpfulness, or lack of helpfulness, of the evaluations. A representative sample of these comments are reported below.

The following comments were made concerning the helpfulness of the evaluations:

"The evaluation was helpful in that it indicated the proclivities of the defendant (dangerous to society, etc.) which along with the evidence shown at trial and the information contained in the regular probation report, substantially helped me in deciding on the sentence." (This comment was made by a judge who had referred a case directly to the Diagnostic Clinic.)

"The defendant apparently relies on his 'religious' answers for any and all questions or explanations. The evaluation put this officer on guard to same and hopefully we are working at a more realistic outlook on defendant's behalf."

"The evaluation was of great help personally to me. I was able to direct the defendant's energy towards more responsible goals. He is extremely happy now."

"The evaluation was of help because of the fact that it showed the client would not be responsive to directed psychiatric care. It also showed the need for closer ties and understanding between him and his father. An understanding has been reached between the two and they have reconciled a lot of differences."

"The evaluation caused me to change my methods of supervising this man, and he has responded better to a helping method rather than a harsh enforcement method."

"The joint referral of _____ and his wife gave this agent a better insight as to why this couple remained together in spite of many adversities. It also confirmed previous diagnosis of _____ as a habitual criminal."

"It was very helpful in that we had not received any other information regarding the defendant's mental health state. We knew that Mr. _____ had some psychological problems while in the military and your diagnosis helped us in seeing if these problems have been minimized since his release from the military hospital. I also appreciate the way you completed the evaluation and returned it to us in the very short time."

"Mr. _____ had a special condition on his parole. He was to seek psychological treatment upon his release. The evaluation showed he did not need or would benefit from treatment at the present time. This report was forwarded to the Parole Board."

"It provided me with input as to what approach to use in counseling her."

"Helpful in giving accurate form to my opinions and suspicions."

"I believe the evaluation is a help in determining a recommendation to the Court, and is also helpful to his probation officer to determine what type of supervision he should have after being granted probation."

"_____ has some serious conflicts going for him and the evaluation definitely gave some dimension to them. I feel your work-up provided us with a good introduction to _____ and some good insights on his 'psychological pain'."

"It confirmed my opinion that _____ was not in need of extensive therapy. It was brought out that she could handle the fact that she is a homosexual and was really quite comfortable living and working as a man. After the evaluation I was able to understand this, and the client and I were able to discuss it openly."

"This case was referred by me at the time I was preparing pre-sentence reports - this is the only contact I have had with the individual, however, the evaluation was helpful to us in preparing our recommendation to the Court, and I am sure that it will be helpful to the probation officer now supervising the client."

The following negative comments were made concerning the evaluations provided by the Diagnostic Clinic. It should be noted that relatively few negative comments are reported here, since there was a very small ratio of negative to positive written comments.

"Gave no direction, showed what I already knew and gave me very little in concrete matter to deal with."

"I would like to see your people recommend possible options regarding an individual's court situation."

"I was, however, disappointed in the length of time involved. In the future, if my client fails to make an appointment with you, please notify me also."

"Mr. _____ did not complete the evaluation."

"Would have appreciated receiving some specific clarification for failure to recommend on going mental health counseling."

"Referred too late for court."

"Defendant put into jail were information is on no use."

"I referred defendant for career type guidance only. In his case I wanted to find an alternative disposition to going to the Colorado State Reformatory. He was sentenced."

Findings from the Questionnaire Sent to Judges:

Questionnaires were sent to the five judges handling criminal cases in District Court in June of 1973 and two replies were received. The two judges responding to the questionnaire indicated that they were aware of the services provided by the Diagnostic Clinic, and did not feel the need for any further information. Both judges had referred cases to the Clinic, and both indicated the evaluations received were of help to them in disposing of the cases. The judges commented as follows:

"The report is especially helpful in indicating whether we need more extensive psychiatric evaluation on a felony offender."

"I think it would be helpful if the probation department in working up a report, call to the Court's attention any case where a Diagnostic Clinic report might be of assistance to the Court."

Both judges indicated that they would like to receive evaluations from the Diagnostic Clinic for some, but not for all, of the criminal cases heard by them.

In commenting upon the services provided by the Diagnostic Clinic one judge stated:

"Testing at the County jail in order to avoid security problems" (is a needed procedure).

The other judge stated: "It (the evaluation) may obviate

the necessity of sending the defendant to the Colorado State Hospital for evaluation."

Thus, for the two judges responding to the questionnaire in June of 1973, the Diagnostic Clinic services were evaluated as being helpful to them.

VI FINDINGS: EVALUATION INTERVIEWS

Interviews With Administrative Staff of Agencies:

Telephone interviews were conducted with the Director and Assistant Director of the Denver District Court Adult Probation Office. Neither of these gentlemen had anything but praise for the service being provided by the Diagnostic Clinic, and the manner in which the service was being provided. They were aware of no problems in the provision of service to their organization with one exception. Both commented upon the need for diagnostic assessment of offenders held in custody. Because of the possible nature of the situation and background of these offenders who are unable to be released on bail it seems likely that they are in particular need of the services provided by the Diagnostic Clinic. While it was not possible for a prediction to be made concerning the exact number of additional cases that would be referred, should this custody problem be resolved, the number was considered to be substantial. Both gentlemen commented upon the value of the service being provided to their organization by the Diagnostic Clinic. The evaluations which had been received in the Department were described as being "very complete, and down to earth and concrete." The Director stated that all the comments he had heard from his agents about the Diagnostic Clinic had been favorable.

A telephone interview was also conducted with the Executive Director of the State Department of Parole. Mr. Grout also

praised the service being provided by the Diagnostic Clinic, and was very positive in his evaluation of the procedures and the output. He stated that he was aware of no problems in relation to the service being provided, and thought that it offered an important resource for his agents. He did state that for a period of time referrals from the Department of Parole had been slowed up, since it was thought that the Diagnostic Clinic could not handle them. This misunderstanding had been recently corrected, and the interviewer was given the impression that referrals from the Department of Parole would be increasing.

In summary the Directors of these two user organizations both emphasized the value of the service being provided, and neither indicated any problems in relation to the evaluations provided or the procedures being employed by the Diagnostic Clinic. The need for evaluation of offenders held in custody, however, was stressed as an important goal. Both Directors were of the opinion that referrals from their organizations to the Diagnostic Clinic would increase.

Interviews with Judges:

Telephone interviews were conducted with four of the five judges handling felony cases in District Court at the time of the evaluation study. One of these interviews, however, was conducted indirectly with the judge through his clerk. A fact to fact interview was conducted with the fifth judge, upon his gracious invitation.

The interviewer received the impression that, at the time of the interviews, the Diagnostic Clinic service had been utilized by three out of the five judges, in varying degrees. One of the judges had made direct referrals to the Clinic.

In the case of the two judges who had not utilized the Diagnostic Clinic, legal issues were raised. One judge stated that he would refer cases to the Clinic only upon the request of the defendant's private attorney, or the public defender. The other judge stressed the importance of the initiative for a referral coming from the defendant himself. It was the interviewer's opinion that neither of these judges were familiar with the details of the service provided by the Diagnostic Clinic, and that interpretation of the services by Clinic personnel would be helpful.

The three judges who had utilized the Diagnostic Clinic were all quite positive about their experience, and about the value of the evaluations provided to them. With the exception of one area of concern, no problems were identified in relation to either the nature of the evaluations provided or the procedures which are involved. The area of concern identified by two of the judges was the need for diagnostic assessment of offenders who are held in the County jail. The evaluation of many of these individuals was seen as being especially critical, and of considerable potential help to the Court.

Two of the three judges having used the Diagnostic Clinic were asked directly if they thought the evaluations had made a

difference in their disposition of cases, and the answers were affirmative. An important consideration in this, however, was that the evaluations seemed to be of value to the judges, whether or not they made a critical difference in the disposition of cases. Typical of the responses by these three judges was the comment, "I have been very pleased and satisfied with the evaluations." The judge making this comment also stated that he would like to consider obtaining evaluations in any case of violence. Another judge stated that the service provided by the Diagnostic Clinic saves the necessity for the Court appointing a psychiatrist, and that the evaluations are of particular help in what he described as borderline cases.

In summary, there seemed to be two different orientations to the services of the Diagnostic Clinic on the part of the five judges. Three of the judges had utilized the Clinic, were positive about the service provided, and raised no legal issues concerning referrals to the Clinic. The other two judges had not utilized the Clinic, and both raised legal issues concerning the manner in which referrals to the Clinic could take place.

Interviews with Supervisors:

Telephone interviews were held with three division supervisors in the Kalamath office of the Denver District Court Probation Department. The purpose for these interviews was to determine if there were any problems in coordination of services between the Denver District Probation Department and the

Diagnostic Clinic, and to determine the manner in which these individuals evaluated the services being provided. These individuals were key personnel to be interviewed in the evaluation study, since the officers conducting pre-sentence investigations do not themselves make disposition recommendations to the Court. These recommendations are made by a Division Supervisor, and thus the individual in this organizational position was able to most effectively discuss the impact which the evaluations have had upon the Court disposition of cases.

In talking with these three individuals no problems or deficiencies were identified in the service provided by the Diagnostic Clinic other than the need for evaluations on offenders who are held in the County jail. These cases were seen as most needing diagnostic evaluation, but they are the cases that are least seen by Diagnostic Clinic personnel.

All three individuals commented very positively upon the quality of service provided by the Diagnostic Clinic, and the need which this was meeting for the Denver District Court Probation Department. Comments such as the following were made. "From the evaluations we can get a pretty good idea of the supervision that is necessary for the case." "They definitely make a difference in decisions regarding supervision of cases." "The judges are quite glad to have the reports, and welcome them openly." "There are no procedural problems, absolutely no problems." "I'm sure the evaluations have made

a difference in the Court disposition of cases." "The officers find them quite helpful."

In discussing the future anticipated use which may be made of the Diagnostic Clinic, all three individuals were of the opinion that the use by their Department would increase. One comment was made as follows, "We haven't used the Diagnostic Clinic as much as we should have, or would like to."

One of the reasons that was given for not having a greater volume of referrals to the Diagnostic Clinic was the staffing procedure which had been required. It was stated that while this was seen as a valuable process, many of the investigating officers simply did not have the time to go to the Clinic for a staffing of the case. The interviewer stressed the fact that this procedure is optional, and can be utilized at the discretion of the investigating officer, and it was thought that this fact would make a difference.

While the problem of evening hours for the Diagnostic Clinic was not spontaneously raised by any of the individuals interviewed, all agreed that the use of evening hours would be very helpful and desirable. There are situations that arise where the person is employed, and absence may jeopardize his employment.

In summary, these division supervisors were very positive about the evaluation service being provided, and the evaluations were seen as affecting both disposition and supervision decisions. The only problem identified was the need for

diagnostic evaluation of cases held in the County jail. The persons interviewed all concurred, however, that evening hours for the Diagnostic Clinic would most probably be of help in some of the cases.

Interviews with Probation and Parole Agents:

Interview contact was made with 25 probation and parole agents who had referred at least one case to the Diagnostic Clinic. Among this number were several supervisors in the satellite centers. One of the individuals interviewed stated that he could not legitimately refer cases to the Clinic, he had found out, since his clients have not yet entered a plea. Thus, the total number of useable interviews was 24.

The officers contacted were asked the degree to which they found the evaluations to be helpful, and the results are presented below in Table 4. It can be seen that 18 officers were positive about the help received while six were negative. These results appear to be less positive than the officers indicated on the mailed questionnaires, but as will be seen in the discussion below the negative responses were highly qualified, and in some cases reversed in the ensuing discussion with the interviewer.

Table 4
Number and Percent of Officers
Finding the Evaluation to
Helpful or Not Helpful.

Response	Number	Percent
Very helpful or helpful	18	75
Not very helpful or not helpful at all	6	25
Totals	24	100%

For those six individuals indicating that the evaluations were not of help it is significant to note that four were investigating officers concerned with preparing pre-sentence investigations for the Court. The responses of these six individuals will be cited in some detail, since they were initially critical of the help they had received from the Diagnostic Clinic.

One of the officers commented that he would like to have the psychologists commit themselves more in relation to concrete alternatives and recommendations. He would like them to give their opinions more freely, and to use less jargon. He made the point that even though it may be fairly clear that a person should be incarcerated, it would be of help to have alternative treatments in prison spelled out. It was most interesting that even though this officer stated the evaluations were of little help, he indicated that he thought they did affect disposition of the cases. This officer stated that he had referred 10 or 12

the investigating officer, but the supervisor, who made the recommendation to the Court, and he thought that the evaluations were helpful for the supervisor. This officer went on to say that there are a number of cases where it is hard to know which way to go in the recommendation, and that for these cases an evaluation would be helpful.

The two supervising officers who made a negative assessment of the help provided by evaluations stated the following: One officer said that they gave limited direction. They reported a lot of test scores which did not mean very much to him, but they did not indicate the implications of these scores. The other officer also indicated that the reports were too general in nature and that he would like more specific opinions.

For those officers indicating that the evaluations were of help to them, the following representative statements were made concerning why the evaluations were of help.

"The evaluations pointed out the weak spots in the clients' personalities, and I could relate better in interviews, knowing these sensitive spots."

"The evaluations have affected the ways in which I deal with clients."

"In particular the evaluations give guidelines for supervision. They give insight into family problems." (This statement was from a parole officer.)

"The evaluations provide vital information." (This statement was from a parole officer.)

cases to the Clinic.

Another investigating officer stated that he referred cases only upon the request of the judge, did not find them to be of help, and did not think the evaluations affected disposition of the cases in any way. (He had referred two cases to the Clinic.) This officer could not really comment on why the evaluations were not of help, or what he would like to see reported differently in the evaluations.

One officer who stated initially that the evaluations were of little help reversed his assessment as he talked with the interviewer. (This officer had referred 10 cases to the Clinic.) It turned out that this officer felt he knew pretty much what to expect when he referred cases to the Diagnostic Clinic, but he later admitted that it was of help to have his own assessment confirmed. He then stated that the reports are helpful, and he thinks they make a difference in the Court disposition. He stated that in one case the evaluation definitely made a difference. He would like to see a greater spelling out of concrete alternatives, however. This officer stated that he has sent cases to the Clinic on both his own and the judges initiative.

Another investigating officer stated that he thought generally the evaluations would be of help to the supervising officer, even though they were not of immediate help to him. In discussion with the interviewer this officer also later stated that he thought the evaluations were of some help. He clarified his initial statement by indicating that it was not

"It's hard to know what's going on in the inside of clients, and the evaluations give help in this."

"The evaluation gave me specific guidelines for what I might do in supervision of the case."

"I found out that I had a pretty sick woman to deal with, and I had not known this before I received the evaluation."

"I found out that the client needed prolonged psychiatric treatment."

"I was having trouble deciding upon the counseling approach to take with the client, and the evaluation helped."

"There is no other agency to go to. The evaluations tell me what to do and what not to do with clients."

"The evaluation gave me confirmation for one of my hypotheses." (This comment was from a parole officer.)

"The evaluation let me know what to expect by way of change in the client."

The officers were asked if the evaluations they received made a difference in the disposition or handling of the case and 18 of them indicated that it did. The remainder either indicated that there was no difference, or they were unsure about it.

Seventeen of the officers contacted reported that they had referred their cases for help in supervision of the case, while seven individuals stated that it was for help in disposition. While an exact count could not be determined, the large majority

of the officers indicating referral for purposes of disposition, indicated they had referred the cases on their own, rather than on the judges initiative.

The referring officers were asked if they had encountered any problems in making referrals to the Diagnostic Clinic, and only four individuals indicated that there had been a problem. Two of these officers stated that the problem had been in getting the client to go to the clinic; one stated that even though the reports came back quickly, it would be helpful for them to come back even more quickly; the fourth stated that there had been a mix-up in a referral, but that he was generally very satisfied.

It is of particular significance to note that complaints about the procedures involved in referring clients to the Diagnostic Clinic were practically negligible. Rather, many very favorable comments were made concerning the cooperation which had been received from the Diagnostic Clinic staff. Personal reactions of the officers to the Clinic staff were almost uniformly positive in praise of the cooperation, concern, and interest which has been demonstrated.

The officers were asked about the reactions of clients to the evaluation experience. The majority reported that there had been no overt reaction, but a large minority indicated that clients had expressed some frustration with the length of the testing experience. Almost universally, the referring officers accepted this as a natural and necessary concomitant to a thorough testing procedure. In no case did an officer

indicate that Diagnostic Clinic staff had been responsible for non-courteous or unfeeling treatment of the persons referred.

The referring officers were asked if they thought it would be helpful if the Diagnostic Clinic were able to evaluate clients in the evening. A majority indicated that this would be of help in relation to their caseloads as demonstrated in Table 6 below.

Table 5
Desirability of Evening Hours
For the Diagnostic Clinic

Response	Number	Percent
Yes	15	63
No	6	25
Undecided	3	12
Total	24	100%

Where the desirability of evening hours was indicated for the Diagnostic Clinic, the reason given uniformly was that many clients, whom it would be helpful to refer to the Clinic, are employed. All of the officers were concerned about not wishing to jeopardize the employment of their clients.

In an effort to get at the future, anticipated demand for Diagnostic Clinic services the referring officers were asked if they expected to make referrals to the Clinic in the future. Without exception they stated that they did intend to continue

referring cases. They were then asked, if they thought they would continue referring cases at the same, or at a higher rate. As Table 7 shows, somewhat more than one-half of the officers expected to increase their referral rate.

Table 6
Anticipated Rate of Referral to
the Diagnostic Clinic

Response	Number	Percent
Will refer at a greater rate	13	54
Will refer at the same rate	9	38
Undecided	2	8
Total	24	100%

The probation and parole agents were then asked if they had any suggestions to make concerning the operation of the Diagnostic Clinic. With the exception of six individuals all responded that they had no suggestions, and in general they also indicated pleasure and satisfaction with the procedures and the cooperation they had received.

From those six individuals offering suggestions, the following statements were made.

"The psychologists have to keep in mind not to use jargon in their reports."

"The reports can be made more specific."

"It would be helpful to get the report back a bit early." (This comment was from an investigating officer who stated that he did not schedule his initial appointment with the client until two weeks before the final hearing date.)

"It would be helpful if the cases in jail could be evaluated."

"It would be helpful if I did not have to deliver a copy of the PSI."

This last comment that was made, was not referred to by any other individual, but indicated a rather severe procedural problem, if accurate. This agent stated that the Clinic staff liked to have a copy of the PSI, and that he had found it necessary to hand deliver the document. This would appear to be an unwise use of time, and perhaps this problem should be examined to see if alternative, more efficient procedures can be developed.

Lastly, the parole and probation agents were asked if they would be willing to refer clients to the Diagnostic Clinic for research purposes only. They were posed with the hypothetical situation in which they had no need of a diagnostic report, but the client was an Impact offender. The first 15 people interviewed indicated that they would be willing to do so, if requested, so the question was then dropped from the interview protocol.

Interview with Non-Participating Correctional Staff:

An interview schedule was prepared for use with those staff who had not referred cases to the Diagnostic Clinic. (A copy of this schedule is appended to the present report.) Subsequently it was determined that only nine individuals, of those considered feasible, had not referred cases to the Diagnostic Clinic. Interviews were held with four of these persons, all of whom happened to be parole officers. The researcher found that these parole agents were positively motivated toward the Diagnostic Clinic, and both wished and intended to refer cases. Uniformly they stated that time demands had kept them from referring cases in the past, but that these demands were easing, and they intended to refer cases in the future.

General Interview Impressions of the Researcher:

First of all, the researcher was impressed by the universal and positive response he received from those persons interviewed. In his opinion this reflected a positive feeling state toward the Diagnostic Clinic itself. Secondly, the researcher was impressed by the number of unsolicited, positive comments which were made about the services provided by the Clinic. Based upon these responses the researcher would offer the opinion that an excellent public relations effort has been achieved by Clinic personnel. Thirdly, while the value of the diagnostic evaluations provided appears to be very generally accepted, follow-up consultative effort with

those dissenting officers might be indicated.

The researcher would like to comment particularly upon the response to the Diagnostic Clinic Project which was given by those probation and parole personnel located in the satellite offices. Almost uniformly, this response was very positive in praise of the services provided. Many of these officers are young and inexperienced, and for them particularly, the evaluations provide a structure and guide for their treatment efforts. It needs to be mentioned that Dr. C. Carter plays a vital role in the coordination of Diagnostic Clinic services with the needs of the probation and parole personnel in the Satellite Centers. Dr. Carter is ~~not only~~ available for consultation as to who should be referred to the Diagnostic Clinic, but more importantly, he is available to the staff for discussion concerning the report that is sent to the supervising officer from the Diagnostic Clinic.

Interviews With Staff of the Diagnostic Clinic:

An interview protocol was developed for use with the staff of the Diagnostic Clinic, and both face to face and telephone interviews were conducted. Universally, the staff felt that adequate procedures for referral and evaluation have been worked out, and this has been reinforced by the interviews with users. While the staff generally acknowledged that somewhat greater interpretive efforts may have been made with participating agencies, it was also considered that the

cases. In other words, the public relations effort that was extended to the participating correctional agencies appeared to fit functionally with the volume of cases which they were prepared to handle.

At the present time, the opinion of the Clinic staff is that the participating agencies have now been oriented sufficiently to the services provided by the Clinic, and this again is reinforced by the evaluative interviews which have been conducted. It appeared to the evaluator that almost all staff of the probation and parole agencies were knowledgeable about the service provided by the Diagnostic Clinic, and the procedures necessary for utilizing the Clinic. The primary lack of knowledge of Clinic services appeared to occur on the part of two of the criminal court judges.

The staff of the Diagnostic Clinic appeared to be perceptive of the current state of interest in, and demand for, Clinic services. All personnel thought that the demand for Clinic services should increase in future months, and this was borne out by interviews with the staff of the participating agencies. The Clinic staff thought, that while present personnel were adequate to handle present demands for service, that any increase in demand would really require additional personnel. In other words, the staff of the Clinic anticipate that one additional team (a psychologist plus an administrative intern) will be necessary to handle the demand for Clinic services which will occur during the next six months.

The Clinic staff thought that in general the routine procedures had been well developed, and this was also borne out by interviews with the staff of participating agencies.

Universally the staff of the Diagnostic Clinic thought that over-all the Diagnostic Clinic program had been successful up to the time of the evaluation study. It should be mentioned that this view of success was conditioned by the realization that due process must occur in the development and acceptance of new programs.

DATA COLLECTION INSTRUMENTS

Appendix II

SCHEDULE FOR TELEPHONE INTERVIEWS WITH
PARTICIPATING CORRECTIONAL STAFF

Introduction: I'm Dr. Bridges, the research evaluator for the Diagnostic Clinic Project of the Denver Probation Office. I understand that you have made referrals to the Clinic, and you have probably filled out a short evaluation form or postcard for us. I'd like to take just a few minutes though to ask you some further questions concerning your reaction to the Clinic service.

1. Name of officer interviewed _____
2. Organization _____
3. Date of interview _____
4. How many cases have you referred altogether? _____
5. How many of these were impact crimes? _____
Which crimes? _____
6. How helpful did you find the evaluations provided by the Diagnostic Clinic?
 - a. ___ very helpful
 - b. ___ helpful
 - c. ___ not very helpful
 - d. ___ not helpful at all
7. Was this true for:
 - a. ___ all of the cases referred
 - b. ___ most of the cases referred
 - c. ___ some of the cases referred
8. If the evaluations were not helpful, why not? _____

If the evaluations were helpful, why? _____

Page 2

9. If the evaluations were of help, did they affect the disposition or handling of the cases?
 - a. ___ yes
 - b. ___ noIf yes, in what ways? _____
10. How many of the cases were referred at the request of the judge? _____
11. How many of the cases were referred primarily for help in determining the most effective disposition of the case? _____.
Cases for treatment? _____.
12. How have you referred cases to the clinic? Are there any problems? _____
13. What do the clients report concerning their experience at the clinic? _____
14. What has your reaction been to the staff of the Diagnostic Clinic? _____
15. Would it be of help to you if the clinic were open one night a week?
 - a. ___ yes
 - b. ___ noIf yes, why? _____

16. Do you anticipate that you will continue to refer clients to the clinic in the future?

a. ___ yes

b. ___ no

If yes, at the same rate? _____
at a higher rate? _____

17. Do you have any suggestions to make concerning the operation of the Diagnostic Clinic?

18. The interviewer will explain the research dimension of the project and ask the officer if he is willing to refer cases for research purposes if not for service.

a. ___ yes

b. ___ no

19. Additional comments concerning evaluation of Diagnostic Clinic service.

GUIDE FOR INTERVIEWS WITH STAFF OF THE
DIAGNOSTIC CLINIC

1. Name of person interviewed _____

2. Staff position in the Diagnostic Clinic _____

3. Date of interview _____

4. How would you rate the success of the Diagnostic Clinic Project in over-all terms up to the present time?

a. ___ very successful

b. ___ moderately successful

c. ___ moderately unsuccessful

d. ___ very unsuccessful

5. What has been the response of the referring correctional officers to the evaluation procedures?

6. What has been the response of the referring correctional officers to the evaluation reports that they have received?

7. Have there been any specific complaints about either the procedures involved or the nature of the evaluations received, and if so, what have they been?

8. Have you received any indications of the judges' response to the evaluations, and if so, what have they been?

9. In general how have the referral subjects responded to the evaluation process, and have there been any specific problems?

10. In your opinion, how well informed are the probation and parole staffs at the present time concerning the services of the Diagnostic Clinic?

11. Could the informational process have been handled more effectively, and if so, what should have been done?

12. What do you see as the major problems in the relations with the referring agencies and the staff of those agencies? Why are some staff not making referrals to the Diagnostic Clinic?

CONTINUED

1 OF 2

13. What is being done about these problems?

14. What should be done about these problems?

15. On the basis of the experience to date what do you anticipate concerning the number and types of referrals that will be made during the next six months?

16. How adequate, in your opinion, are the staff supports for the past and anticipated future experience of the Diagnostic Clinic Project? What additional staff needs to be provided, if any?

17. How satisfactory, in your opinion, are the facilities that have been provided for the operation of the Diagnostic Clinic Project? What additional facilities, if any, need to be provided?

18. Do you think that any changes or modifications are required in the various procedures that have been employed in the evaluation process, and if so, what?

19. How satisfactory have the procedures been for getting the evaluation report to the referring officer? Are there changes that need to be made, and what has the response been to the evaluation conference?

SCHEDULE FOR TELEPHONE INTERVIEWS WITH NON-PARTICIPATING
CORRECTIONAL STAFF

Page 5

20. Do you have any additional thoughts concerning the operation of the Diagnostic Clinic Project?

Introduction: I'm Dr. Bridges, the research evaluator for the Diagnostic Clinic Project of the Denver Probation Office. Your opinion on several issues concerning the clinic would be very helpful to me, if I could take about five minutes of your time.

1. Name of officer interviewed _____
2. Organization _____
3. Date of interview _____
4. Do you know about the evaluation service the Clinic can provide for your agency?
 - a. ___ yes
 - b. ___ no
5. If yes, when did the officer first learn of the service? _____

If the answer is no, the interviewer will explain the evaluation service that is provided, and will skip to question 7.

6. Have you referred any cases to the Diagnostic Clinic? (It is anticipated that the answer to this question will be no, but it is included both as a check and as an aid to the interview process. If the answer is yes, the interviewer will switch to the schedule to be used with participating correctional staff.)
 - a. ___ yes
 - b. ___ no
7. Do you think that you might make referrals to the Clinic in the future?
 - a. ___ yes
 - b. ___ no
8. If no to question 6: Is there any particular reason for this? If yes, the interviewer will attempt to find out why the officer has not made referrals in the past. From this point in the interview unstructured questions will be asked to determine the officer's general attitude toward the Clinic and the service provided.

9. The interviewer will explain the research dimension of the project, and ask the officer if he would be willing to refer cases for research purposes, if not for service purposes as well.

a. yes

b. no

OPINION QUESTIONNAIRE REGARDING DIAGNOSTIC
CLINIC EVALUATION

The case referred was: _____

1. Was your purpose in referring the case primarily to:
 - a. assist in the disposition of the case?
 - b. assist in the supervision of the case?
2. To what extent was the evaluation provided, helpful to you?
 - a. very helpful
 - b. somewhat helpful
 - c. of very little or no help
3. Would you please make a brief comment regarding your answer to question #2. Why was the evaluation of help, and/or how could it have been of greater help to you?

-
1. Was your purpose in referring this case primarily
 - a. to assist in the disposition of the case?
 - b. to assist in the supervision of the case?
 - c. in response to a judge's request for an evaluation?

 2. To what extent was the evaluation provided helpful to you?
 - a. very helpful
 - b. somewhat helpful
 - c. of little or no help. Why?

 3. Are you a parole agent? probation officer?

Attached is a postcard questionnaire asking for your opinions concerning the helpfulness of the present evaluation conducted by the Diagnostic Clinic. As the project evaluator I would appreciate your completing and returning the postcard to me at your earliest convenience. Thank you for your help.

Sincerely,

James H. Bridges

James H. Bridges Ph.D.
Assoc. Professor in Research
University of Denver

Dear Mr.

As the research evaluator for the project, I would appreciate your cooperation in taking a few minutes to evaluate the effectiveness of the Diagnostic Clinic of the City of Denver Probation Office. Enclosed are brief evaluation forms for the case (s) you have referred to the Diagnostic Clinic. I hope that you will be able to return these forms to me, in the enclosed stamped envelope, within the next day or so. Your opinions will be important in the evaluation of the service provided by the Diagnostic Clinic.

Thank you for your assistance.

Sincerely,

James H. Bridges

James H. Bridges Ph.D.
Assoc. Professor in Research
University of Denver

OPINION QUESTIONNAIRE REGARDING DIAGNOSTIC
CLINIC EVALUATION

The case referred was: _____

1. Was your purpose in referring the case primarily to:
 - a. ___ assist in the disposition of the case?
 - b. ___ assist in the supervision of the case?
2. To what extent was the evaluation provided, helpful to you?
 - a. ___ very helpful
 - b. ___ somewhat helpful
 - c. ___ of very little or no help
3. Would you please make a brief comment regarding your answer to question #2. Why was the evaluation of help, and/or how could it have been of greater help to you?

QUESTIONNAIRE
CONCERNING OPERATION OF THE DIAGNOSTIC CLINIC
DENVER COUNTY COURT PROBATION OFFICE

The Diagnostic Clinic of the Denver County Court Probation Office received IMPACT funds, beginning in January 1973, to extend psychological and psychiatric evaluation services to the Denver District Court and the Division of Adult Parole jurisdictions. While there is particular concern that these services be provided and utilized in relation to offenders of IMPACT crimes, the evaluation services can be extended to any offender referred by these jurisdictions.

The staff of the Diagnostic Clinic is interested in learning what you may know about the services of the Clinic, and what your opinions may be concerning your utilization of the services. We would appreciate your answering the questions below, and returning the questionnaire to us within the next day or so. Thank you for your cooperation.

1. Are you employed with ___ probation? ___ parole?
2. Have you known that the evaluation services of the Diagnostic Clinic could be used by your organization?
 - a. ___ yes
 - b. ___ no

IF NO TO THE ABOVE QUESTION, PLEASE SKIP TO QUESTION 9

3. Have you thought about referring cases to the Diagnostic Clinic, but not yet done so?
 - a. ___ yes
 - b. ___ no

If no, is there any special reason? _____

4. Have you referred any cases to the Diagnostic Clinic?

- a. yes
- b. no

IF YOU ANSWERED NO TO THE ABOVE PLEASE SKIP TO QUESTION 9

5. How many cases have you referred to the Clinic? cases.

6. Was the evaluation (s) helpful to you?

- a. very helpful
- b. somewhat helpful
- c. not helpful at all

If you checked (b) or (c) above, could the evaluations have been of greater help to you?

7. How did the offender (s) you referred react to the experience?

- a. favorable
- b. unfavorably

Would you please comment on your answer to the above?

8. In your opinion was the disposition (s) of the case (s) affected by the evaluation (s)?

- a. yes
- b. no
- c. not sure

Do you have any comments to make on this?

9. As a result of your experience with the Diagnostic Clinic, do you have any suggestions to make concerning the service, or the way in which it is provided?

10. For how many of your cases do you think the evaluation services of the Clinic might be of help to you?

- a. for all of the cases
- b. for most of the cases
- c. for a substantial number of the cases
- d. for very few of the cases
- e. for none of the cases

If you checked (d) or (e) above, would you please state the reason (s)?

11. Do you presently have psychological and psychiatric evaluation services, other than the Diagnostic Clinic, available to you?

- a. yes
- b. no

If yes, do these services sufficiently meet your needs for psychological and psychiatric consultation?

- a. yes
- b. no

12. One of the functions of the Diagnostic Center is the research study of IMPACT* crime offenders. Would you be willing to refer some or all of these offenders, seen by you, for research study even though you felt no need for the evaluation?

- a. yes
- b. no
- c. not sure

* Robbery, burglary, rape and assault

13. Would you be interested in learning more about the services of the Diagnostic Clinic, and how they might be of help to you?

a. yes

b. no

14. We would appreciate your use of the following space to make comments concerning your experience with the Diagnostic Clinic, your opinions about its usefulness or lack of usefulness to you, suggestions for the staff of the Clinic, etc.

Lined area for handwritten comments.

1. Did you know that the Diagnostic Clinic of the Denver County Court Probation Office could extend its services to the Denver District Court?

a. yes

b. no

2. Have you heard any cases in which an evaluation from the Diagnostic Clinic was obtained?

a. yes

b. no

IF YOU ANSWERED NO TO THE ABOVE PLEASE SKIP TO QUESTION 5

3. How many cases have you heard for which an evaluation from the Diagnostic Clinic had been obtained?

a. one case

b. two cases

c. three cases

d. more than three cases. Please specify how many _____

(2 pending)

4. Was the evaluation (s) of help to you in deciding upon the disposition of the case (s)?

a. yes

b. no

Please comment upon the evaluation's usefulness, or lack of usefulness to you.

The report is especially helpful in indicating whether we need more extensive psychiatric evaluation on a felony offender.

Lined area for handwritten comments.

5. Would you like to have evaluations from the Diagnostic Clinic for criminal cases heard by you?
- a. yes, for all criminal cases heard by me
 - b. yes, for some of the criminal cases heard by me
 - c. no

Would you please elaborate upon your answer in terms of why you would want or not want the evaluations?

I do not believe it is necessary in all cases

6. Would you like to have more information about the Diagnostic Clinic?
- a. yes
 - b. no

7. We would appreciate any comments you would like to make concerning the Diagnostic Clinic, and efforts that might be made to increase the helpfulness of the Diagnostic Clinic to you.

Testing at the County Jail in order to avoid security problems.

*Zita Winkler
District Court Judge*

1. Did you know that the Diagnostic Clinic of the Denver County Court Probation Office could extend its services to the Denver District Court?

- a. yes
- b. no

2. Have you heard any cases in which an evaluation from the Diagnostic Clinic was obtained?

- a. yes
- b. no

IF YOU ANSWERED NO TO THE ABOVE PLEASE SKIP TO QUESTION 5

3. How many cases have you heard for which an evaluation from the Diagnostic Clinic had been obtained?

- a. one case
- b. two cases
- c. three cases
- d. more than three cases. Please specify how many _____

4. Was the evaluation (s) of help to you in deciding upon the disposition of the case (s)?

- a. yes
- b. no

Please comment upon the evaluation's usefulness, or lack of usefulness to you.

*It may be necessary
in returning the report to the
C.P. Hospital for
evaluation.*

5. Would you like to have evaluations from the Diagnostic Clinic for criminal cases heard by you?

- a. yes, for all criminal cases heard by me
- b. yes, for some of the criminal cases heard by me *by specific referral*
- c. no

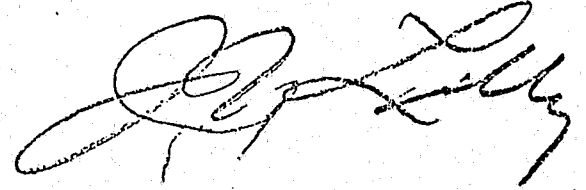
Would you please elaborate upon your answer in terms of why you would want or not want the evaluations?

6. Would you like to have more information about the Diagnostic Clinic?

- a. yes
- b. no

7. We would appreciate any comments you would like to make concerning the Diagnostic Clinic, and efforts that might be made to increase the helpfulness of the Diagnostic Clinic to you.

*and it would be helpful
 with the probation department in
 providing me a report, call to the
 courts address any case where
 a Diagnostic Clinic report might
 be of some assistance to the
 court*



SAMPLE (a)

OPINION QUESTIONNAIRE REGARDING DIAGNOSTIC CLINIC EVALUATION

The case referred was: _____

1. Was your purpose in referring the case primarily to:
 - a. ___ assist in the disposition of the case?
 - b. ___ assist in the supervision of the case?
2. To what extent was the evaluation provided, helpful to you?
 - a. ___ very helpful
 - b. ___ somewhat helpful
 - c. ___ of very little or no help
3. Would you please make a brief comment regarding your answer to question #2. Why was the evaluation of help, and/or how could it have been of greater help to you?

OFFENDER CHARACTERISTICS FACESHEET

SAMPLE (b)

1. Was your purpose in referring this case primarily
 - a. _____ to assist in the disposition of the case?
 - b. _____ to assist in the supervision of the case?
 - c. _____ in response to a judge's request for an evaluation?

2. To what extent was the evaluation provided helpful to you?
 - a. _____ very helpful
 - b. _____ somewhat helpful
 - c. _____ of little or no help. Why?

3. Are you a _____ parole agent? _____ probation officer?

1. Name _____
2. Present address _____
3. Birthdate _____
4. Case number _____
5. Male _____ Female _____
6. Religion
 - a. _____ Protestant
 - b. _____ Catholic
 - c. _____ Jewish
 - d. _____ Other, specify _____
 - e. _____ No religious preference
7. Ethnic background
 - a. _____ Anglo
 - b. _____ Chicano
 - c. _____ Black
 - d. _____ American Indian
 - e. _____ Oriental
 - f. _____ Asian
 - g. _____ Other, specify _____
8. Highest school grade completed _____
9. G.E.D.? Yes _____ No _____
10. Referred by: District Court _____ State Parole Dept. _____ Other (specify) _____
11. Date referred _____ By whom _____
12. Present offense
 - a. _____ Burglary
 - b. _____ Rape
 - c. _____ Assault
 - d. _____ Robbery
 - e. _____ Other, specify _____
13. When committed: 19 _____
14. Additional felony convictions (write in each felony and year committed in chronological order)

_____	19		19
_____	19		19
_____	19		19
_____	19		19
15. Misdemeanor convictions (write in each misdemeanor and year committed in chronological order. If more than 10 misdemeanors list the 10 most recent)

_____	19		19
_____	19		19
_____	19		19

8. How many times was subject apprehended by Police as a juvenile?

- a No known or reported apprehensions
- b Once or twice
- c Three to five times
- d Six to ten times
- e More than ten times
- f No approximation can be made

9. For how long a time has the subject been incarcerated?

- a As a juvenile _____ years _____ months _____ weeks _____
- b As a misdemeanant _____ years _____ months _____ weeks _____
- c For felony convictions _____ years _____ months _____ weeks _____

10. Has the subject been hospitalized for emotional problems?

Yes _____ No _____

Drug usage (by verified records and/or self report)

- a No known usage of any kind
- b Soft drugs occasional use _____ frequent use _____
- c Hard drugs occasional use _____ frequent use _____

Present marital status

- a Single
- b Married (common law)
- c Divorced
- d Separated
- e Other, specify _____

Was subject in Military Service? Yes _____ No _____

If yes, was the discharge honorable? _____ Gen'l under honorable conditions? _____ Undesirable? _____ Bad Conduct? _____ Dishonorable? _____ Medical? _____ Other? _____

What is the subject's usual occupation? _____

What has been the subject's employment stability during the 5 years prior to time of arrest?

- a Has been fully employed
- b Has been employed at least 75% of the time
- c Has been employed between 50% and 75% of the time
- d Has been employed between 25% and 50% of the time
- e Has been employed less than 25% of the time
- f Has not been employed at all

What was subject's income this past 12 months? _____

What was his average income for the past 5 years? _____

What was his average income the 5 years preceeding the past 5 years? _____

What was his highest yearly income? _____

32. Where did the subject live the longest as a child?

- a In Denver
- b In a suburb of Denver
- c In Colorado but not within the Metro Denver area
- d In a Western State other than Colorado
- e In an Eastern State
- f In Alaska or Hawaii
- g In a country other than the U.S.A.

33. Where has the subject lived the longest as an adult?

- a In Denver
- b In a suburb of Denver
- c In Colorado but not within the Metro Denver area
- d In a Western State other than Colorado
- e In an Eastern State
- f In Alaska or Hawaii
- g In a country other than the U.S.A.

34. If the subject has lived the longest, both as a child and as an adult, within the City of Denver in what area of Denver has he lived the longest.

- a North Denver
- b East Denver
- c South Denver
- d West Denver
- e Inner City Denver

35. Where did subject spend most of his childhood?

- a Small town
- b Rural
- c Large Metropolitan area (suburban)
- d Core city of large Metropolitan area

36. Alcohol usage (by verified records and/or self report)

- a No known usage of any kind
- b Occasional use
- c Frequent use
- d Heavy use

1973

PRELIMINARY RESEARCH STATEMENT

Appendix III

I. INTRODUCTION

The present statement of research objectives and procedures has been formulated to provide a test of the extent to which the following program goals will have been achieved by the Diagnostic Center Project.

- A. The goal of the proposed diagnostic service is to help reduce the incidence of target crimes through better understanding of the individuals who commit these crimes and the consequent development of more relevant sentencing and supervision practices.
- B. The immediate objective of this grant proposal is to provide the services of psychological and psychiatric evaluations for the Denver District Court Probation Department and the Colorado Department of Parole. We believe that the addition of a psychological and psychiatric evaluation to the present pre-sentence report will help them in making recommendations to the Court, and will assist them in making referrals for appropriate treatment when indicated.
- C. A secondary objective of the proposal will be to test the efficacy of a diagnostic service in this specific correctional area (target crimes), and to help determine the relevancy of providing similar evaluation services for those committing lower priority crimes then relating this to clearly preventive correctional work. To accomplish these objectives a research element is an integral part of the grant proposal.
- D. A third objective will be the demonstration of a cooperative effort involving four autonomous correctional agencies.

A schematic diagram is presented below that outlines the relationship of the several program goals to the ultimate desired outcome of reduced incidence of the four target crimes of burglary, assault, rape and robbery.

In reference to this diagram it can be seen that the demonstration project contains two different program elements:

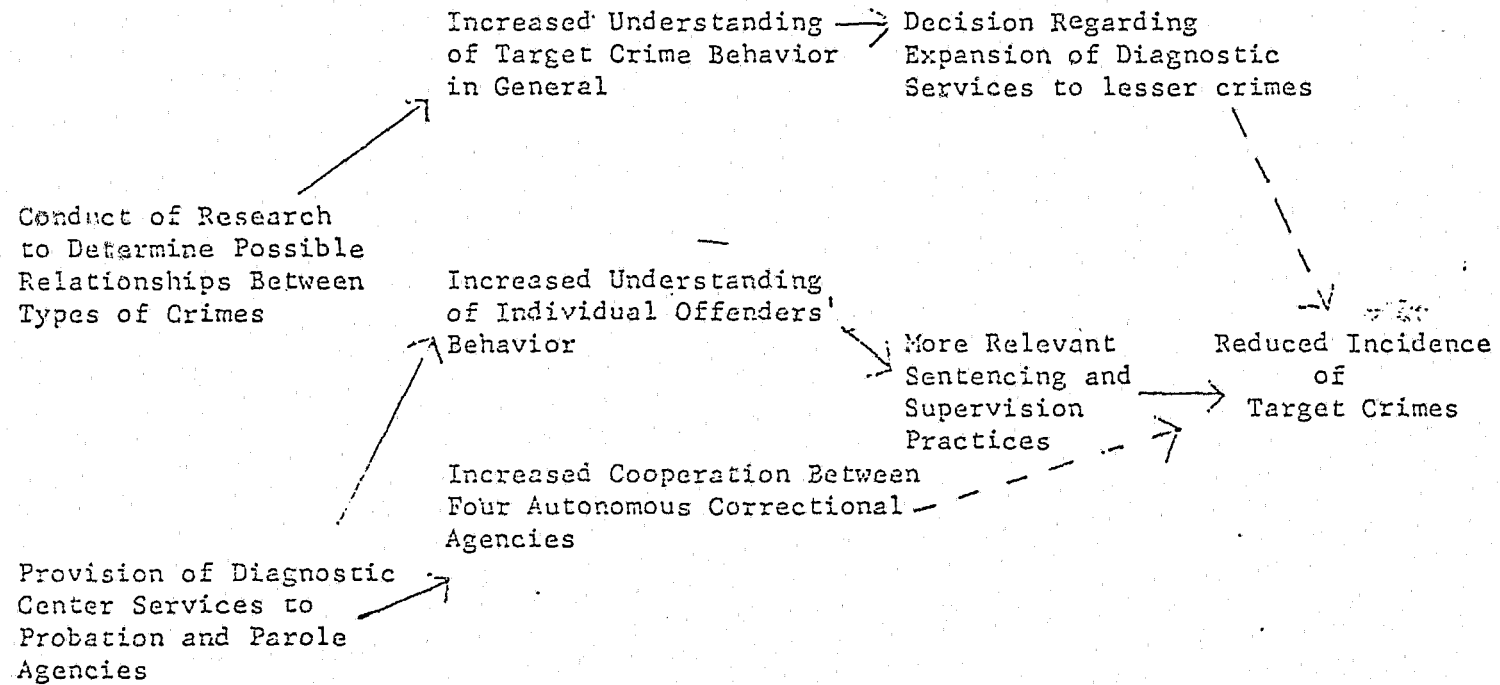
1. The provision of Diagnostic Center Services to Probation and Parole Agencies
2. The conduct of Research to Determine Possible Relationships Between Types of Crime

The programmatic element of research is specified in Goal C:

"To accomplish these objectives. (The relevancy of providing similar evaluation services for those committing lower priority crimes) a research element is an integral part of the grant proposal." In the following presentation of research objectives the research component of the project will be discussed separately from the research evaluation objectives and procedures.

II. RESEARCH COMPONENT OF THE DEMONSTRATION PROPOSAL

As mentioned in Goal C the decision to extend Diagnostic Center services for the evaluation of individuals committing lesser crimes will need to be based in part upon the results of research efforts. At the present time a great deal remains to be learned concerning the relationship that exists between the commission of the crimes of burglary, assault, rape and robbery, and the commission of crimes of a lesser nature. A great deal also remains to be learned concerning the many factors that may be differentially associated with the different categories of major



crimes. The question can be asked: "What factors tend to be differentially associated with the commission of the crimes of burglary, assault, rape and robbery?"

There are many different dimensions of relationships that could be explored through research on these questions. A critical dimension of concern that meshes with the function of the Diagnostic Center, however, is the dimension of "personality characteristics." The data that will be routinely gathered in the course of the diagnostic evaluation provides a rich opportunity for the research exploration of the relationships that may exist differentially between personality characteristics and the commission of types of crimes.

A. The Research Questions

In view of these considerations the following two questions will be addressed in the research component of the project.

1. What personality characteristics tend to be commonly and uniquely related to the commission of the four target crimes of burglary, assault, rape and robbery?
2. What personality characteristics tend to be differentially associated with the commission of lesser crimes and each of the target crimes of burglary, assault, rape and robbery.

B. Program Procedures

While the Diagnostic Clinic has systematically assessed every referred offender only upon the MMPI, offenders of the four target crimes referred by the District Court Probation Office and the State of Colorado Parole Department would be assessed in terms of a test battery. The test battery would include ten different categories of diagnostic and history related instruments. These ten categories are as follows:

1. Intellectual functioning
2. Brain damage or mental deterioration
3. Psychological/psychiatric symptomatology
4. Emotional discomfort or instability
5. Impulse controls and overt aggression
6. Educational achievement levels
7. Vocational interests and aptitudes
8. History of psychiatric/psychological treatment of hospitalization
9. History of alcohol or drug abuse
10. Need for additional evaluation and/or observation

Several or a number of different test forms will be available within each category so that the offender can be adequately assessed in relation to his level of reading ability and his comprehension of English. For Spanish speaking offenders without adequate grasp of the English language equivalent test forms in Spanish will be made available. The primary tests which will be utilized include the following:

1. The Otis-Lennon Mental Ability Test
2. The culture Fair Test of g
3. The Raven Progressive Matrices Test
4. The Elizur Test of Psycho-organicity
5. The Hooper Visual Organization Scale
6. The Wechsler Memory Scale
7. The California Medical Survey
8. The Mooney Problem Checklist
9. The Hand Test
10. The Holtzman Ink Blot Technique
11. The Strong Vocational Interest Inventory
12. The Minnesota Multiphasic Inventory

Additional tests and inventories to those mentioned above may be utilized as well. Where the utilization of aptitude testing is

indicated offenders will be routinely referred to the Colorado State Employment Service where they will be administered the General Aptitude Test Battery (GATB).

The procedures and instruments specified above have all been planned as part of the Diagnostic Clinic's Evaluation Program for target offenders. The research component of the demonstration proposal requires delineation of the research use which will be made of these instruments and inventories.

C. Research Procedures

The basic research procedures will consist of the statistical manipulation of data obtained from the above mentioned instruments in relation to each of the four types of target crimes. Offense profiles will be generated based upon the aggregation of test results for all offenders processed during the course of the demonstration project. Statistical tests of relationship will be conducted between various scores and indexes, and offense patterns. Particular relevant demographic and offense history characteristics will be systematically obtained, and utilized in various ways as control variables in the statistical analysis. Several statistical procedures which might be utilized in the analysis include the following:

1. Product moment correlations
2. Analysis of variance
3. Analysis of co-variance
4. Multiple correlation
5. Partial correlation
6. Regression analysis
7. Multiple regression analysis

A limited analysis will also be conducted upon a selected group of lesser offenders who will be matched with target offenders upon demographic characteristics of primary importance. The effort would be made to identify those characteristics which these offenders possess separately, and in common, with those offenders committing the four target crimes. The basic statistical procedures utilized would be included among those listed above.

D. Operational Procedures

The processing of all research data will be conducted by means of the electronic computer. All data will be key punched onto IBM cards, and then statistically processed at a suitable computer facility.

Within the schematic diagram all of the arrows lead to outcomes that are more, or less, immediately related to the primary outcome of concern; reduction in the incidence of the four target crimes of burglary, assault, rape and robbery. While increased understanding of the individual offender's behavior is expected to lead directly to a lowered incidence of recidivism, the effects of greater understanding of target crime behavior in general, understanding of relevance for lower priority crimes, and an increased cooperative effort between agencies can all be expected to have a more indirect impact upon the incidence of target crimes. These less direct effects are demonstrated by the use of dotted lines.

III. THE RESEARCH EVALUATION OBJECTIVES

The following evaluation objectives can be specified in relation to the goals of the Diagnostic Center proposed.

1. To examine the change in recidivism rates that occur for the four

target crimes as a result of the demonstration project.

2. To determine if Diagnostic Center Evaluations result in a significant difference in sentencing and supervision practices.
3. To determine the approximate cost/benefits of the Diagnostic Clinic to the criminal justice system.
4. To assess the success or failure of the project in terms of the opinions and judgments of Court and agency personnel.
5. To determine by means of a judgment process the desirability of extending Diagnostic Center Evaluation Services to offenders of lesser felony crimes.
6. To determine by means of a judgment process whether or not, in fact, a successful cooperative effort between four autonomous correctional agencies has been achieved.

The relationship between the specific research objectives and the statement of project goals is delineated in the following table.

Table 1

The Relationship of Specific Research Objectives to the Statement of Project Goals

Goals	Research Evaluation Objectives					
	1	2	3	4	5	6
A	X	X	X	X		
B		X	X	X		
C					X	
D						X

IV. THE RESEARCH EVALUATION PROCEDURES

Objective 1 (recidivism rates)

Any effort to compare before and after recidivism rates for those target offenders processed through the District Court Probation Office would be highly biased, since offenders remanded to institutions could not, feasibly, be considered in the evaluation. Nevertheless it would be desirable to obtain comparable recidivism rates for those target offenders placed on probation following diagnostic evaluation, and offenders selected from an appropriate time span who were placed on probation without benefit of the diagnostic evaluation.

A less biased comparison of recidivism rates could be made for offenders under parole supervision, if all target offenders were routinely referred to the Diagnostic Center. If such a procedure can be implemented then a comparison of recidivism rates would be obtained for this population as well.

The following rates will be computed for both District Court probation cases and Colorado State Parole Department cases:

1. For each of the target offenses considered separately
2. For all of the target offenses considered jointly

Objective 2 (sentencing and supervision practices)

The disposition of target cases by District Court would be compared, for an equivalent time period, for cases processed prior to the utilization of the Diagnostic Center, and for cases processed through the Center.

Objective 3 (cost/benefit comparison)

If the differences between the groups are found to be significant under objective 2, then an effort would be made to compute the approximate cost/benefits deriving from the utilization of the Diagnostic Center. This analysis would be conducted only if cost data were available for the State of Colorado, or a comparable area.

Objective 4 (judgments of agency personnel)

The utilization of judgments concerning the success or failure of the demonstration project is, admittedly, less desirable than the utilization of hard, behavioral data. However, there are many potential benefits to be gained as a result of the diagnostic process, and these benefits may not be validly represented within the comparison of recidivism rates, or the comparison of sentence dispositions. A questionnaire would be developed to measure the reactions of agency and court personnel to the use of the Diagnostic Center.

Objective 5 (extension of evaluation to lesser crimes)

The use of judgments as a criterion for decision making concerning the extension of evaluation services presents the same disadvantages and advantages as mentioned above. Questions concerning this objective would be included within the questionnaire mentioned above.

Objective 6 (successful cooperation)

The determination of success or failure in the cooperative effort between four autonomous agencies would be conducted in a similar manner to objectives 4 and 5. However, if possible, respondents would be provided with a set of criteria upon which they could assess success or failure.

In summary, research evaluation objectives 4, 5, and 6 would all be operationalized within one overall questionnaire. This questionnaire would be administered at the termination of the funding period for the project.

JHB:rh
9/21/72

SUPPLEMENTAL RESEARCH STATEMENT

Appendix IV

Table of Contents

	Page
I. Introduction	1
II. Demographic Variables	1
III. Psychometric Measures to be Included in the Analysis	2
IV. Basic Statistical Categories to be Utilized	4
V. Descriptive Presentation of Data	5
VI. Presentation of Normative Data	5
VII. Presentation of Crime Profiles	5
VIII. The Factor Analysis of Data	6
IX. Operational Procedures	7
X. Appendix (Research Schedule)	

SUP. RES. STATE.

I. Introduction

This supplementary report is presented to amplify upon and to specify in greater detail the analytic procedures to be employed in the research component of the Diagnostic Center Project. In the sections following the various steps in analysis will be outlined, the variables included for analysis will be identified, and the basic statistical procedures to be used will be specified.

II. Demographic Variables

In addition to the various psychometric measures which will be used in the data collection process a number of demographic characteristics have been identified and specified as related importantly to the research purpose. These demographic characteristics are:

1. birthdate
2. sex
3. ethnic background
4. religion
5. highest school grade completed
6. G.E.D.
7. present offense
8. date present offense was committed
9. additional felony convictions and year committed
10. misdemeanor convictions and year committed (10 most recent)
11. commission of more than 10 misdemeanors
12. juvenile history with criminal justice system
13. number of times apprehended as a juvenile
14. length of time incarcerated as a juvenile
15. hospitalization for emotional problems
16. drug usage
17. present marital status
18. military service and discharge
19. occupation
20. employment stability
21. income during past 12 months
22. average income over past five years
23. average income for five years preceding past five years
24. highest yearly income attained
25. year highest income was attained
26. location of subject's birth
27. location where subject lived longest as a child
28. location where subject lived longest as an adult
29. location where subject lived in Denver
30. location where subject spent most of childhood
31. alcohol usage

In addition to these demographic characteristics the following procedural data will be obtained.

1. name
2. case number
3. referral source (agency)
4. date referred
5. individual making the referral

The interview schedule by which this data is to be collected is appended.

III. Psychometric Measures to be Included in the Analysis

The psychometric measures which will be systematically included in the data analysis are identified below. These measures comprise the basic test battery to be utilized in the diagnostic evaluation of Impact offenders. While some additional instruments will be administered on a selective basis, they will not be included in the basic data matrix in view of the relatively small number of individual measures that will be obtained. In many cases, for the instruments identified below, sub-scales comprise an important element in the interpretation of the test results, at times in conjunction with one over-all or total score. Sub-scale scores will be routinely included within the data matrix, when they provide meaningful information as viewed separately, or apart from their interaction with other sub-scales for the test. In some instances sub-scale scores will be included, when they may yield only questionable information as they are viewed or interpreted apart from the over-all constellation of sub-scale scores. Where this procedure is followed it will be based upon an exploratory rationale.

1. The Minnesota Multiphasic Inventory

The long form of the MMPI (form R) will be used. The T scores on each

of the basic scales will be routinely tabulated for analysis. While the interpretation of the separate scale scores for any given individual is ambiguous, when viewed apart from the individual's over-all profile, this data will be included for the analysis of offender groups in the anticipation that a meaningful group profile may emerge.

In addition to the basic scales, six special sub-scales will be included for analysis. These are scales that are thought to have particular relevance to the behaviors of the population to be studied. They are:

1. Self-Alienation - Pd 4B
 2. Emotional Alienation - Se 1B
 3. Social Alienation - Se 1A
 4. Persecutory Ideas - Pa 1
 5. Need For Affection - Hy 2
 6. Overcontrolled Hostility - OH
2. The Culture Fair Test of g
This test will yield one over-all score.
 3. The Wechsler Memory Scale
This test will yield one over-all score.
 4. A Problem Checklist
This checklist includes 12 different items, and responses to each item will be coded.
 5. The Mooney Problem Checklist
This measure provides nine different problem categories, and results for each category will be coded.
 6. The Hooper Visual Organization Scale
The scale yields one over-all score.

7. The Hand Test

This provides two score ratios that will be coded.

8. The Raven Progressive Matrices Test

This test provides one over-all score.

9. The WAIS

This test provides 11 sub-scales and 3 over-all scores. It has not yet been finally determined whether or not the 11 sub-scales will be routinely coded for the purposes of final analysis.

10. The GATB

Although this test will be included for analysis, the specific manner in which the results will be tabulated is not yet known.

IV. Basic Statistical Categories to be Utilized

The data obtained as a result of the Diagnostic Center Project, and which is specified above, will be analyzed in relation to four basic, classification categories comprised of the Impact crimes; burglary, rape, assault and robbery. Data will be presented and analyzed in several different ways in terms of these categories. The organization and analysis of the data in terms of these four offender categories will be used as the basic framework for statistical presentation, since they are the major focus of the Diagnostic Center Project.

A number of offenders will be processed through the Center, however, who have been convicted of crimes other than burglary, rape, assault and robbery. Data relevant to individuals committing these other offenses will also be presented and analyzed, if not as completely as for the impact crimes themselves. The particular form and methods of analysis utilized will be,

in part, dependent upon the categories of crimes presented and the numbers of individuals involved.

V. Descriptive Presentation of Data

A descriptive presentation will be made, where appropriate, for data relative to each of the major categories of crime. This descriptive presentation will consist of a reporting of frequencies and percentages. The data reported descriptively will be comprised largely of the demographic information obtained. The organization of data concerning other than Impact crimes will be determined in relation to the kinds of offenses and numbers of individuals represented.

VI. Presentation of Normative Data

All of the tests specified above will be presented in relation to each of the major crime categories. Means and standard deviations for each of the scales and sub-scales (where utilized) will be computed. Thus, as a result of this classification and analysis, normative data will be made available for each of the several crime categories on each of the tests utilized. The development of normative data for any tests other than those specified above will depend upon their frequency of use during the course of the project. All tests that are used, however, where quantitative scores are obtained, will be coded and therefore made available for computer analysis.

VII. Presentation of Crime Profiles

Based upon the descriptive classification and analysis of data profiles will be developed in relation to each of the four categories of Impact crimes. These profiles will be generated from the measures of central tendency as they apply to each of the variables to be included for analysis.

Both means and medians will be used in the presentation of profile data. As a result of these procedures it will be possible to determine the attributes and characteristics of the average offender in each of the major crime categories.

VIII. The Factor Analysis of Data

The fundamental statistical procedure upon which the interpretation of findings will rest will be factor analysis. This procedure will move the examination of data beyond the presentation of summary statistics to the examination of the relationship which can be determined to exist between variables. Factor analytic procedures will be conducted in relation to each of the four Impact crime categories, providing there is a sufficient population within each category to justify this procedure. While correlation matrices will be generated for the study variables, the ultimate purpose of the factor analysis will be to determine those variables that are the most closely related to the commission of the Impact crimes. A theoretical outcome of this procedure might be the identification of particular constellations of variables which would provide new understanding concerning factors which are associated with the commission of Impact crimes. These factor analytic procedures, particularly, may yield greater understanding concerning the relationships which exist between the commission of misdemeanors and the commission of Impact crimes.

Not all of the data included for study will lend itself to factor analysis. Where possible, however, demographic data will be included in this analysis. Tentatively, the decision has been made to treat ordinal level data as interval data for the purposes of factor analysis. If the data is so utilized, the procedure would be justified in terms of the research need to

include as broad a range of variables as possible in the analysis.

For those tests that yield sub-scores as well as total scores, selective decisions will be made concerning inclusion of sub-score data in the correlation matrix. It will be necessary to utilize selectivity in view of the large number of potential variables which might be included.

A comparison of the cluster loadings between each of the Impact crimes might lead also to valuable insights concerning the differential etiologies of these crimes. The comparative analysis of variables most closely associated with each could build upon the present evidence and speculation concerning the factors differentially related to the commission of these four separate Impact offenses.

IX. Operational Procedures

Data concerning the subjects processed through the Diagnostic Center will be subjected to ongoing coding operations. Data will be key punched onto IBM cards as sufficient numbers of cases accumulate. The data will be summarized and analyzed at some point in time prior to the ending of the formal funding period. The particular date at which a cut-off point will be reached for data analysis will be in part dependent upon the size of the populations obtained in each of the Impact crime categories. It will be necessary to terminate the collection of data to be included in the formal analysis in time for the research report to be prepared and presented by the completion date for the project. However, systematic tabulation and coding of data will continue through the funding period, even though all data is not included within the analysis and research report.

SAMPLE EVALUATION REPORTS

Appendix V

Glenn M. D.C.D.C.#: F-268

D.O.B. 7/6/41

Dates of Evaluation: 1/16/74 & 1/17/74Tests and Other Procedures:

Psychiatric Evaluation
 Hooper V.O.T.
 Wechsler Adult Intelligence Scale
 Wechsler Memory Scale
 I.P.A.T. Culture Fair Test of "g"
 Mooney Problem Check List
 The Hand Test
 Drinking History Questionnaire
 Drug History Questionnaire
 Self Report and Self Evaluation Forms
 Incomplete Sentences Blank
 Thematic Apperception Test
 Minnesota Multiphasic Personality Inventory

Circumstances of Referral:

Glenn M. has pleaded guilty to Second Degree Burglary and will have a court hearing 1/24/74. He feels somewhat resigned to the probability of a prison sentence. John Brougham of the District Court Probation Department made the referral.

Psychiatric History:

He reported that during his last period or two of confinement at the State Reformatory he participated in group meetings of Alcoholics Anonymous and Narcotics Anonymous. About three years ago he says he attempted suicide by taking an overdose of drugs and was treated at Denver General Hospital.

Intellectual Functioning:

His limited educational background, his apathy, his tremendous interpersonal anxiety and his withdrawal tended to compound his "dumb" appearance and raise questions about possible organic defects. His over-all intellectual functioning appears to be within the dull normal range and there are indications of mild organic impairment. His abilities to do mental manipulation and to recall verbal or visual material are extremely limited. His thinking is fairly concrete and his general knowledge is rather inconsistent (i.e. knowing some difficult answers and failing simple ones). On the W.A.I.S. he obtained a full scale I.Q.

Intellectual Functioning Cont.

of 86 (verbal I.Q. 87, performance I.Q. 85). His memory quotient on the Wechsler Memory Scale was 74, but on the I.P.A.T. he was able to achieve an I.Q. equivalent score of 94. Part of this difference was due to his reduced efficiency in the one to one testing situation. Avoiding eye contact or, better yet, not even looking at him was beneficial, and he seemed to work best when he was left entirely alone. His anxiety could be increased to the point where he would clench his teeth, wring his hands and grope with considerable effort to get his words.

Personality Assessment and Projective Testing:

Testing reveals that he is moderately anxious and depressed with a generally schizoid personality structure. He is quite distrustful of others and prefers to be alone. Strong underlying feelings of bitterness and resentment are also suggested and he tends to be aloof, secretive and withdrawn. His impulse controls are weak and he feels generally tense and anxious. His self confidence is quite low and there are strong underlying feelings of inadequacy and ineffectualness. He considers himself rather dumb and lazy as well as somewhat mixed up.

Psychiatric Evaluation:

He was quite non-verbal and exhibited little spontaneity. When he did talk he was inclined to be cryptic and, it seemed to me, unable to elaborate on his answers. He continually returned to the idea that his problems would be solved if he worked and lived alone. Apparently he spends most of his time alone watching T.V. or trying not to think. He describes increasing withdrawal from people - he describes himself as dumb and paranoid. The latter may be due to his favorite drug of abuse - "diet pills." His self concept is further elaborated by a deliberate overdose of barbiturates circ. 3 years ago. He said that he thought what's the use and decided he might as well die. He was treated at Denver General Hospital after his brother found him. I do not see him as being psychotic but seriously apathetic and withdrawn. Organic disease should be ruled out but suggestions of it might be due to low I.Q. I would expect continued substance abuse. His apparent decrease in number of arrests may be due to his general decrease in activity.

W.E. Afton M.D.

Summary and Diagnostic Impressions:

He apparently has been dependent upon various drugs to alleviate his anxiety and depression for a long time. His adjustment seems marginal and his ability to function around other people is quite limited. Mild organic impairment is suggested as well as a dull normal intelligence. His performance on tests is severely hampered by his emotional difficulties, however, and probably his scores would have been higher if his anxiety could have been reduced more. His personality characteristics are generally schizoid and he tends to be aloof, apathetic and withdrawn. He fears prison but seems resigned to it as well as the other undesirable aspects of his life.

Respectfully submitted,
Jack O. Nelson, Director

By: Darryl W. Adams, Psychologist

DA:ah 1/22/74

Richard S. D.C.D.C.#: F-271

D.O.B. 4/15/39

Dates of Evaluation: 1/21/74 and 1/28/74

Tests and Forms Administered:

I.P.A.T. Culture Fair Test of "g"
Wechsler Memory Scale
Hooper Visual Organization Test
Bender-Gestalt Test
Wide Range Achievement Test
The Hand Test
The Draw Person
Thematic Apperception Test
Incomplete Sentences Blank
Mooney Problem Check List
Self Evaluation and Self Report Forms

Referral Circumstances:

Richard was referred to the Denver Court Diagnostic Center by Ralph Cristello of the Southwest Probation and Parole Center. Richard is on probation following a no contest plea to a charge of Deviate Sexual Intercourse.

Psychiatric History:

He was admitted to Ft. Logan Mental Health Center on a voluntary basis in August of 1970 following a charge of child molesting occurring in Jefferson County. He was reportedly placed on a day care basis and admitted to group therapy in an effort to solve some of his sexual problems. He was discharged in August of 1971.

Intellectual Assessment:

The I.P.A.T. Culture Fair Test of "g" and the Wechsler Memory Scale are indicative of average intellectual ability. Neither of these tests nor the Bender-Gestalt Test are indicative of any cortical impairment or perceptual disability. However, the Hooper Visual Organization suggests mild organicity. His response attitude in general was apologetic with a show of lack of self-confidence and this seemed evident on the Hooper Test and may have caused the less than average score. On the Wide Range Achievement Test he scored on a third grade level in spelling, a fourth grade level in reading, and an eighth grade level in math. He reports having a twelfth grade education. He has achieved academically far below his potential. His general demeanor also gives an impression of one intellectually deficient.

Projective Testing and Personality Assessment:

The Minnesota Multiphasic Personality Test was omitted from the test battery because of apparent inadequate reading ability. Hand Test results were average in most respects. However, there is some indication of possible overt antisocial behavior. The Draw Person Test is primarily indicative of immaturity and childish dependency. He may have feelings of emptiness and be lacking in mature masculine power and virility. Poor impulse control and underachievement are indicated and he may present a smiling acceptable facade which masks less acceptable feelings. Richard was apologetic throughout testing procedures and continued his apologies when presented with the Thematic Apperception Test. His characters reflect passive attitudes and interest in satisfying simple needs. However, they are also reflective of impulsive behavior followed by attempts to rationalize the subsequently recognized unacceptable actions.

Personal Assessment:

Richard describes himself as a rather average sort of person who is more cautious than most. Responses on the Incomplete Sentences Blank indicate a primary interest in continuing to support himself financially. He wishes he made more money and had more time off and writes that he is best when "people don't bug me." On the Mooney Problem Check List he indicates problems in the areas of unsatisfactory working conditions, health, an inadequate social life, especially in regard to women, introversion, debt, and being afraid of the responsibilities of marriage.

Summary and Diagnostic Impressions:

In summary, Richard seems to be a childishly immature man emotionally and sexually who has achieved below his intellectual potential. Impulse controls are tenuous, but he seems strongly motivated to please those with whom he comes in contact.

Respectfully submitted,
Jack O. Nelson, Director

By: Sarah Newton, Psychologist

END