1974

FINAL REPORT

DENVER COURT DIAGNOSTIC CENTER
Denver High Impact
Anti-Crime Program
Grant # 73-ED-08-0009 B

EXCEPT FINANCIAL

File

FINAL REPORT

January 1, 1974 - December 31, 1974

DENVER COURT DIAGNOSTIC CENTER

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

Impact Cities Project

Grant # 73-ED-08-0009 B

ABSTRACT

This report discusses the planning, implementation and development of a court based diagnostic center, a diagnostic center that provides psychological and psychiatric evaluations for felony offenders who are under consideration for probation by the courts or who are being supervised by probation or parole officers.

Denver Court Diagnostic Center was implemented in January 1972 under the Impact Cities Program Grant number 73-IC-0036. The project took advantage of an existing diagnostic clinic that had been in existence since 1966 and with the addition of six professional, paraprofessional and clerical staff was able to expand the program to include a more in depth evaluation program for impact offenders and others referred by the Denver District Court, and the Denver Felony Probation and Parole Departments.

Each felony client spends approximately eight hours at the Diagnostic Center and not infrequently the larger part of two days is spent in psychological and psychiatric evaluation. The completed evaluations are usually returned to the referring individual or agency within seven days. Frequently shorter return time is requested.

Since the Diagnostic Center became operational in January of 1972 over 400 evaluations have been completed. The courts, probation and parole are about evenly

represented as referral sources. However, during the last quarter of 1974 pre-disposition referrals from the courts and the intake division of the District Probation office have increased disproportionately to supervision referrals. This trend is welcome and will be encouraged. Evaluation of incarcerated offenders at the County Jail represented the largest increase in referral categories, just over 300%.

James Bridges, Ph.D., the project's research consultant, again surveyed those judges, officers and agents who use the Diagnostic Center. In terms of utility, the survey underlines the need for more communication (formal) between users of the Center's services and staff regarding user expectations and what the evaluations can and cannot provide. In general the survey indicated nearly total acceptance of the services of the Center. Only 1% of those contacted saw little or no value in the evaluation process.

Dr. Bridges' research paper, "A Research Study on the Differential Characteristics of Impact Offenders" is complete but will be submitted under separate cover, The study presents data, demographic and psychological, on offenders who have been convicted of robbery, burglary, rape and assault. As part of this report, the narrative profiles developed by Dr. Bridges on the impact offenders and his summary and conclusions of the research findings

are presented. Briefly Dr. Bridges found that rape offenders were "by far" the "most different" from the other impact offenders. They tended to have a very positive self-concept, but there was also a tendency toward pathology and not surprisingly defensiveness as measured by the psychopathic deviate and K (defensive) scales on the MMPI. 50% of the rape offenders were of Hispanic decent and .43 had small town childhoods.

Offenders in the burglary category presented the "greatest over-all use of drugs" but "soft" drug usage was more apparent than opiate use. Burglary offenders were the least likely to be members of an ethnic minority and were the most likely to have spent their childhood in Denver.

Robbery offenders presented the most deviate responses as measured by the MMPI and the highest scores on the psychopathic deviate scale. As a group they presented "by far" the greatest history of hospitalization for emotional problems and were the heaviest users of hard drugs.

Those people convicted of assault presented the most "normal" profile of all impact offenders. They tended to score lowest on the psychopathic deviate scale and appeared to be the least withdrawn. These people were the oldest as a group and had the greatest percentage of misdemeanor

arrests against persons. This group had the lowest percentage of black offenders.

It is anticipated that the full research document (which runs over 100 pages) will be available to agencies that express an interest.

Continued funding of the Diagnostic Center will depend on the continued growth of support and referrals from the courts and the intake division of the District Court Probation Office.

The support of the District Court Judges is seen as critical to continued operation of the felony diagnostic program in that the center is funded primarily by the City and County of Denver and those who are referred for evaluation are State clients. A contractual arrangement with the State for continuing diagnostic services is possible and will be pursued.

INTRODUCTION

This is the final report on the second year of operation of the Denver Court Diagnostic Center. (Impact Cities Grant 73-IC-0036) The report deals with two equally important aspects of the project; the planning, implementation and development of a court based felony diagnostic and evaluation center for the Criminal Justice System of Denver, and a research effort based on data collected on impact offenders and others referred to the Diagnostic Center for evaluation.

Briefly stated, the project's general objectives for 1974 were:

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

In the first section of the report each of the objectives, how they were identified and the method of measuring achievement of the objective is discussed in detail.

The methods and procedures used in implementing the project are discussed in some detail. The organization and operation of the Diagnostic Center includes a discussion of the setting, diagnostic procedures and format, the referral process, participating agencies, the research design and methods of data collection.

The results of the project during 1974 (with some discussion of beginning to date) are discussed using the original objectives as a guide for measuring achievement. Charts and graphs are presented that illustrate and compare referral data in several different ways to describe changing agency demand and first year and second year operations. Evaluation of the results relative to each objective is then presented. In areas where quantitative description is difficult, the user survey conducted by the project's research consultant is used in the discussion.

A general discussion about the project, its applicability to other settings, problems incountered and future funding plans conclude the report.

The appendix includes Dr. James Bridges user survey findings for 1974. Examples of felony evaluation reports and data face sheet are also included.

PROJECT DEVELOPMENT AND OBJECTIVES

The Denver Court Diagnostic Center was developed in response to an expressed need by agencies with felony jurisdictions for routine access to psychological and psychiatric evaluation services. Prior to the establishment of the Denver Court Diagnostic Center, psychological and psychiatric information was used rarely and almost exclusively to determine a defendant's ability to stand trial. Psychological and psychiatric information was not routinely available as an addition to pre-sentence reports to aid in sentencing a defendant, or in helping supervising probation and parole officers plan programs for the people on their case-loads. In view of this the first objective in developing the Diagnostic Center project was:

> Objective 1: To provide psychological and psychiatric diagnostic evaluations on impact and other offenders referred by the Denver District Court, the District Court Probation Department and the Colorado Department of Parole (Denver Division).

To measure progress toward the achievement of this goal two efficiency objectives were identified:

> Efficiency Objective 1-1: To provide 8-11 complete evaluations per week to judges, intake probation officers, field probation and parole officers and to the psychologist in the intensive parole and probation supervision project.

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

In planning the project, it was anticipated that demographic and psychological data would be gathered on a large number of impact and other offenders, presenting an opportunity to accomplish meaningful research that would contribute to better understanding of the etiological factors involved in criminal behavior and to aid in planning remedial programs for subsequent offenders in the impact and other crime categories. The second objective was stated in the following way:

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.

To measure progress toward achievement of this goal and to give more specificity to the research effort the following efficiency objectives were identified:

Efficiency Objective 2-1: Provide normative data on 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: Define possible etiological factors and treatment strategies from 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.).

The final objective was apparent in that the effectiveness of the Denver Court Diagnostic Center was entirely dependent on the cooperation of various criminal justice agencies that were and are operationally independent; agencies that represented separate criminal justice jurisdictions. The Diagnostic Center project confronted one of the most persistent criticisms of the criminal justice system, provincialism.

Objective 3: To demonstrate a cooperative effort involving four autonomous criminal justice agencies (County Court Probation, District Court Probation, the Parole Department and the District Court Criminal Division) around the utilization of the Diagnostic Center.

Achievement of this objective has been measured quantitatively by the number of referrals from participating agencies and qualitatively by a user survey conducted by the project's research consultant. (See appendix I)

METHODS AND PROCEDURE

The Impact Cities Felony Evaluation project took advantage of an existing court based diagnostic clinic

that has been part of the Denver County Court Department of Probation Services since 1966. With the addition of the staff provided by Impact Cities funds and the broader base of referrals the clinic is now referred to as the Denver Court Diagnostic Center. (See organization and flow charts figure 1 and 2 following page.)

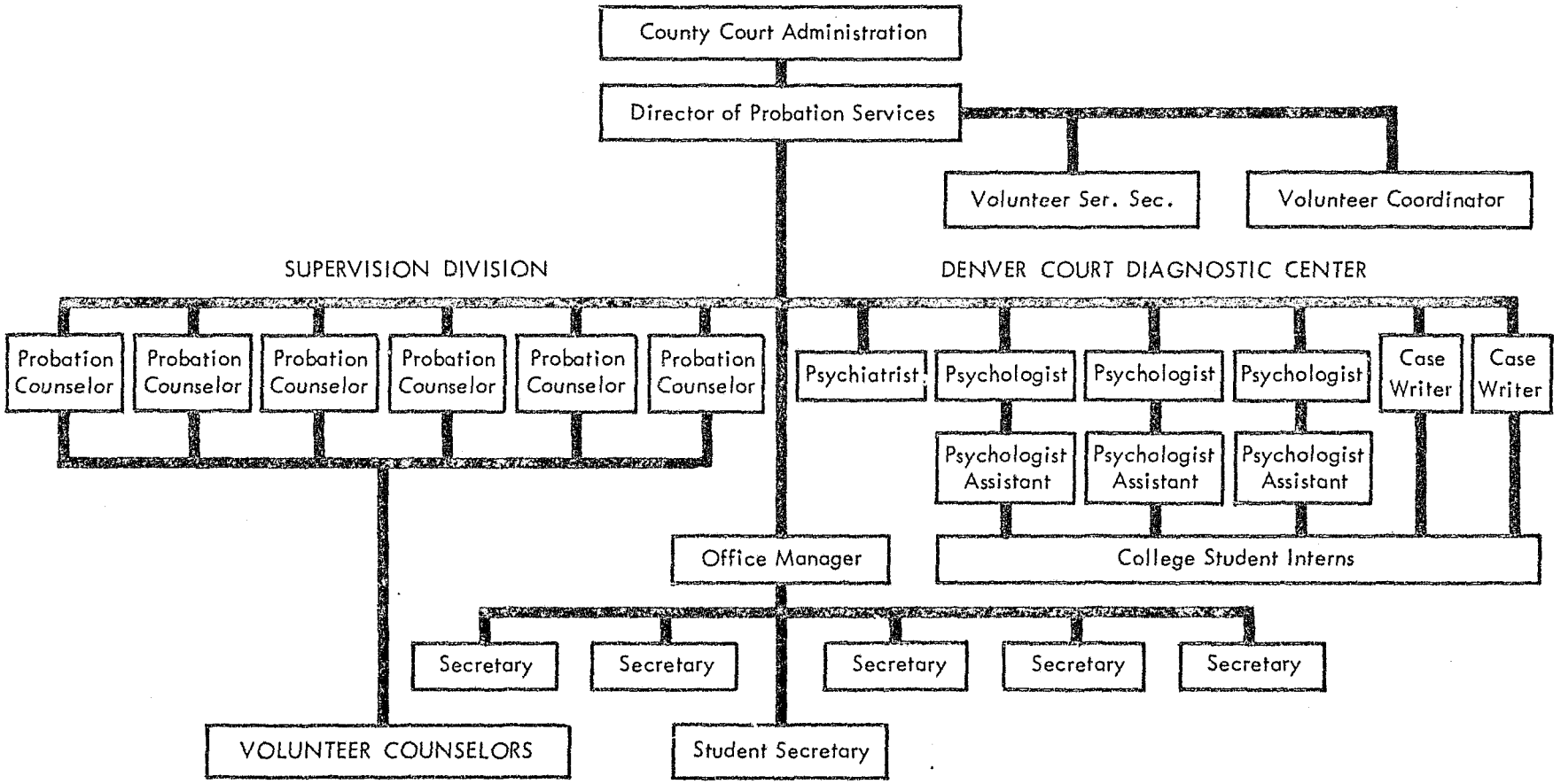
The Diagnostic Center is located in room 20 of the Denver City and County Building. The staff of the Diagnostic Center consists of three full-time psychologists, three full-time psychologist assistants, one half-time psychiatrist, two casewriters and two clerical people. Of these, Impact Cities grant funds provides one psychologist, the three psychologist assistants and the two clerical people. Grant funds were also provided to remodel existing testing room facilities.

With the additional staff, improved facilities and broader referral base the Diagnostic Center now follows two distinct evaluation procedures, one for the misdemeanant offender referred by the Denver County Court system and one for those referred by agencies who work primarily with felony offenders. It should be understood that Diagnostic Center staff (with the exception of the casewriters) work with both categories of offenders.

The misdemeanor diagnostic process is designed to screen literally thousands of misdemeanor offenders for

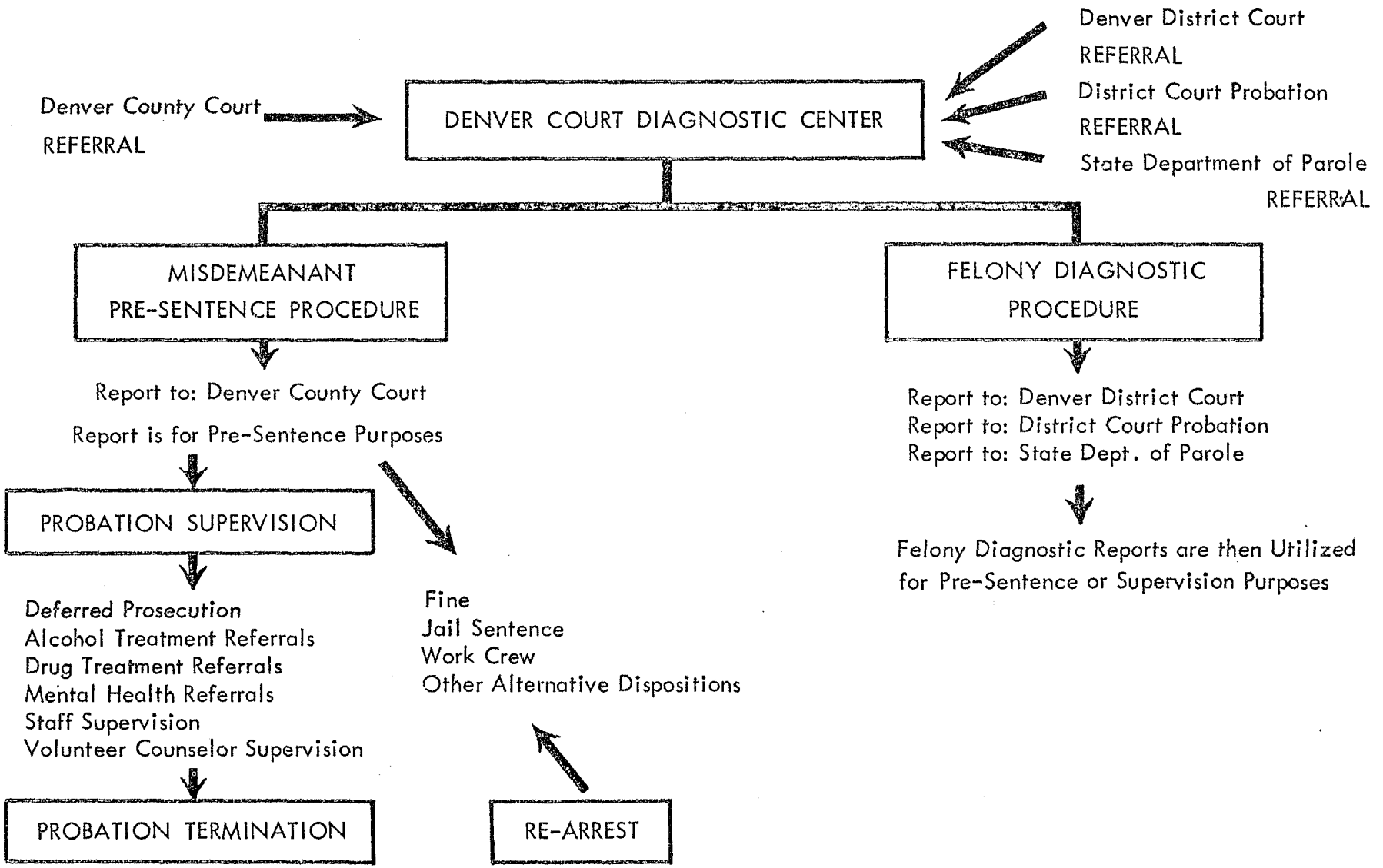
DENVER COUNTY COURT
DEPARTMENT OF PROBATION SERVICES

ORGANIZATION CHART



DENVER COUNTY COURT
DEPARTMENT OF PROBATION SERVICES

FLOW CHART



possible psychological, social or physical problems that may interfere with their ability to function without coming into contact with the police and the courts. Since 1966 over 25,000 people have been seen, 5,000 in 1974 alone.

Each person, convicted of a misdemeanor spends about four hours in the Diagnostic Center. They are given the Minnesota Multiphasic Personality Inventory and several self-report and self-evaluation pencil and paper tests. A drinking history questionnaire and drug history questionnaire are routinely given. The client is then interviewed by one of the Center's casewriters who prepares a report. A summary of test results is written by one of the psychologists and added to the casewriter's report. Their combined report is returned to the referring court with a corrective recommendation. (See example of misdemeanant pre-sentence report in Appendix III.)

The felony evaluation procedure is more comprehensive and time consuming. Each client spends approximately eight hours in the Diagnostic Center. Not infrequently he is seen for the larger part of two days.

Although the testing format is flexible the following instruments are generally used:

The Minnesota Multiphasic Personality Inventory
I.P.A.T. Culture Fair Test of "g"
Bender-Gestalt
The Hand Test
Wechsler Memory Scale
Draw Person
Hooper Visual Organization Test
Rorschach
Wide Range Achievement Test

In addition to the above and other tests, most felony clients are interviewed and a report is written by the staff psychiatrist. Vocational aptitude testing is available through the State Employment Office. Results of the tests, (General Aptitude Test Battery, G.A.T.B.) are available to Diagnostic Center psychologists.

OPERATION

Referrals for felony diagnostic procedure work-up come primarily from four sources:

1. The Criminal Division of the Denver District Court.
2. The District Court Probation Department (Intake Division).
3. The District Court Probation Department (supervision division including intensive probation supervision projects).
4. Denver Division of the Colorado Department of Parole (including intensive supervision centers).

When priorities and time permits referrals are accepted from other agencies.

The following referral procedures have been developed and at this time appear to provide adequate guidelines for referring agents and clients:

1. A special telephone number has been provided to all felony referral agencies for making contact with the Diagnostic Center.

2. When a call is received the referring person is given a specific appointment time and date for his client. Every effort is made to accommodate the client's time schedule. This includes evening appointments.

3. The referring agent fills out a referral slip, gives one to the client which he brings with him to the Center, keeps one for his records and sends one copy to the Diagnostic Center along with case history and criminal history information.

4. If time permits, Center personnel sends a letter to the client reminding him of his appointment, and explaining briefly the time that will be required, giving him directions on how to get to the Center, and explaining briefly what he can expect.

5. If the client has a telephone he is called the day before his appointment to again remind him.

The last two procedures have reduced the number of "no shows" and has, we believe, removed some of the apprehension felt by the client at the prospect of being subjected to "psychological examination."

When the client arrives he reports to the reception desk where a case folder is prepared. He is then

introduced to the psychologist's assistant (PA) who will be working with him. The PA interviews the client and fills out as accurately as possible the demographic information sheet required for the research element of the project. (See Appendix IV page 1) Paper and pencil tests are then explained and administered. The client is then introduced to the psychologist who will interview the client and administer the projective tests for later interpretation.

In the majority of cases the client will have been scheduled to see the psychiatrist sometime during this, his initial visit to the Center.

When the report is complete (this can be from 3-15 days) usually within seven working days, it is returned to the referring agent or court for their use. Consultation about the evaluation is encouraged. (An example of a felony diagnostic report appears on page 1 of Appendix II)

Increasingly, Center staff are being requested to do evaluations of clients incarcerated in the County Jail. These requests are usually but not exclusively from Judges of the District Court Criminal Division. The usual referral procedure is followed except in certain cases no background information is available and of course

arrangements are made with the County Jail to see the client in jail located 12 miles from the Diagnostic Center.

RESEARCH

As mentioned briefly above, during the course of the diagnostic procedure, data demographic and psychological, is collected. It is the responsibility of the psychologists assistants to record the demographic data carefully and completely. The demographic information sheet corresponds to coding protocol and transferring the information to the coding sheets is the responsibility of one of the psychologists assistants. The transfer of the information on the coding sheets to Holorith cards is accomplished by clerks at Denver University Computer Center under the supervision of the project's research consultant.

The data obtained as a result of the Diagnostic Center project has been analyzed in relation to four basic crime classification categories comprised of impact crimes; robbery, burglary, rape and assault. In the research report (under separate cover) data is 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 has been used as the basic framework for statistical presentation.

In the research document (under separate cover) presentation is made for data relative to each of the major

categories of crime. The discriptive presentation consists of a reporting of frequencies and percentages. The data reported discriptively is comprised largely of the demographic information obtained. The organization of data concerning other than impact crimes has been determined in relation to the kinds of offenses and numbers of individuals represented.

In presenting the normative data, means and standard deviations for each of scales and subscales (where utilized) have been computed. As a result of this classification and analysis, normative data is available and is presented for each of the several crime categories on each of the tests used.

Based on the descriptive classification and analysis of data, profiles have been developed in relation to each of the four categories of impact crimes. The profiles were generated from the measures of central tendency as they apply to each of the variables that were included for analysis. Both means and medians were used in the presentation of profile data. As a result of these procedures it was possible to determine the attributes and characteristics of the average offender in each of the crime categories.

The statistical procedure upon which the interpretation of findings rests is factor analysis. In the opinion of

the project's research consultant, "this procedure moved the examination of data beyond the presentation of summary statistics to the examination of the relationships which can be determined to exist between variables." Factor analytic procedures were conducted in relation to each of the four impact crime categories.

The project's research consultant again surveyed user agencies regarding their opinion of the services offered by the Diagnostic Center during the 1974 project year. His findings appear in Appendix I .

RESULTS AND EVALUATION

In this section each efficiency objective for 1974 will be restated, and followed by a discussion of the project's achievement or lack of achievement in relation to these objectives.

> Efficiency Objective 1-1: To provide 8-11 complete evaluations per week to judges, intake probation officers, field probation parole officers and to the psychologist in the intensive parole and probation supervision project.

RESULTS 1-1:

Since the project began accepting referrals on 1/15/73 through 12/31/74, 403 people have been seen for felony evaluations. During the current project year, January 1, 1974 through December 31, 1974, 245 or just over 20 evaluations per month have been performed.

Figure 3 compares the monthly referral rates for 1973 and 1974.

Figure 4 illustrates the changing referral pattern relative to the courts, probation and parole. An important trend is identifiable regarding use of the Diagnostic Center by the courts and probation officers for pre-disposition evaluations. For purposes of the graph (figure 3) four different utilizations of the clinic's services have been combined and labeled "Pre-Disposition Evaluations."

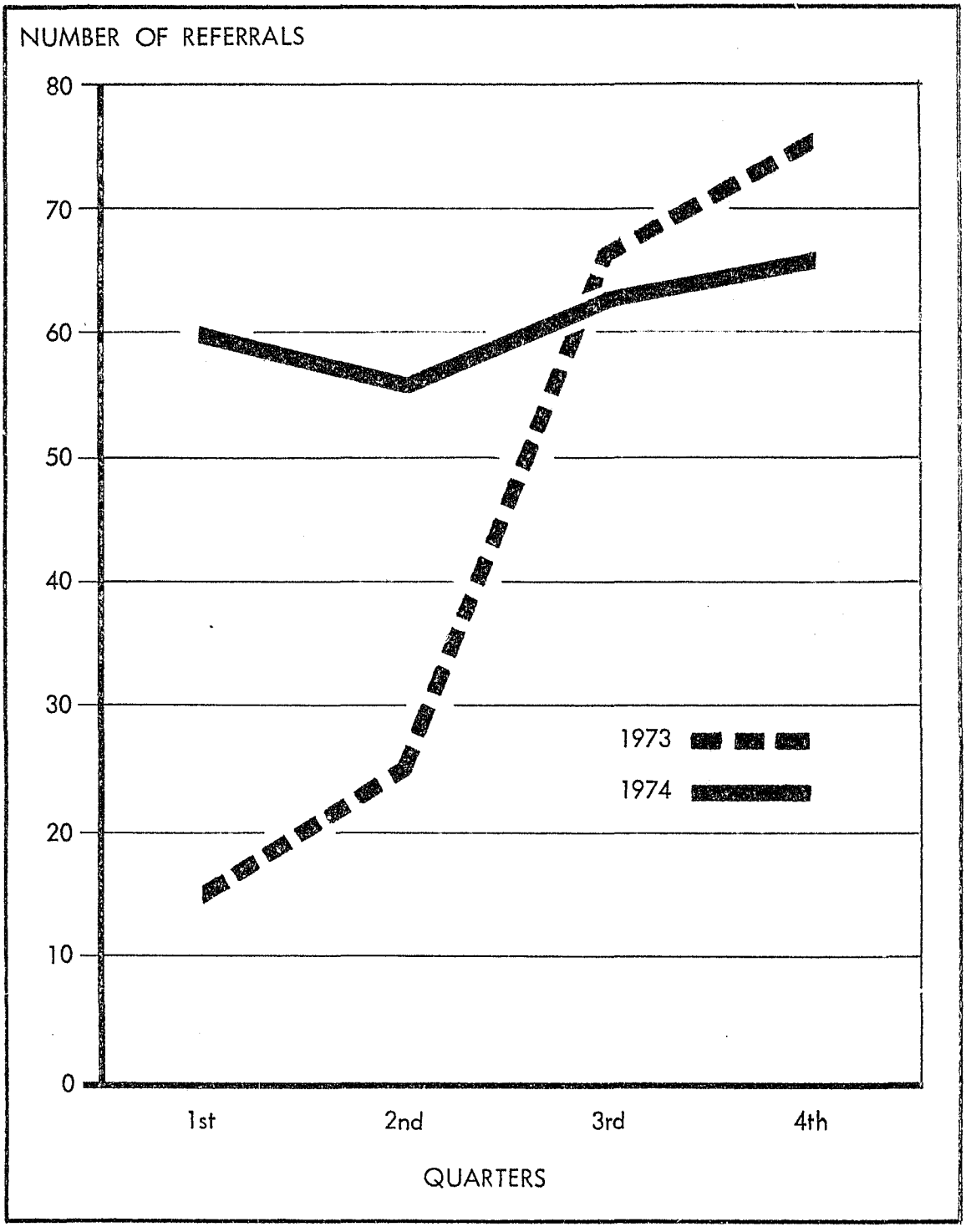
Pre-Disposition Evaluations
Pre-trial evaluations
Pre-plea evaluations
Pre-sentence evaluations
Pre-probation supervision evaluations

The use of the Diagnostic Center prior to disposition is ideal utilization of the court based diagnostic service. By having the diagnosis completed prior to disposition the results of the evaluation can be of help in the decision making process for sentencing and the report is available to institutional personnel for classification purposes. If probation is ordered, supervising probation counselors can use the evaluation in developing casework plans.

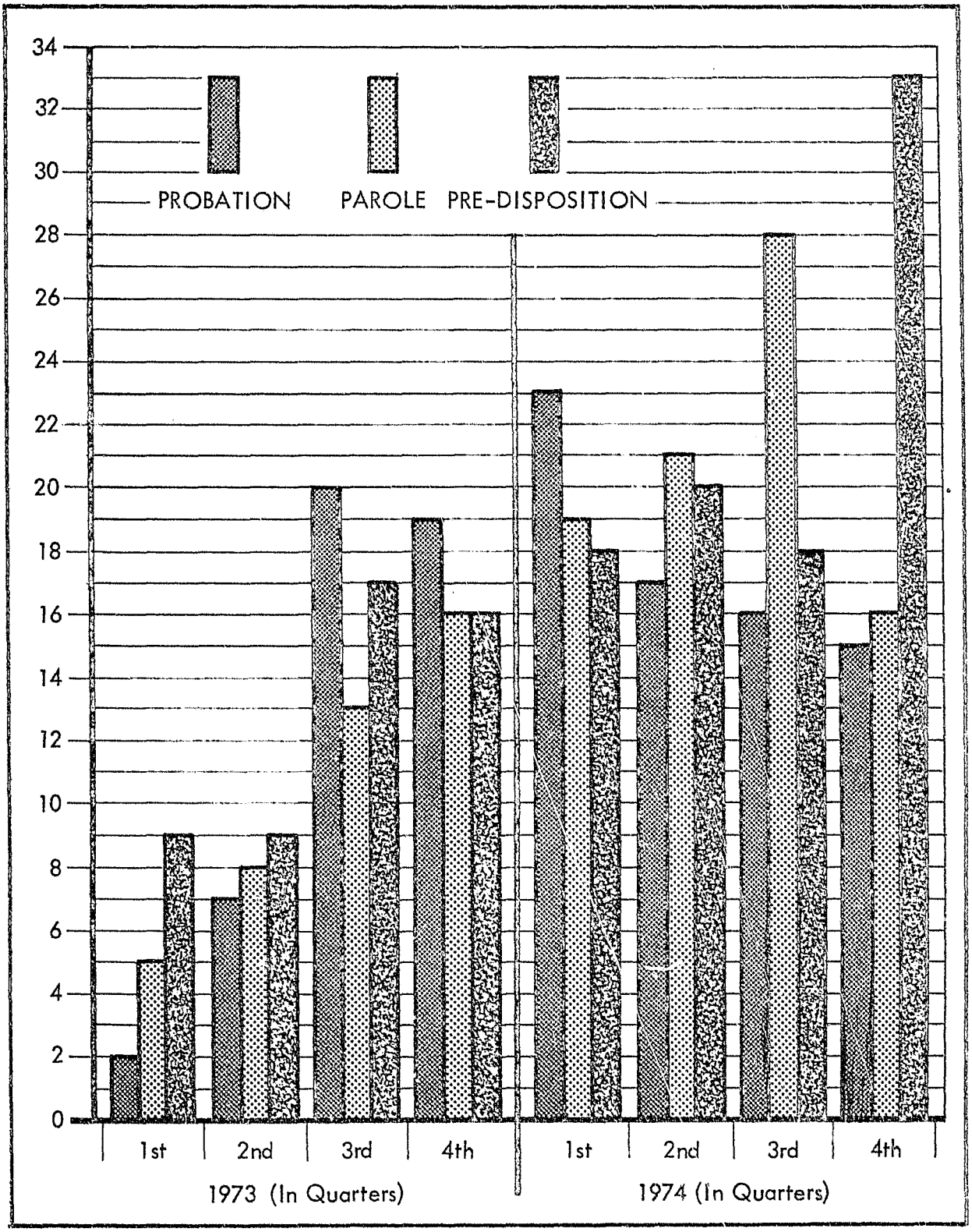
Figure 5 compares 1973-1974 requests from the courts and other agencies for evaluations of people incarcerated

REFERRALS TO THE DIAGNOSTIC CENTER

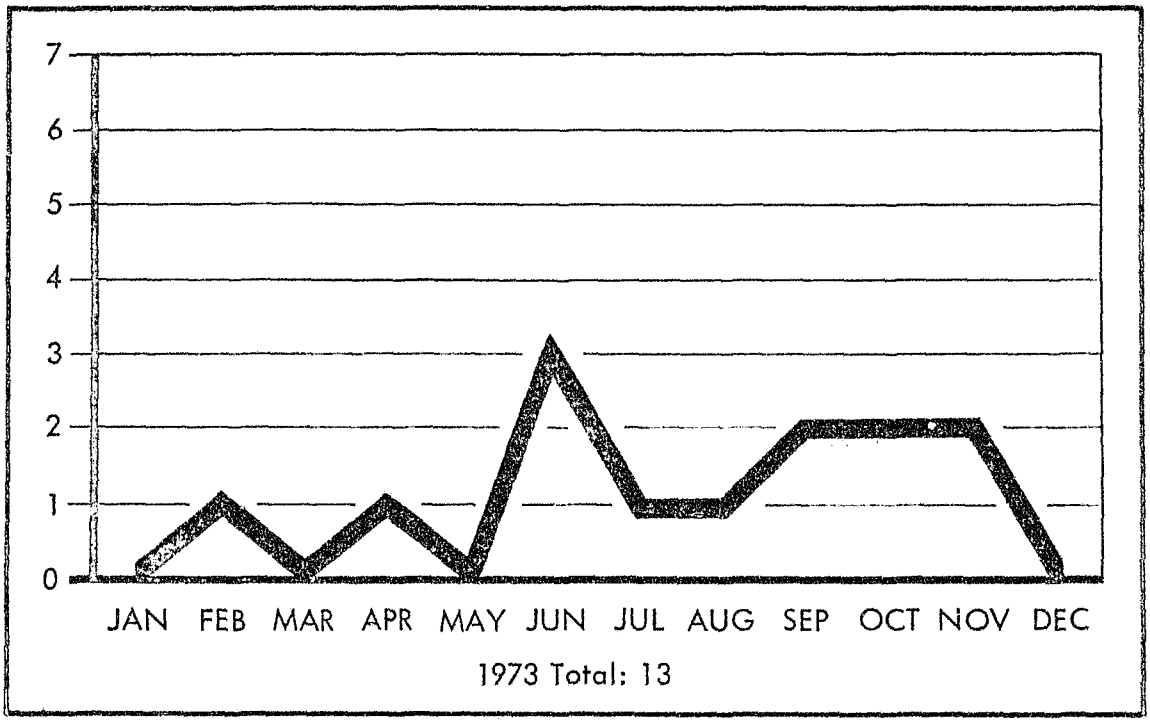
1973 - 1974



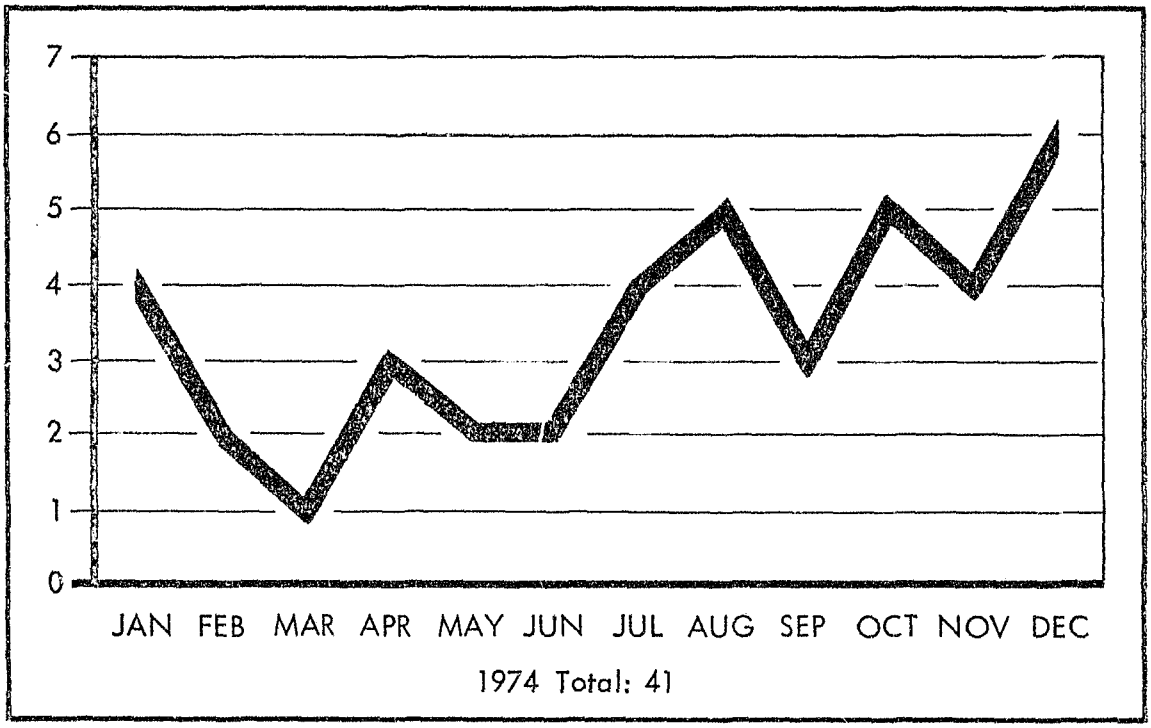
COMPARATIVE SOURCES OF REFERRAL



SUBJECTS EVALUATED WHILE INCARCERATED



1973 Total: 13



1974 Total: 41

Mo. X Mo. Comparison - 73 & 74

in the County Jail. These requests are increasing and are related to the increased use of the Diagnostic Center by the courts.

EVALUATION 1-1:

The Diagnostic Center did not achieve the number of referrals projected for 1974. There was however a consistent referral volume and all of the cooperating agencies were well represented.

The professional growth of staff that has come with the experience of the felony evaluation project is reflected in the reports now being submitted. At this time, the evaluations are much more than screening of clients for gross emotional disorder. The sophistication of the evaluations is becoming more and more evident. The Diagnostic Center staff's attitude toward the project is very positive and this is reflected in relationships with the other participating agencies.

As part of the research effort on the 1974 project year, Dr. James Bridges Research Consultant for the project conducted a user opinion survey (see Appendix I) regarding the Diagnostic Center. In general it can be stated that the comments received were very positive, more positive than the sampling taken as part of the re-application for continued funding in September of 1974.

In the opinion of project staff the most important development during the last half of 1974 was the increased acceptance of the Diagnostic Center by the judges of the District Court and the Intake Division of the District Court Probation Department.

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

RESULTS

The Diagnostic Center staff has little or no control of how the information in the evaluative reports is used. Therefore, measuring performance in relation to this objective is subjective and based on the user survey conducted by Dr. Bridges. The assumption (though difficult to quantify) is that those courts, probation and parole officers who routinely use the services of the Diagnostic Center find the evaluations useful and that when used in conjunction with regular pre-sentence information make their sentencing and supervision decisions more individualized and relevant. Dr. Bridges found that "all four judges, with whom contact was made, were uniformly positive concerning the helpfulness of the evaluations received, and the need for the service. Uniformly the judges felt that the evaluations did have an impact upon their disposition of the cases . . ." *

* Page 33 Appendix I

Over three-fourths of the probation and parole officers responding "thought that the evaluations had impact on their supervision of over three-fourths of the cases referred. Almost one-third of the officers stated that the evaluations had impact on their handling of all the cases they referred."*

EVALUATION 1-2:

In the current user survey Dr. Bridges again notes that some of the supervising probation officers still feel that greater on-going case consultation is lacking in the Diagnostic Center project. Dr. Bridges found that although this was less of a problem than was indicated in the October, 1973 survey it still persists. The administration of the Diagnostic Center project believes that on-going ** case consultation on more than a relatively limited basis is beyond the scope and resources of the project as it was planned and staffed. However, participating agencies are aware that the professional staff of the Center is available to them at any time they request consultation.

The response to the evaluator's question regarding the adequacy of inter-agency communication is analogous to asking if one "is in favor of more sunshine" and should, in the writer's opinion, be viewed in that perspective.

* Page 13 Appendix I

** Dr. Barry Burns Central Diagnostic Unit project addresses this need directly and will have the resources to provide needed follow-up and case consultation.

Less strongly expressed than during previous surveys but still mentioned by some of the officers was the need for more specificity in making recommendations as to what course of action should be followed in supervising the person referred for evaluation. This is a criticism that in spite of the increasingly specific treatment suggestions persists. While not dismissing this criticism as irrelevant, psychological procedures, psychiatrists and psychologists possess no magic. The staff will continue to make recommendations to supervising officers when they feel their information is adequate to support such recommendations.*

> 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 itiological factors prevalent in impact offenders.
>
> Efficiency Objective 2-1: Provide normative data on various tests and background variable 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: Define possible etiological factors and treatment strategies from 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.).

*See page 32 of this report

RESULTS

Objective 2 and the efficiency objectives associated with it are related to the research component of the project. Data (described below) has been gathered on over 400 people referred to the Diagnostic Center over the past two years. The data analyzed consisted of psychometric measures and demographic characteristics that were identified during the planning stages of the project as relating importantly to the research purpose.

The 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.

Psychometric Measures to be Included in the Analysis

The psychometric measures which are systematically included in the data analysis are identified below. These measures comprise the basic test battery utilized in the diagnostic evaluation of Impact offenders. While some additional instruments were administered on a selective basis, they are not included in the basic data matrix in view of the relatively small number of individual measures that were 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 were 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 are included, when they yielded 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 was 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 - Ph 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 were coded.

5. The Mooney Problem Checklist
   This measure provides nine different problem categories, and results for each category were 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.

The data has been analyzed by Dr. Bridges in relation to the four categories of Impact crimes. The data is presented in a descriptive and normative format and factor analysis was the primary statistical procedure used. Offender profiles have been developed based on the analysis of data profiles in relation to each of the Impact crime categories.

EVALUATION

The data collected on all persons seen for evaluation as part of the felony diagnostic project has been recorded and analyzed by Dr. James Bridges, Professor of Research, Denver University Graduate School of Social Work. His report, which runs over 100 pages, will be submitted under separate cover. On the following pages Dr. Bridges' discussion of the "Profiles of Impact Offenders" and his summary and conclusions are presented.

PROFILES OF IMPACT OFFENDERS

The data obtained in the present study will be summarized selectively by means of over-all profile statements describing the outstanding comparative characteristics of each Impact category. These profiles will be based upon the data obtained for those individuals having committed just one type of Impact crime.

The outstanding characteristics of the Impact offenders are presented in relation to means and percentages, and it should be made clear to the reader that the differences between the groups have not, in this study, been analyzed in terms of statistical tests of significance. Rather, the identification of outstanding characteristics has been made on the basis of those differences that appeared meaningful upon inspection of the tables.

PROFILE OF BURGLARY OFFENDERS

Offenders in the category of burglary were the least likely of all Impact offenders to have been convicted previously for the same crime. They were the most likely to have been convicted of a traffic misdemeanor, and they were incarcerated for the greatest length of time as juveniles. Of the four types of Impact offenders they had been hospitalized the least for emotional problems. They presented the greatest over-all use of drugs, but, most of the usage was in relation to "soft" drugs. By far they were lighter users of alcohol than were other Impact offenders. Burglary offenders were equal in age to offenders on robbery, but younger than both rape and assault offenders. Along with those offenders in the category of robbery they were least likely to be an ethnic minority. They presented the least history of military service, were the most likely to be a laborer, and along with robbery, the least likely to present a history of full employment. More than any other Impact group, their childhood was spent in Denver, and they had also lived the longest as adults in Denver.

Along with robbery offenders they had the least positive self concept as measured by the Self Evaluation Questionnaire, and over-all they received the next most deviant scores on the MMPI. Their score on the Maladjustment scale on the Hand Test was the highest for all types of offenders.

PROFILE OF RAPE OFFENDERS

Offenders in the category of rape were, by far, the most different from other types of Impact offenders. They were the most likely to have had a previous conviction for the same Impact crime. Along with offenders on assault they were less likely to have a misdemeanant history on drugs, but to have misdemeanor convictions concerning "peace, order, and decency."

Offenders on rape presented almost twice the time of incarceration for misdemeanors than did any other group, but they were the least likely to have a juvenile record. It would appear, however, that where offenses were committed as juveniles they were of a serious nature, since there was little difference in comparison with the other groups on time incarcerated as a juvenile.

Next to offenders in the assault category they presented the least history of drug usage, but were the heaviest users of alcohol.

On the average rape offenders were older than those in the categories of burglary and robbery, but were younger than offenders on assault. They were the most likely to be a member of an ethnic minority group, and only one-fourth in this category were classified as Anglos. Rape offenders were most often Catholic and most often, among the Impact categories, married. Along with offenders in the category of burglary they were most often employed as laborers, but least often, among the four groups, as service workers. They did, however, present the greatest history of fill-time employment.

By far, individuals in this category were born, and lived elsewhere than Denver, more than any other group. In other words, they were the most mobile group of offenders. Also, they were the most likely to have come from a small town.

While the demographic and personal data regarding offenders on rape presented striking differences from the other offense categories, even more unusual findings emerged in relation to the psychological test data obtained.

Rape offenders generally had a very positive, and the most positive among the Impact offenders,

view of themselves as measured by the Self Evaluation Questionnaire. They received the least deviant scores on the MMPI in general, as well as on the Pd (Psychopathic Deviate) scale. They also received the lowest Maladjustment score on the Hand Test, but the highest Pathology score. Among all the four groups offenders on rape received the most extreme, high and low, scores on the Hand Test.

All of this data, taken together suggests strongly that rape offenders work very hard to present a "normal front" that, in fact, covers serious pathology. This interpretation of the data tends to be supported by the fact that offenders in this category received the most elevated score on the "K" scale of the MMPI. This scale, loosely interpreted, measures the defensiveness of the subject.

PROFILE OF ASSAULT OFFENDERS

In general, assault offenders presented the most "normal" profile of all the Impact offenders. This is not to say that they received the lowest scores on all of the tests administered. They were, however, the next least deviant group, as measured on the various psychological tests administered, but without the need of the rape offenders to "cover up." As indicated by the average scores received on the "K" Scale of the MMPI, however, offenders in this category also had a greater need than burglary and robbery offenders to "present a good front."

Offenders on assault presented a more positive view of themselves, on the Self Evaluation Questionnaire, than did offenders on burglary and robbery. They also presented the least deviant scores on the MMPI. As a group they scored the lowest of all Impact offenders on the Pd (Psychopathic Deviate) scale on the MMPI. They were the least withdrawn of all offenders, according to the withdrawal scale of the Hand Test, and they had the lowest scores on the Pathology scale of the Hand Test.

In terms of demographic and personal characteristics, however, they presented the greatest percentage of misdemeanors against the

person, and were lowest on misdemeanors against property. They also presented the lowest percentage of drug use, and offenses against the public peace, order, and decency.

Along with robbery offenders they were incarcerated less as misdemeanants, and next to rape offenders presented the lowest apprehensions as a juvenile. Of all offenders they had the lowest incarceration as juveniles. They reported the least use of drugs, and along with burglary offenders, the least percentage of heavy alcohol use.

Offenders in the category of assault were the oldest of all four groups of offenders. They presented the lowest percentage of Black offenders, and they presented the greatest history of military service.

PROFILE OF ROBBERY OFFENDERS

Offenders on robbery presented the most deviant responses, of all four groups, to the MMPI and specifically, they received the highest scores on the Pd (Psychopathic Deviate) scale.

They were incarcerated for the greatest length of time as adults, but as a group presented the lowest number of misdemeanors. Their greatest misdemeanor history was in relation to offenses against the public peace, order, and decency. This group presented the least amount of incarceration for misdemeanors. Along with burglary offenders, however, they presented a larger number of apprehensions as a juvenile, and a more serious juvenile record.

Very notably, they presented by far the greatest history of hospitalization for emotional problems. They were the heaviest users of hard drugs, and next to rape offenders, the heaviest users of alcohol.

Robbery offenders were younger than those in the categories of rape and assault, and on the average, the same age as offenders on burglary. They were more likely than any other group to be female. This group of offenders also presented the most balanced ethnic composition of all four groups.

Offenders on robbery were the least likely to be Catholic, and almost one-half of the group expressed no religious preference; a very deviant response among the four categories of offenders.

They were the most likely to be single, the least likely to be a laborer, and the most likely to be a service worker, along with burglary offenders they presented the lowest history of full-time employment. Of all offenders they were the most likely to be born in Denver, and to live in East Denver.

DISCUSSION

The profiles which have been presented have analyzed the most outstanding characteristics of Impact offenders which have tended to differentiate the groups from each other. This comparative analysis, however, does not present absolute data regarding the Impact crime categories. As a summary some of this data regarding the more critical variables is presented below in Table 57. The headings for the variable categories are necessarily abbreviated. Since this data is presented as a summary, no discussion of the table will be offered.

TABLE 89

Major Summarizing Characteristics of 149 Impact Offenders

	Burglary	Rape	Assault	Robbery
Adult incarceration in weeks	52.01	78.94	40.49	90.45
No misdemeanors	19.10	18.80	18.60	40.90
Incarceration for Misdemeanors in weeks	11.28	19.44	7.07	5.23
No juvenile record	25.00	68.80	55.80	36.40
Hospitalization for emotional problems	16.20	25.00	20.90	40.90
No drug usage	26.50	56.30	69.80	40.90
Hard drug usage	16.20	6.30	4.60	36.40
Heavy alcohol use	7.40	31.30	11.60	27.30
Year of birth	1949	1944	1936	1949
Anglo	41.20	25.00	39.50	40.90
Black	17.60	25.00	16.30	27.30
Chicano	36.80	50.00	41.90	27.30
Catholic	42.60	50.00	46.50	18.20
Protestant	32.40	25.00	34.90	40.90

	Burglary	Rape	Assault	Robbery
No preference	14.70	12.50	9.00	40.90
Single	55.90	37.50	44.20	63.60
School grade completed	10.25	10.80	10.69	10.95
Born in Denver	47.10	12.50	27.90	50.00
Small town childhood	16.20	43.80	25.60	9.10
MMPI (pd)	73.44	68.50	67.46	76.78
MMPI (Sc)	72.86	65.50	62.37	73.78
MMPI (Pd4B)	64.92	50.85	56.17	62.36
Hand Test (Mal)	.86	.50	.73	.81
Hand Test (With)	.92	1.25	.79	.87
Hand Test (Path)	2.67	2.87	2.18	2.50

SUMMARY AND CONCLUSIONS

A number of demographic and mental test characteristics have been presented concerning offenders who commit burglary, rape, assault, and robbery. The data presented should be of value to practitioners in criminal justice concerned with the better understanding of the individuals who commit these offenses. A particular value of the data should be the availability, as a result of the study, of normative data concerning these offenders. This data can be used by practitioners, in part, as a comparative base against which to assess the individuals with whom they are dealing. In other words, diagnostically, it should be of considerable help for the correctional officer to know if the individuals for whom he or she is responsible, are more, or less, deviant than the normative groups identified in the present study.

A second, and equally important, result of the study has been the greater understanding achieved of the characteristics of those individuals who commit the crimes of burglary, rape, assault, and robbery. A large amount of data has been provided for the thoughtful analysis by criminal justice personnel concerned with the etiology of Impact offenses, the understanding of the mental make-up of those individuals who commit these offenses, and the interventive actions which might be taken more effectively.

No attempt has been made within the present report to analyze comprehensively the data presented. Such analysis was considered beyond the parameters of the study. However, even a casual analysis of the data revealed some striking differences between burglary, rape, assault, and robbery offenders. Major generalizations concerning differences between these groups of offenders would appear, from the data presented, to be as follows.

Offenders on robbery were the most deviant, and overtly disturbed individuals among Impact offenders, as measured by the MMPI. The next most disturbed group were burglary offenders, and then assault and rape offenders.

Clearly, offenders on rape had the best view of themselves. Both rape and assult offenders were systematically differentiated from burglary and robbery offenders on this characteristic. However, rape offenders, and then offenders on assault, appeared to be the least open about themselves, and to present the greatest need to "cover-up."

The Discriminant Analysis showed that rape, and then assault offenders were most likely to repeat the same offense.

The four groups of offenders were also differentiated on a number of demographic and personal characteristics. Robbery offenders, for example, were far more likely, than the other groups, to have been hospitalized for emotional problems. Offenders on rape were far more likely to have been raised in a small town and to come from outside Colorado.

The major limitation of the present study was thought to be the limited size of the samples in each of the offender groups analyzed. The replication of the study a year and a half from now, with the additional cases provided, should offer a substantial increase in the reliability of the data reported.

Another limitation of the study has been the lack of differentiation between those offenders who have, and have not been incarcerated. The size of the samples was not sufficiently large to permit a meaningful analysis on this basis. However, at the time of the final research report 18 months from now there should be large enough samples to allow such a procedure, as well as other breakdowns.

Lastly, it would be desirable to analyze those cases presenting just one type of felony offense, and this analysis also, should be feasible for the final report of the research being conducted.

Objective 3: To demonstrate a cooperative effort involving four autonomous criminal justice agencies (County Court Probation, District Court Probation, the Parole Department and the District Court Criminal Division) around the utilization of the Diagnostic Center.

RESULTS:

Achievement of this objective can be measured with reasonable objectivity by the use of the Diagnostic Center by participating agencies. Intake for 1974 was generally higher with significant increased use apparent by parole and the courts. The largest percentage of increase occurred in requests for evaluation of those incarcerated in the City Jail (.320). Court referrals increased 42% and parole referrals increased 100% over 1973. Although a 47% increase in supervision referrals occurred, this type of referral represents a decreased percentage of the total number of referrals for the year when compared with 1973.

Dr. Bridges' user survey (Appendix I) indicates that 1% of the users of the Diagnostic Center were dissatisfied with the service that is provided. On page 32 of his evaluation report he quotes respondents comments. Two examples are presented below.

"I have been 100% satisfied by the prompt, courteous, professional assistance provided by the Diagnostic Clinic. My only complaint is that my immediate supervisor won't let me use it more."

"One evaluation I received was simply too Freudian. I received a call from a judge who was baffled by it. ("He is fixated at the oral aggressive stage.") This is too much to expect a judge to understand. I think this kind of descriptiveness should be avoided."

EVALUATION

The facts indicate that gradual acceptance of the Denver Court Diagnostic Center is occurring. There has been a shift in agency use from post-sentence to pre-sentence, which is welcome and will be encouraged.

In summarizing the user survey for 1974 Dr. Bridges states:

"The over-all results of the present study seemed to present rather conclusively that the project had provided a needed service which was valued by the probation, parole, and court systems in Denver. In general the percentage of favorable responses to the service provided was striking....Almost unanimously, the probation and parole officers stated that the services provided by the Diagnostic Clinic were important to the criminal justice system of Denver. By the same token only four officers indicated they had encountered some problems in their use of the Diagnostic Clinic. The responses of the judges was congruent with those of the correctional personnel responding to the questionnaire." *

* Appendix I Page 38

Based on this year's user survey, cooperation between agencies can be improved by expanded personal contact between clinic staff and user personnel and clarification of the Center's role regarding treatment recommendations, need discussion and resolution.

COMMENTS AND CONCLUSIONS

Recently the Denver Diagnostic Center staff was visited by the administrator of a similar diagnostic and evaluation project in Albuquerque, New Mexico. The similarity of the successes and problems encountered by the two projects is striking.

The Albuquerque project had one distinct advantage in that the project was proposed and implemented by the judges of the District Court. Every referral received by that clinic is ordered by a judge, but no referrals are received from intake or supervision personnel. (The supervision evaluations for supervising probation and parole officers are viewed as being programmatically correct by the Denver Diagnostic Center staff.) The experience of the Denver Court Diagnostic Center seems to confirm the necessity of judicial support and in the case of the misdemeanant diagnostic center this factor was also of primary importance. In contrast to the out of state project, the Denver Court Diagnostic Center has had to cultivate the

interest and support of the District Court judges. Fortunately several District Court probation officers have helped extensively in introducing the judges to the services available. At the beginning no unanimity among judges regarding the relevance of a diagnostic center was evident. Consequently the slow process of building an acceptable reputation had to be endured. At this time the judges of the District Court that have been contacted by the project administrator and the project evaluator are strongly supportive of the Diagnostic Center project. Additional time will be required, however, to institutionalize the diagnostic procedure as part of the pre-sentence process.

In setting up similar projects in other jurisdictions the first planning objective should be to get the strongest support possible from members of the bench.

Although the Diagnostic Center has been clearly successful as an example of inter-agency cooperation, areas of friction remain, and if the experience of the Albuquerque project mentioned above is representative, the fact that the Denver Diagnostic Center is located in a court system separate from user agencies does not explain or eliminate the problem areas. For example, the other diagnostic center finds itself in a competitive situation

with the Probation Department, particularly with regard to whose opinion is viewed favorably by the court. In their situation specific recommendations are made directly to the court by the Diagnostic Center, and the Probation Department and the Diagnostic Center are both part of the same court system. No mutual staffing of cases occurs. They have found that young and older officers, the sophisticated and not so sophisticated react similarily to what they apparently see as a threat to their control and expertise. In the Denver project this situation was anticipated and carefully avoided. Interestingly this anticipation of a probable problem area has resulted in very mixed feed-back. On the one hand a few officers reject the idea of recommendations being made on the basis of subjective interview and projective information. On the other end of the spectrum many officers want and expect guidelines on which to build a counseling or treatment program. As illustrative of the latter preference the reader is referred to the example felony report on page 1 of Appendix II. In terms of policy the Diagnostic Center's position is somewhere between the extremes of definitive recommendations and no recommendations. In the vast majority of cases the evaluations are intended to supplement the "street information" of the probation or parole officer. No one on the Diagnostic Center staff is

naive enough to believe that psychological information alone can take the place of knowledge accrued over a long period of observation and documentation of behavior. In most instances the best predicator of subsequent behavior is still a past history of similar behavior. However, where a certain treatment modality is strongly indicated by a client's emotional status, that modality will be suggested consistent with the realities of available treatment resources. Dr. Bridges' user survey indicates that in the case of a small number of officers the Diagnostic Center's administration and staff have failed up to now to adequately articulate our function as contributors to the better understanding of those who are referred for evaluation and not the "final word," that the psychological and psychiatric evaluation should compliment and not compete with the traditional pre-sentence or probation report. If this was understood no "threat" would exist. During the remaining months of the project, efforts will be made to clarify and discuss this persistent problem. Time will be made available for more formal discussion of expectations and capabilities. Judges, probation and parole officers will be invited.

These areas of misunderstanding fortunately involve only a few officers and it is probably unrealistic to expect major changes in their attitude toward the service

offered by the Diagnostic Center. The small (and busy) Diagnostic Center staff is quite limited in the time it can spend in educational endeavors. In spite of this limitation significant progress has been made, and in the long run familiarity with procedures, staff and results has and will continue to break down remaining resistance to what is without question an essential criminal justice procedure.

The Denver Court Diagnostic Center is a division of the Denver County Court Probation Department which is a Department of the Denver County Court system. The primary funding source of the Probation Department and the Diagnostic Center is the City and County of Denver. The felony diagnostic and evaluation project provides services for clients under the jurisdiction of courts and supervision agencies funded by the State Government. Consequently when LEAA support ends the City and County of Denver will be in the position of providing free services for State courts and agencies; a situation that is not likely to be tolerated by the County Court or City and County elected officials and administrators.

In the above context, the most promising development during 1974, and especially the last quarter of 1974, was the significant increase in requests for evaluations by the District Courts and the Intake Division of the Denver

District Court Probation Department. The primary administrative objective during the next eighteen months of LEAA funding will be to increase the courts' reliance on and demand for the evaluation services. The possibility of state funding on a purchase of services basis is primarily dependent on strong endorsement by the Judges of the Criminal Division of the Denver District Court, and their willingness to express their support to the Chief Justice and the State Court Administrator.

APPENDIX I

RESEARCH EVALUATION REPORT OF THE DENVER COUNTY PROBATION DIAGNOSTIC CLINIC PROJECT FOR 1974

Conducted by James H. Bridges, Ph.D.

TABLE OF CONTENTS

TABLES

I. Introduction

The present report will provide the results of the evaluation studies conducted in relation to the 1974 implementation of the Diagnostic Clinic Project of the Denver County Court Probation Office funded under the auspices of the D.A.C.C.

Some mention will be made in addition, however, to the evaluation studies conducted also in 1973 and 1972 in order to provide a comprehensive review of opinions, over time, concerning the services provided.

In 1974 two separate evaluation procedures were conducted, although the major effort occurred at the end of the year, during the month of December. This entailed the presentation of a detailed questionnaire to all probation and parole personnel referring cases to the Diagnostic Clinic in 1974. This questionnaire, which is appended, obtained a broad range of information from users. Opinions were sought concerning not only the value of the service provided, but also in regard to the broader impact which the services might have upon the officers' understanding and handling of cases in general. Broad opportunity was provided for written comments, and many such comments were made which both approved the contributions of the Diagnostic Clinic while also suggesting improvements which might yet be made in the services provided.

A more circumscribed evaluation effort was conducted in July of the past year. This consisted of telephone interviews with a number of randomly selected users of Diagnostic Clinic

services. The results of these interviews, while provided in detail, will also be alluded to in the present report.

Importantly, telephone interviews were conducted in the final evaluation study with those judges having referred cases to the Diagnostic Clinic. The opinions of these judges concerning the value and utility of the Diagnostic Clinic was considered to be of great importance as an indicator of the effectiveness of the Project.

The present evaluation report is provided along with, but separately from, a research study which has been conducted concurrently on the differential characteristics of Impact offenders. This separate reporting of findings results from the different purposes of the evaluation study as opposed to the purpose of the research study. The former was concerned with the effectiveness of the project, and with information which could be obtained that would suggest actions which might be taken to further increase the effectiveness of the services provided. The research study was concerned specifically with generating knowledge concerning differential characteristics of Impact offenders.

Part II of the 1974 evaluation study, below, will present the responses of probation and parole officers having used the services of the Diagnostic Clinic.

Part III will present the opinions of those judges having referred cases to the Clinic, while Part IV will present a summary and review of the previous evaluation studies conducted. Part V will summarize the findings, and discuss implications

for the ongoing implementation of the project.

II. Responses of Probation and Parole Officers

Questionnaires were sent to all probation and parole officers having referred cases to the Diagnostic Clinic, since the inception of the project in January 1972. In total 64 officers had referred 305 cases, while judges referred a remaining 40 cases. These figures represent those cases that were recorded for data processing purposes through November 1974. Additional cases had been referred in 1974 for which time constraints prevented inclusion in the data analysis procedures.

Out of the 64 questionnaires sent, 32, or exactly fifty percent (50%), were returned after one follow-up effort was made by mail to request return of the questionnaires. However, since five of the officers to whom questionnaires were sent had either moved or retired, an effective return rate of fifty-four percent (54%) was obtained. The officers returning questionnaires, however, had referred a total of 173 cases to the Diagnostic Clinic. This represented fifty-seven percent (57%) of the total number of cases referred to the Diagnostic Clinic by probation and parole officers.

While a higher rate of return was desired, there is reason to believe that no particular bias resulted from the non-return of questionnaires. This belief stems from the fact that officers having either positive or negative experiences with the Diagnostic Clinic would probably have had an equal

investment in expressing their opinions about the value of the services provided.

In the analysis of responses to the questionnaires, distinctions were made between line and supervision officers, probation and parole officers, and whether or not probation officers functioned in a supervisory capacity as opposed to the investigation of cases for the purpose of sentencing.

Out of the 32 responses to the questionnaire, 17 were made by probation officers and 15 by parole officers. Five replies were received from officers who were either supervisors or division supervisors. Four replies were received also from probation officers whose responsibility was the conduct of PSI's.

In the reporting of the results in the tables below, no distinction will be made between the various categories of workers. However, where a meaningful difference of response was found between categories of personnel, in the analysis of the data, comment will be made upon this difference in the text of the report. This presentation of the data was considered to provide the reader with the most meaningful understanding of the study findings.

Ample opportunity was provided in the questionnaire for written comments by the officers. These comments were thought to add a very important dimension of understanding to the checked replies made to the closed-ended questions. These written comments will not be provided in total, they will be reported liberally to provide a representative sample of the types of responses made.

In general, a very high number of written comments were provided, and this fact, taken by itself, was considered to reflect the concern felt by probation and parole officers for the services provided by the Diagnostic Clinic.

Work Experience of Respondents

Table 1 below indicates that those officers using the Diagnostic Clinic presented a broad range of years of experience in criminal justice. The services, in other words, were not utilized primarily by inexperienced officers, or on the other hand, primarily by experienced officers. Therefore, level of experience did not appear to be a factor in the referral of cases to the Diagnostic Clinic.

Table 1

Work Experience of 32 Respondents

Experience	Number	Percent
Less than one year	3	9
One year but less than two	11	34
Two years but less than five	8	25
Five years but less than ten	5	16
More than ten years	5	16
Total	32	100.0

Helpfulness of Evaluations

The officers were asked to indicate how many cases they had referred to the Diagnostic Clinic over the past year. The past year was provided as a time frame, since they were then asked to indicate how helpful the evaluations had been in relation to these cases. A time frame longer than one year would not have been feasible to request in view of the difficulty officers would have encountered in recalling their experience with the cases.

The officers were asked to indicate the number of cases for which the evaluations had been very helpful, helpful, not very helpful, and not helpful at all. The results are presented in aggregate form in Table 2.

Some of the officers undoubtedly responded to the question of degree of helpfulness in relation to cases referred over a broader time span than the past year. In total 235 cases were rated by the officers. It is significant to note that the evaluations were considered to be either very helpful or helpful in relation to over seventy percent (70%) of the cases referred to the Diagnostic Clinic. The evaluations were judged to not be helpful at all in relation to only one percent (1%) of the cases referred.

Although this data is not portrayed in Table 2, none of the respondents on the supervisory level judged the evaluations to be of little or no help, although one supervisor failed to answer the question. In addition there appeared to be little difference between the responses of probation as opposed to parole officers.

Table 2

Degree of Helpfulness of Evaluations in Relation to Cases Referred

Degree of Helpfulness	Number of Cases	Percent of Cases
Very helpful	97	42
Helpful	69	29
Not very helpful	46	19
Not helpful at all	3	1
Not sure	7	3
No response	13	6
Total	235	100.0

Why Evaluations Were Not Helpful

Where the evaluations were judged not to be of help, officers were asked to make written comments on the reasons. Fifteen of the officers responded with comments which were favorable rather than negative.

The comments are presented below almost in total in view of the importance of this question. In general, the comments reflected a desire for greater specificity in the reports and for suggestions regarding treatment responses.

> Not specific enough. Did not substantiate conclusions. One evaluation was of no value at all because it was presented in such general terms it said nothing.

> Evaluations tended to simply repeat information contained in the individual's case file.

> Evaluations without at least a hint of recommendation - a direction for possible action - are relatively valueless to me, but may satisfy the Court as an "effort made."
>
> Very general with little information we did not already have.
>
> Did not suggest the modality of treatment that would benefit client.
>
> I wanted more complete ideas or possibilities of treatment.
>
> Were not returned in time.
>
> No specific advice on treating the situation. Too general an evaluation.
>
> There were no suggestions for treatment or methods of follow-up on sick cases.
>
> The information was too general, seemed applicable to all clients rather than the one tested; same terminology, vague, imprecise.
>
> Where evaluations were not helpful the material related information from referral material . . .
>
> The evaluations are not specific concerning what type of therapy would be best to meet the client's needs. Also, little information is given concerning the probability(s) of future aggression, depression, etc. Finally, there is little information given about <u>why</u> a client has the problem(s) that have been diagnosed.

Even though negatively critical comments were sought two officers responded with the following positive comments.

> They've all been helpful.
>
> I felt the evaluations were helpful in every respect.

<u>Why Evaluations Were Helpful</u>

The officers were also asked to write comments concerning why the evaluations were helpful to them. These comments are also presented in detail in view of their

importance. Very relevant to the assessment of the project was the fact that 27 officers responded with written comments to this request. This would appear to indicate that not only were there a number of favorable comments to be made, but also that the effort made to respond in writing may reflect the importance with which the evaluation service was viewed. Many of the comments made are reproduced below.

> I appreciate very much the opportunities to sit and talk informally with the person(s) who did the actual interpretations of the data. This gives the added factor of having the problems explained in terms of my own situations with the defendant. I also appreciate how the D C staff has gone out of their way when short notice was given that a report was needed.
>
> They gave an indication where help should begin.
>
> The evaluations done by the Diagnostic Center are of immense value when considering a person for discharge from supervision or for possible return as a parole violator.
>
> Information was specific about current functioning, levels of aggressiveness and hostility stated when present, recommended modes of treatment and gave good general information about current psychological state.
>
> They gave me an over-all picture of parolees emotional status and areas to watch out for in counseling him.
>
> Those reports which were helpful provided me with definite statements as to where weakness and strengths were to be found.
>
> They assisted me in the development of more beneficial parole plans and in directing those cases to the appropriate assisting agencies and the degree of help needed from those agencies.

They gave insight into the person's psychological make-up. The evaluations helped shed light on the individual's possible success as a probationer.

They gave me an insight in finding out any problems that are not easily detected.

I gained insight into the personalities I was dealing with in terms of intelligence and aptitude.

The evaluations gave me a guideline in supervision of my caseload.

The evaluations allowed us to know the mental condition of certain criminals, what we could expect from them. The diagnostic report is something which can be used by us and other agencies in planning and decision-making.

I felt in all cases the evaluations were helpful in that these evaluations serve as an indicator of where the person being evaluated is . . .

Gave concise, accurate picture of client's psychological situation. Offered the treatment modality.

Saves time in determining what areas the individual needs help. Helps me be more effective working with the individual rather than taking shots in the dark.

They assisted me in channeling persons to proper agencies for treatment.

In one case I recommended probation only on the Diagnostic Center's report - this defendant had too many prior convictions to really be considered for probation - P.S. - this person is really doing well, too!

It enabled us to have more insight into the defendant which helped us in making recommentations for or against probation.

They gave some useful background information such as I.Q., personality assessment and intellectual assessment.

Continuation of the Service Provided

Respondents were asked the following question. "In your opinion how important is the future continuation of the service available to you from the Diagnostic Clinic?" The answers to this question provided in Table 3 show that almost unanimously the continuation of the service was considered to be important.

Table 3

Opinions of 32 Respondents Concerning Continuation of the Evaluation Service

Response	Number	Percent
Very important	15	47
Important	16	50
Not very important	0	0
Not important at all	1	3
Total	32	100.0

Ten individuals wrote in comments following the question above, and only two of the comments were critical in nature. Most of the comments made are provided below.

> Perhaps after interviewing and testing an individual you might be able to have your staff add suggestions for working with the client, i.e. referrals, etc.
>
> It is helpful to have 3rd party observation in specific cases from time to time.
>
> Evaluations are very important to the field officer and his supervisor in helping to establish a treatment plan.

Often a referral will be prompted by a Court order.

Important - but perhaps only so in a relatively small number of cases.

Occasionally I receive a case which I have no success in working with, and the information gained from the Diagnostic Clinic has given me new avenues to approach those cases and which have significantly improved their parole adjustment.

The clinic has provided information which has been valuable in counseling.

I think with more indepthness the clinic could be a very helpful tool to evaluate progress and identify subtle emotional problems.

Impact of Evaluations on Case Handling

A series of questions were asked only of those officers supervising offenders on probation or parole, and responses to these questions are reported in the tables following. A set of questions was then asked of those officers responsible for the conduct of Pre-Sentence Investigations, and this data will be presented later in the report.

Supervising officers were asked the following question. "In general how much impact have the evaluations had on your handling of the cases referred?" Almost all of the officers indicated the evaluations had some impact on their case handling, and over one-fourth indicated the evaluations had "very great impact."

Table 4

Impact of Evaluations on Case Supervision
as Reported by 28 Respondents

Response	Number	Percent
Very great impact	8	28
Some impact	17	61
Very little impact	1	3
No impact	2	7
Total	28	*100.0

Impact on Handling of How Many Cases?

The respondents were next asked to estimate the percent of cases for which the evaluations had impact in terms of their supervision. These results presented in Table 5 indicate that over three-fourths of the officers thought that the evaluations had impact on their supervision of over three-fourths of the cases referred. Almost one-third of the officers stated that the evaluations had impact on their handling of all the cases they referred.

*Where percents do not total 100%, the result is due only to rounding error.

Table 5

Percent of Cases for Which Evaluations Affected the Supervisory Approach

Percent of Cases	Number	Percent
100% of the cases	9	32
75% of the cases	7	25
50% of the cases	6	21
25% of the cases	3	11
less than 25%	3	11
Total	28	100.0

Kinds of Impact

The officers were asked to specify in writing the nature of the impact which the evaluations had on their handling of cases. Eighteen of the respondents wrote comments, and a representative sample of the comments is provided below.

> I usually use information in evaluation as part of progress report to parole board or other governing body.
>
> Building up areas of weakness pointed out by evaluator.
>
> The tests provide some insight into the particular character structure which provides enough basis for the agent to formulate an adequate approach to counseling.
>
> In one case we were alerted that the subject was suicidal - appropriate preventive measures were taken . . .

Counseled the individual differently than normal. Was able to skip the usual feeling out period to find out where the person is at, and begin dealing with the problems at hand.

I have made referrals to specific assisting agencies and increased or decreased my supervision as needed.

Have been able to more effectively give advice to criminals and their families and to make more knowledgeable referrals to assisting agencies.

Set new goals for the person and also changed previous goals for new goals.

I have been able to present viable solutions to the Court as a result of being able to consult with the staff.

An evaluation gives me a guideline for conditions of probation, such as counseling, referrals, etc.

I have been able to get right to the source of the problems, and take appropriate action, as opposed to other cases which took more time to discover areas which needed attention.

Enhanced Understanding of Cases Referred

The officers were asked to indicate how much the evaluations enhanced their understanding of the cases referred. Over ninety percent (90%) indicated their understanding had been enhanced to some, if very limited, degree. However, almost one-half of the respondents stated their understanding had been enhanced a great deal. Although not shown in the table, three of these individuals were supervisors.

Table 6

Extent to Which Understanding of the Cases Referred Was Enhanced by the Evaluations Received

Response	Number	Percent
A great deal	13	46
Somewhat	10	36
Very little	3	11
Not at all	1	3
No answer	1	3
Total	28	100.0

Greater Confidence in the Handling of Cases

Supervising probation and parole officers were next asked if the evaluations received from the Diagnostic Clinic helped them feel more confident in their handling of cases. Sixty-four percent (64%) said yes, twenty-five percent (25%) said no, and 7 per cent (7%) were not sure.

Table 7

Increase of Confidence in Handling of Cases as a Result of Evaluations Received

Response	Number	Percent
Yes	18	64
No	7	25
Not sure	2	7
No response	1	3
Total	28	100.0

Was Revocation Avoided?

One of the possible results of understanding achieved from the evaluations was the possible avoidance of case revocations. Agents were asked to reply to this question. "In your opinion was possible revocation of probation or parole avoided for any of the cases referred as a result of understanding obtained from the evaluation? Only a little more than one-half of the response indicated that revocation was not avoided. Eighteen percent (18%) answered yes to the question, while twenty-one percent (21%) were not sure.

Table 8

Avoidance of Revocation as a Result of Evaluations Received

Response	Number	Percent
Yes	5	18
No	15	53
Not sure	6	21
No response	2	7
Total	28	100.0

Four persons wrote in comments to elaborate the circumstances involved in the avoidance of revocation.

> Sometimes I may use an evaluation to substantiate a parole revocation . . .

> Clients have gotten reprieves based on their cooperation with testing.

In case mentioned above we learned that the subject's aberrant behavior stemmed from his failure to function properly in our culture (he was an alien). Rather than move for violation of probation, other steps were taken.

Case appeared to be continuing aggressive traits, but evaluation revealed situational stress only.

The case was socially deprived and had poor work habits only because he didn't know how to work and I was not understanding this. I've become more tolerant with job failures and more supportive.

Early Dismissal of Cases

Another possible result of understanding obtained from the evaluations by supervising officers might have been the early dismissal of cases from supervision. When asked to state opinions concerning this outcome only eleven percent (11%) stated that cases had been dismissed early.

Table 9

Early Dismissal of Cases Resulting from Understanding Achieved as a Result of the Evaluations

Response	Number	Percent
Yes	3	11
No	22	78
Not sure	3	11
Total	28	100.0

Two written comments were made in relation to the above question.

> A man on a life parole for murder was discharged early because the agent felt the man had stabilized his life after seven years on parole and the evaluation done substantiated this agent's belief.
>
> . . . I never terminate a case early.

Better Understanding of Clients in General

It seemed reasonable to expect that, if the evaluations provided more effective, transfer of understanding to clients other than those referred, might occur for correctional personnel. This in fact proved to be the case. Seventeen, or sixty-one percent (61%), of the officers responded yes to the question, "Has knowledge you have obtained from the evaluations helped you in better understanding other clients with whom you work?" These results are reported in Table 10.

Table 10

Greater Understanding of Clients in General as a Result of the Evaluations

Response	Number	Percent
Yes	18	64
No	6	21
Not sure	4	14
Total	28	100.0

In responding to the question above, three out of the five supervisory level personnel answered yes.

Four individuals provided written comments as well.

Problems are unique to those who experience and assist them, however some aspects may be similar.

I more readily identify problems arising within my cases as I have gained experience by working with the Diagnostic Center.

In some cases, yes.

Gives better insight into their past and basic personality traits.

Impact on the Handling of Other Cases

Officers were then asked if the knowledge they had obtained from the evaluations had impact on their handling of cases other than those referred to the Diagnostic Clinic. Only eight, or twenty-eight percent (28%) stated definitely that there had been no impact on their handling of other cases. Twelve, or forty-three percent (43%) answered yes, while seven or twenty-five percent (25%) were not sure.

Table 11

Impact on Handling Cases Other Than Those Referred, as a Result of Knowledge Gained from Evaluations

Response	Number	Percent
Yes	12	43
No	8	28
Not sure	7	25
No response	1	3
Total	28	100.0

Two written comments were made in response to the question, and they are presented below.

> Gave me problem areas to watch out for in parolees with similar backgrounds to those evaluated.
>
> They have helped in developing counseling techniques through identification of the problem areas.

Enhanced Understanding of Clients in General

The probation and parole officers were asked, "To what extent has your understanding of clients in general been enhanced as a result of the evaluations received from the Diagnostic Clinic?"

Less than one-fifth of the respondents indicated their understanding of clients had not been enhanced at all, while over one-third stated their understanding had been enhanced either a great deal or considerably.

Table 12

Enhancement of Understanding of Clients in General Resulting from the Evaluations

Response	Number	Percent
A great deal	5	18
Considerably	5	18
Somewhat	13	46
Not at all	5	18
Total	28	100.0

One written comment, presented below, was received in response to the question.

> Received a better understanding of psychodynamics terminology - how theory is applied to practice. The knowledge obtained works subtly in general influence it produces.

Verbal as Well as Written Evaluation

In previous evaluations of the Diagnostic Clinic, interest was expressed in receiving greater verbal input from the evaluators. Therefore, in the present study officers were asked, "In relation to how many of the cases referred to the Diagnostic Clinic have you received a verbal as well as a written evaluation from the psychologists and psychiatrist?"

The results, presented in Table 13, would indicate that a large number of verbal, as well as written, evaluations have been provided by the staff of the Diagnostic Clinic.

Table 13

Number of Cases for Whom Both Verbal and Written Evaluations were Received by 28 Respondents

Response	Number	Percent
For all of the cases	4	14
For most of the cases	8	28
For some of the cases	14	50
For none of the cases	2	7
Total	28	100.0

Is More Verbal Consultation Desired?

Probation and Parole officers were then asked if they would like to receive more verbal consultation from the staff, and as shown in Table 14, the answer was definitely yes!

Table 14

Desire for More Verbal Consultation
by 28 Respondents

Response	Number	Percent
Yes	22	78
No	2	7
Not sure	4	14
Total	28	100.0

The following written comments were provided by the officers concerning the matter of verbal consultation.

> To define and clarify interpretations.
>
> Only if psychologist is willing to give suggestions for action.
>
> Any referrals I make for evaluation are for specific reasons in investigation and I want classification by the evaluators of all comments made in written report.
>
> I can get a better understanding of the evaluation when speaking directly to the evaluator.
>
> That was the most valuable service rendered by the Diagnostic Center. The tests are valuable but often confusing to me and the staffing bettered my understanding of the test results as well as identifying treatment modalities.

> I have found that there has been little in the way of initiating this type of consultation on the part of Diagnostic Center staff.

Questions Directed to Only Those Probation Officers Conducting Investigations

Some identical questions, to those reported above, were asked of probation officers whose responsibility was the conduct of pre-sentence investigations. Since only four officers responding to the questionnaire were in this category, the results will be summarized more briefly.

All four respondents thought the evaluations had enhanced their understanding of cases referred either a "great deal" or "somewhat."

Influence of Evaluations on Court Disposition of Cases. These officers were asked the extent to which they thought the evaluations received had influenced the nature of the sentences imposed by the Court. All four thought the dispositions had been influenced to some extent, as reported in Table 15.

Table 15

Influence of Evaluations Upon the Nature of Sentences Imposed by the Court

Nature of Influence	Number	Percent
A great deal	1	25
Somewhat	2	50
Very little	1	25
Not at all	0	0
No opinion	0	0
Total	4	100.0

The following written comments were made regarding impact on sentencing.

> Three out of the seven (cases referred) were sex offenders and after your evaluations the Court ordered 30 and 60 day intensive evaluations at C.S.H. under sex offender law.
>
> Minimal - decisions based mainly on defendant's criminal past.
>
> If the subject has considerable psychological impairment. Maybe two to five percent fall into this classification.

Enhanced understanding of clients in general. Three of the four officers thought their understanding of clients in general had been somewhat enhanced as a result of the evaluations while one officer thought his understanding had been enhanced a great deal.

Verbal as well as written evaluation. All four of the officers stated they had received a verbal as well as a written evaluation for some of the cases referred.

Desire for greater verbal consultation. Only one officer expressed a desire for greater verbal consultation, one indicated no desire, and two officers were not sure.

Number of cases referred by investigative officers. The responses of the four investigative officers reported above merit particular attention insofar as they referred, altogether, a total of 37 cases to the Diagnostic Clinic.

Importance of the Services Provided to the System of Criminal Justice in Denver

All 32 of the respondents were asked to express their opinion concerning the importance of the Diagnostic Clinic services to the system of criminal justice in Denver. Only nine percent (9%) of the officers failed to indicate that the services provided were either important or very important.

Table 16

Importance of the Services Provided to the System of Criminal Justice in Denver

Response	Number	Percent
Very important	7	22
Important	17	53
Not very important	2	6
Not important at all	1	3
No response	1	3
Total	28	100.0

Problems Encountered in Use of Diagnostic Clinic

Only three officers indicated they had encountered problems in their use of the Diagnostic Clinic, and all three provided written comments on these problems. Both the tabled presentation of findings, and the written comments are provided below.

Table 17

Problems Encountered by 32 Respondents in Their Use of the Diagnostic Clinic

Response	Number	Percent
Yes	3	9
No	29	91
Total	32	100.0

Availability of the staff psychiatrist.

What to do based upon the report. More specifically, what to do differentially.

Time and manpower problems. Will not see people at jail. Some feedback from _____, but none from others.

Initiative Taken in Making Referrals

Respondents were asked whether or not they took the initiative in making referrals to the Diagnostic Clinic and fifty-three percent (53%) indicated they did not. These results are presented in Table 18.

Table 18

Initiative Taken by 32 Respondents in Making Referrals to the Diagnostic Clinic

Response	Number	Percent
Yes	8	25
No	17	53
No response	7	22
Total	32	100.0

Reservations Concerning a Diagnostic Evaluation as Part of the Pre-Sentence or Probation Work-up

Officers were asked to write in comments any reservations they might have concerning use of the diagnostic evaluation. While 14 comments were made, several were not relevant to the question, two responses indicated no reservations at all. Representative comments are presented below.

> The evaluations do not provide specific recommendations regarding supervision of the client to meet his needs.
>
> Lack of time. Many of the cases have to be filed with the Court by a certain date and a referral would mean a delay.
>
> Their reports are standardized and Dr. _____'s comments are unnecessary but still carry weight.
>
> It is not needed on all cases.
>
> I don't think they are that meaningful as a whole. I feel the basic evaluation is for the most part superficial and ill considered.
>
> No reservations.
>
> None.

Criteria Used in Referral of Cases

Officers were asked to indicate the criteria used in the referral of cases to the Diagnostic Clinic. Many varied responses were given, and all are presented below for the benefit and analysis by the staff of the Clinic.

> Employment vs. unemployment. Transient. Drug or alcohol abuse.
>
> A condition of parole agreement. Is the client having serious parole adjustments?

Does the parole agreement require psychiatric treatment? Is the behavior pattern such that subject is a danger to self or the public? Does the behavior constantly get him into trouble - is there a pattern to it?

The potential danger of a particular criminal. History of mental or emotional disorder(s). Strange behavior of specific criminals as witnessed by myself or his family. Complaints of mental illness by the criminal.

Stability of applicant. Nature of offense. Previous mental trouble.

The circumstances of the offense. The client's current situation and his behavior during interview.

Only the need for an evaluation.

Case material and how the clients appear to me and whether or not I feel he should, or should not, be evaluated.

Must have been ordered by the Court.

Usually if a mental health program is a condition of his parole, or if he has a history of mental illness.

Necessity of current psychological evaluation. The individual has been involved in assaultive crime (sex offender) which may be result of personality disorder.

Particular problem. No previous, recent evaluation. Willingness of individual. Condition of supervision.

Assessments of possible psychological problems, behavior disorder.

Determining psychological make-up. Feasibility of termination of probation. Assist in determining therapy.

Usually occurs when I find my own techniques are insufficient, or if I'm unconvinced of previously obtained evaluations from either the penitentiary or reformatory.

Extremely serious prior record. Erratic behavior, etc. Also just a "feeling" I get about some clients.

Problems: domestic, employment, alcohol, previous identification of psychological problems.

Need to know about the individual. Possibility for treatment and necessary referral.

If the offense was violent, to estimate potential for further violence. General evaluation to determine how to approach an individual. To aid in education or vocational counseling.

Psychological appearance at time of interview, and sometimes the nature of the offense is involved.

Usually clients are referred at the request of their attorney, or by agreement between the Court, the probation officer and the attorney.

Court order, client stated problems.

Possible parole violations, situational problems, non-compliance with parole agent's directions.

Court order, instruction of supervisor, interest of client, desperation (my own).

Personal observation and background information and patient's request for free mental exam.

Objections to a Specific Treatment Recommendation

Respondents were asked if they would have any objection to the staff of the Diagnostic Clinic making specific treatment recommendations. As indicated by the large majority of written comments, the answer was no. Altogether 20 comments were provided, and a representative sample of these comments has been reproduced. Only two comments were negative in content.

Yes, I don't believe that this service which offers a brief surface diagnosis should be in a position to make recommendations straight to the Court. The recommendations here affect the people we deal with over a long period of time and I often have the feeling the report is written with a County Court time limit in mind.

Yes, I have serious questions as to the qualifications and abilities of some of the Diagnostic Clinic staff.

No, this would be a good idea.

No, I would forward recommendation for Court's consideration.

This would be helpful, and a suggestion I made at the beginning of the program.

No, I feel that it would be important for evaluator to do so.

I think that is what is needed.

I would have no objections whatsoever, in fact would welcome any suggestions in helping these people become better individuals.

I would appreciate recommendation and believe all evaluations should have such a recommendation.

I would be most helpful.

No, no, no, of course not!

Suggestions for Improvement

Finally, the officers were invited to make any suggestions they wished regarding improvement of services. Comments were divided negatively and positively.

The people I have come in contact with have been extremely courteous. Also, when I need a report by a certain date, they have always managed to have it completed, even with short notice.

I have been 100% satisfied by the prompt, courteous, professional assistance provided by the Diagnostic Clinic. My only complaint

is that my immediate supervisor won't let me use it more.

I have found all employees of the Clinic to be professional; and I'm sure all of their efforts are helpful to the Court . . . they are also very considerate and concerned.

I think the staff has been very helpful to me.

The staff is most cooperative and anxious to provide needed information.

I find that the staff is always cordial and helpful . . .

I would suggest more contacts between psychologists and line officers. Our orientations at present seem out of synch. Officers could offer their knowledge of treatment alternatives available in the community. Psychologists could give some indication of what they look for during evaluations and what effects they feel their findings could or should have on casework. Perhaps . . . mutual training sessions.

Better communication - at least a meeting between representatives of this service and our department (probation) should be held. The only thing we receive from this service is a yearly evaluation form and more often than not late reports. Both of these items are probably beyond the control of each individual department, but will probably remain that way.

One evaluation I received was simply too Freudian. I received a call from the judge who was baffled at, "he is fixat d at the oral-aggressive stage." This is too much to expect a judge to understand. I think this kind of descriptiveness should be avoided.

How about an orientation program for officers unfamiliar with the Diagnostic Center.

Diagnostic Center should be able to furnish or suggest treatment programs for clients.

III. Interviews with Judges

Personal or telephone interviews were conducted with five judges having referred cases directly to the Diagnostic Clinic. One of these judges had no recollection of the referrals made, however, so that effective contact was made with four judges. In total these judges had referred 34 cases to the Diagnostic Clinic. The evaluator was unable to make contact with one judge who had referred one case to the Clinic.

All four judges, with whom contact was made, were uniformly positive concerning the helpfulness of the evaluations received, and the need for the service. Uniformly the judges felt that the evaluations did have impact upon their disposition of the cases, although one judge stated this impact was indirect rather than direct. The judges thought the evaluations helped to provide more effectively to the development of community alternatives in the disposition of cases.

No complaints were received concerning the services provided by the Diagnostic Clinic, and again, the need for such services was stressed by the judges.

IV. Abstract of Previous Evaluations

Research evaluations of the project had been conducted previously both in the summer of 1973 and the summer of 1974. The latter evaluation, though, was very brief to allow time for a preliminary analysis of the data regarding differential characteristics of Impact offenders.

During the summer of 1973 telephone interviews were conducted with 25 officers having referred cases to the Diagnostic Clinic, as well as with supervisors, administrators, and judges.

In addition, since shortly after the beginning of the project, post card questionnaires were sent routinely to all officers receiving evaluations from the Clinic. The responses to these short questionnaires, presented in the two preceding evaluation reports, will be provided below. The post card questionnaires asked the officers if the evaluation of the case had been "very helpful," "somewhat helpful" or "not helpful at all."

As can be seen in reference to Table 19 and Table 20, very few of the officers considered the evaluations to be of no help at all, while roughly one-half thought they were very helpful. It appears significant to point out that in the 1974 report there was a ten percent (10%) increase over the previous year for those officers who thought the evaluations were very helpful.

Table 19

Results of Post Card Questionnaire Presented in Summer 1973 Evaluation Report

Degree of Help	Number	Percent
Very helpful	28	46
Somewhat helpful	27	44
Of little or no help	6	10
Total	61	100.0

Table 20

Results of Post Card Questionnaire Presented in the Summer 1974 Evaluation Report

Degree of Help	Number	Percent
Very helpful	50	56
Somewhat helpful	36	40
Of little or no help	1	1
No response	2	3
Total	89	100.0

To obtain the greatest perspective, over time, of the opinions concerning helpfulness of the evaluations the reader is referred to Table 2 in this report which provides opinions of the officers that were obtained in the present evaluation study.

The data in Table 2 is presented in terms of the percent of cases for whom evaluations were considered to be of help, and the evaluations were considered to be "very helpful" for forty-two percent (42%) of the cases. The evaluations were considered to be "helpful" for twenty-nine percent (29%) of the cases, "not very helpful" for nineteen percent (19%), and "not helpful at all" for only one percent (1%) of the cases.

When allowance was made for the difference in response formats, it appeared that there had been a steady increase, over time, in the expression of positive opinions concerning

the helpfulness of the evaluations to the probation and parole officers.

The two previous evaluation studies of the Diagnostic Clinic, while indicating some areas of desired improvement, presented over-all a very positive response to the services being provided. This was true, not only for the line officers, but for supervisors, administrators, and judges as well. The first two evaluations indicated fairly substantially that the users of the Diagnostic Clinic valued the service that was being provided to them. Problems were identified, however.

The 1973 evaluation study found that some procedural problems required a more effective response on the part of Diagnostic Clinic staff. Communication channels between Clinic staff and referring officers required some smoothing out. Clinic hours needed to be expanded so that referred cases could gain greater access to the evaluation process. Procedures needed to be worked through to enable Diagnostic Clinic staff to have ready access to prisoners held in the County Jail.

The summer 1974 report indicated, tentatively, that these procedural difficulties had been responded to effectively by the staff of the Diagnostic Clinic. More final evidence awaited the results of the present evaluation study, conducted at the end of 1974 and the beginning of 1975.

A more substantive area of concern, from the start of the project, was the expressed desire for greater verbal input from the evaluators, and greater specificity in the reports

provided. Another concern, expressed in the 1973 study, was the use of "psychological jargon" by the psychologists. Yet another area of concern was whether or not the Clinic psychologists should make specific recommendations for the Court in their reports. The brief evaluation in the summer of 1974 indicated somewhat less pressure around these concerns, but again, more definitive results depended upon a total survey of users conducted in relation to the present study.

V. Summary and Conclusions

The present study was the third in a series of research evaluation efforts to assess the effectiveness of the Diagnostic Clinic Project of the Denver County Court Probation Office. Previous evaluation studies had been conducted in the summers of 1973 and 1974.

This most recent evaluation study was carried out in December of 1974 and early January of 1975. Comprehensive evaluation questionnaires were sent to all criminal justice personnel having referred cases to the Diagnostic Clinic, since the inception of the project. In addition, personal and telephone interviews were conducted with those judges who had directly referred cases to the Diagnostic Clinic.

The over-all results of the present study seemed to present rather conclusively that the project had provided a needed service which was valued by the probation, parole, and court systems in Denver. In general, the percentage of favorable responses to the service provided by the Clinic was

striking. Almost all of the officers thought the evaluations contributed some degree of helpful information, while an impressive percent of officers (about fifty percent) thought they were "very helpful." Almost unanimously, the probation and parole officers stated that the services provided by the Diagnostic Clinic were important to the system of criminal justice in Denver. By the same token only four officers indicated they had encountered problems in their use of the Diagnostic Clinic. The responses of judges was congruent with those of the correctional personnel responding to the questionnaire.

Moreover, when the three evaluation studies were compared longitudinally, it seemed apparent that the staff of the Diagnostic Clinic had made real, and effective, efforts to respond to the suggestions and complaints of users.

Evening hours were established, which provided greater access to the service by those offenders referred. The testing of defendants held in the County Jail was successfully operationalized. A significant increase in verbal, as well as written, evaluation commentary was noted. However, in spite of the over-all level of approval and valuation of the project identified in the studies conducted, points of tension still remained between the Diagnostic Clinic and users of the service. Much of this tension, in the mind of the evaluator, resulted from conflicting needs, priorities, and resources existing within the several criminal justice sub-systems, rather than

from specific deficiencies in the services provided by the Diagnostic Clinic.

A large percentage of the negative comments made regarding the evaluations provided by the Diagnostic Clinic centered around the desire for greater specification of treatment alternatives. To the evaluator it appeared, as a result of the findings, that while Diagnostic Clinic staff might extend themselves more in offering suggestions regarding the probabilities associated with various treatment alternatives, that correctional personnel might be expecting too much of this service, and of the resources provided to support the service.

It appeared, as a result of the research findings, that the Diagnostic Clinic Project had created an enhanced valuation, on the part of connection of personnel, of the benefits attaching to psychological and psychiatric work-ups. This was, at least implicitly, a goal of the project. The project was never viewed, by the D.A.C.C. as providing the resources for an ongoing consultative process with correctional officers in relation to case handling. Yet, this kind of process would be required, if treatment consultation were to be really effective. In other words, there are limitations to the levels of understanding that can be communicated in a written evaluation document. The adequate specification of treatment alternatives requires a knowledge of the skills and abilities of the person handling the cases referred. The most desirable treatment alternative may not be available because the referring officer

CONTINUED

1 OF 2

lacks the skill to successfully implement that most desired alternative. This knowledge regarding the treatment skills of the officers referring cases has been, for the most part, not available to the psychologists at the Diagnostic Clinic. Therefore, a natural limitation, not necessarily understood by all referring officers, existed in relation to the degree of specificity that could realistically be incorporated into the written evaluations.

However, in spite of this limitation it would appear that the evaluations could yet, at times, be made more specific in relation to the probabilities attaching to the several kinds of offender behaviors of particular concern to the referring agents.

In spite of the efforts of the Diagnostic Clinic staff to provide more verbal communication to the referring agents, a desire clearly existed for yet greater personal interaction with the psychologists and psychiatrist regarding the cases referred. In the opinion of the evaluator, this desire for yet more verbal communication should not be interpreted, for the most part, as a deficiency of the project. This statement is made for several reasons. First, there had been an increasing expression of interest in the verbal interpretation of evaluation findings, and this needs to be viewed as an effective education effort by the staff of the Clinic. Secondly, the value of the evaluation reports, themselves, would appear to have been imparted to the personnel utilizing the services of the Clinic. What this may mean, is that, the provision of Diagnostic Clinic services to the criminal justice system in Denver may

have created a new understanding, and resulting need, for resources which were not previously appreciated. Should this prove to be the case, and the evidence was highly suggestive for the truth of assumption, then the Diagnostic Clinic has provided a dual service to the probation, parole, and court systems in Denver. Both a needed service has been provided while increasing the awareness of the need for such a service.

In spite of the value of these probable accomplishments a real need, identified by the research study, yet exists. This is the need for greater communication between the staff of the Diagnostic Clinic and the organizations and personnel utilizing the services provided.

As alluded to above, the functions of the Diagnostic Clinic need to be better understood by the referring agents. Also, the tasks of the psychologists might be reduced, if probation and parole officers had greater knowledge of the tests administered by the staff of the Clinic. The single most important implication of the findings from the present evaluation study is that a greater effort needs to be made to conduct joint educational, informational sessions with the personnel in the organizations using the services of the Diagnostic Clinic. These sessions would hopefully result in greater mutual understanding concerning the resources that should realistically be provided by the Clinic staff, and the expectations that are held, unrealistically, concerning these services.

Appendix A - Study Questionnaire

A USER OPINION QUESTIONNAIRE CONCERNING CONSULTATION PROVIDED BY THE DIAGNOSTIC CLINIC, DENVER COUNTY COURT PROBATION DEPARTMENT

1. Are you employed by a probation agency?____
   or by a parole agency?____

2. What is your job level?

   a.____ line officer
   b.____ supervisor or division supervisor
   c.____ administrator
   d.____ other, please specify_____

3. If you are employed by a probation agency, are you primarily involved with the conduct of investigations?_____, or with the probation supervision of cases?_____.

4. How many years of experience do you have in the field of criminal justice?

   a.____ less than one year
   b.____ one year, but less than two years
   c.____ two years, but less than five years
   d.____ five years, but less than ten years
   e.____ ten or more years of experience

5. How many cases have you referred to the Diagnostic Clinic during the past 12 months?_____cases.

6. How helpful were the evaluations you received from the Diagnostic Clinic? (Please write in the number of cases fitting each category below.)

   a. Very helpful in _____ cases
   b. Helpful in _____ cases
   c. Not very helpful in _____ cases
   d. Not helpful at all in _____ cases
   e. Not sure in relation to _____ cases

7. Where the evaluations were not helpful, would you state the major reasons for this? Please be as complete as possible.

8. Where the evaluations were helpful, would you state as completely as possible why they were helpful?

9. In your opinion how important is the future continuation of the services available to you from the Diagnostic Clinic?

a. ____ very important
b. ____ important
c. ____ not very important
d. ____ not important at all

Comments:

If you are an <u>investigative</u> probation officer please skip to question 22.

10. In general how much impact have the evaluations had on your handling of the cases referred?

a. ____ very great impact
b. ____ some impact
c. ____ very little impact
d. ____ no impact

11. For what percent of the evaluations would you say they have had at least some impact on your handling of the cases involved?

a. ____ 100% of the cases
b. ____ 75% of the cases
c. ____ 50% of the cases
d. ____ 25% of the cases
e. ____ for less than 25% of the cases

12. If the evaluations have had impact on your handling of the cases, what have you done differently as a result of the evaluations? Please be as specific as possible.

13. In general, how much have the evaluations enhanced your understanding of the cases referred?

a. ____ a great deal
b. ____ somewhat
c. ____ very little
d. ____ not at all

14. Have the evaluations received from the Diagnostic Clinic made you feel more confidence in your handling of the cases?

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

15. In your opinion was possible revocation of probation or parole avoided for any of the cases referred as a result of understanding obtained from the evaluations?

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

If yes, for how many cases? ____
Please elaborate the circumstances.

16. In your opinion were any of the cases dismissed early from probation or parole supervision as a result of understanding obtained from the evaluations?

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

If yes, for how many cases? ____
Please elaborate the circumstances.

17. Has knowledge you have obtained from the evaluations helped you in better understanding other clients with whom you work?

a. ____ yes
b. ____ no
c. ____ not sure
Comments:

18. Has the knowledge you have obtained from the evaluations had impact on your handling of other cases with whom you work?

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

Comments:

19. To what extent has your understanding of clients in general been enhanced as a result of the evaluations received from the Diagnostic Clinic?

a. _____ a great deal
b. _____ considerably
c. _____ somewhat
d. _____ not at all

Comments:

20. In relation to how many of the cases referred to the Diagnostic Clinic have you received a verbal as well as a written evaluation from the psychologists and psychiatrist?

a. _____ for all of the cases
b. _____ for most of the cases
c. _____ for some of the cases
d. _____ for none of the cases

21. Would you like to receive more verbal consultation around the cases you refer?

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

Comments:

Now, please skip to question 28

22. If you are an investigative officer, to what extent have the evaluations enhanced your understanding of the cases referred?

a. ____ a great deal
b. ____ somewhat
c. ____ very little
d. ____ not at all

Comments:

23. If you are an investigative officer, to what extent do you think the evaluations have influenced the nature of the sentences imposed by the court?

a. ____ a great deal
b. ____ somewhat
c. ____ very little
d. ____ not at all
e. ____ no opinion

24. If you think that the evaluations have had some effect on the nature of the sentences imposed by the court, what has been the effect, and for how many cases?

25. To what extent have the evaluations enhanced your understanding of clients in general?

a. ____ a great deal
b. ____ somewhat
c. ____ very little
d. ____ not at all

Comments:

26. In relation to how many of the cases referred to the Diagnostic Clinic have you received a verbal as well as a written evaluation from the psychologists and psychiatrist?

a. ____ for all of the cases
b. ____ for most of the cases
c. ____ for some of the cases
d. ____ for none of the cases

27. Would you like to receive more verbal consultations around the cases you refer?

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

Comments:

28. How important, in your opinion, have the services provided by the Diagnostic Clinic been to the system of criminal justice in Denver?

a. ____ very important
b. ____ important
c. ____ not very important
d. ____ not important at all

29. Have you encountered any problems in your use of the Diagnostic Clinic?

a. ____ yes
b. ____ no

If yes, what have been the problems?

30. Do you routinely take the initiative in making a referral to the Diagnostic Center as part of the pre-sentence or probation report procedure?

a.____ yes
b.____ no

31. If not, what reservations do you have about making a diagnostic evaluation part of the pre-sentence or probation work-up?

Comments:

32. In making a referral to the Diagnostic Center what criteria do you use?

Comments:

33. Would you have any objections to a specific treatment recommendation that could be considered by you when making a recommendation to the court, if the recommendation was attached to the report for your consideration only?

Comments:

34. Do you have any further comments to make regarding your experience with the Diagnostic Clinic, or suggestions for improvement of the services provided?

Thank you for your cooperation.

APPENDIX II

DENVER COURT DIAGNOSTIC SERVICES
(Felony Evaluation)

Kenneth .. D.C.D.C.#: F-499-Z
Age: 23
D.O.B. 7/25/51
Charge: 2nd Degree Assault
Date of Evaluation: 12/23/74
Tests Administered:

Background Forms
MMPI and Short Forms
IPAT Test of "g"
Bender-Gestalt
The Hand Test
Wechsler Adult Intelligence Scale
Draw-A-Person
Hooper Visual Organization Test
Wide Range Achievement Test
Drug History Questionnaire
MAST Test
Psychiatric Evaluation: Dr. W.E. Afton

Referral Circumstances:

Kenneth was referred for evaluation by Thomas Moore of the Denver District Court Probation Department. Kenneth had been granted probation on July 11, 1974 by Judge Zita Weinshienk after having pled Nolo Contendere to a charge of Second Degree Assault. The victim, at the time the application for probation was prepared, was living in Ignacio, Colorado and was not contacted by the Department. No other felony charges are included in his record, and it is known that he had been arrested on eight different occasions, two of which were traffic charges, and the others involved two misdemeanor Larceny charges, a Riding in a Stolen Auto, Petty Theft and, Possession of Marijuana. All these occurred since 1969 and he has no known juvenile record.

Psychiatric History:

He has never requested help for emotional problems. He has experimented with drugs from age 16 to 23, and indicates that while he has used these substances only occasionally, he did continue his experimentation over a period of time. He indicates that he uses alcohol only socially and that he feels quite comfortable with the fact that alcohol does not present a problem for him.

Intellectual Assessment:

Kenneth is functioning at present in the Superior Range of Intelligence Verbal I.Q. 121, Performance I.Q. 120, Full Scale I.Q. 122 as seen on the WAIS. He functions best on tests that require comprehension and evaluation, and less well, but above average on tests requiring concentration and deliberation. He is apt to be impulsive and when frustrated, undoes what he has done and begins all over again in a manner suggesting impatience. Lack of ability to delay seems to interfere with his use of good common sense and judgement.

Personality Assessment:

Kenneth seems to be somewhat unpredictable and peculiar in action and thought. It may be he has subtle communication problems due to his inability to put into words what he is thinking for fear of being wrong. He has impaired empathy and is unable at times to understand the needs, pressures and moods of other people. He, however, is very ego-centric, and relates most feelings to himself and his own circumstances. He would find becoming emotionally involved with other people extremely difficult. His behavior constitutes his major problem, because, while he is very smart and capable, his immaturity and impulsiveness create situations where he acts out in self-defeating ways. He is often angry with other people but is unable to handle or express appropriately his feelings without getting into trouble. There are trends in his test results which do not bode too well for his future unless they are further evaluated and he can change them. i.e.

(1) He is aware that he behaves strangely and he worries about his mental health. At present he is not crazy, but he thinks he may be.

(2) He has thought about suicide.

It seems he may have experienced a cyclic pattern of poor behavioral control followed by exaggerated feelings of guilt. This stress could be relieved by manipulation of his environment. The self-defeating and self-punitive nature of his problems becomes apparent at such times. His low frustration tolerance becomes another problem to him and may have led him to experimentation with drugs. While he may have good insight into his problems and his protectations of resolve to do better may seem genuine, the long range prognosis for change is not

Personality Assessment Cont.

good. If he could be helped to delay his impulses by carefully considered alternatives to his behavior and he could practice behavioral controls in the Gestalt manner of treatment, he may arrive at some more maturity and less self-defeating behavior.

Fear of rejection is a very difficult problem for him and he appears to be quite aware of this. However, he does not see that he is placing himself in the position to be rejected and may be unaware of his own behavior.

Kenneth admits to personal limitations, poor morale and guilty feelings associated with sexual troubles, but denies social shyness, and self-confidence. Family discord, problems with persons in authority, and self-alienation seem to be major emotional problems for him. He seems not to consider his behavior toward others with as much sensitivity as his behavior toward himself and therefore may not be aware of how hostile his impulses are and the reasons for such hostility.

Psychiatric Evaluation:

Kenneth was cooperative and reasonably open. He seems bright and literate. He has one problem which might be helped. He is quite unsure of the direction his occupation should take. He seems to feel that without individual instruction he has gone as far as he can. He no longer enjoys it as he did. He is thinking of sales work. He wants to work where he can use his head and is not happy in routine manufacturing work. It may be that a mismatch between educational level and intelligence will create a severe problem.

Dr. W.E. Afton

Summary and Impressions:

Kenneth is a very intelligent young man who cannot feel free at present to use his intelligence because he is not sure whether he is right or wrong in his perceptions. He is confused about himself and thinks it might be true that he is crazy. He needs reassurance he is not. The self-defeating nature of his behavior, the way he sets himself up for the rejection he fears, and his concern about indulging in sexual behavior he conceives of as wrong could be handled by direct counseling. The use of Gestalt techniques could aid him

Summary and Impressions Cont.

in helping him to find alternative ways of behaving when he is angry. He describes his own problem rather well when he said he suffered from "euphoric melancholia" and that his greatest worry is "rejection." His concern about his vocational choice seems to be a kind of indentify crisis and his way of saying that he doesn't know what he wants or where he would like to go. He fears his own intellect, distrusts his feelings and may feel he has no ability to choose appropriately. He has looked to others for support and direction and now finds he is unable emotionally to be sure of his own choices. He needs permission to make his own choices, some experience in choosing alternative behaviors and reinforcement for the fact that he can and does perform well. His good intellect may be a great asset for him in his being able to develop some insight into his problems. Kenneth may be suffering from an Emotionally Unstable Personality Trait Disturbance.

WRAT Scores:

Reading Grade 15.6
Spelling Grade 14.0
Arithmetic Grade 11.8

Respectfully submitted,
Jack O. Nelson, Director

By: Cathering Bennet, Psychologist

APPENDIX III

(MISDEMEANOR PRE-SENTENCE REPORT)

James DC# Docket# Ct. 186-F 1/9/75

Offense:

James has pled guilty to charges of Harassment. The offense occurred on December 13, 1974, at 1:05 a.m. when James, calling himself "Schegleoni of the Scargo," phoned the Governor"s mansion in regards to food and gifts for the poor people of Denver. The offense report states Schegleoni said his group was prepared to take what they wanted and if it wasn't given to them, his group was willing to make an example of the Governor and his family. The report goes on to say Schegleoni said there were ten men in "the Scargo," all single with "nothing to lose, all Vietnam veteterans and all had M-16 rifles and automatic weapons." He also told the patrolman assigned to the Governor's mansion that he had four snipers ready and waiting for a phone call to "set up the mansion and the Governor." James was interviewed while in custody. He stated he was serious when he made the threats against the Governor, that he would have killed him. He said if he ever did this again, he would not use the telephone to announce his intent, he would "just go ahead and kill someone." James declined to discuss whether any such group as "the Scargo" existed. He said he has pleaded guilty, has been in custody over three weeks, and has "suffered enough." He could see no reason for providing any explanation of the offense. Bond is set at $500.

Prior Record: (According to the defendant)

6/73 - Denver - bad (disorderly) conduct - 30 days jail. However, DPD and FBI records show numerous arrests. Please see records.

Social History:

James is a 27 year old single male who gives his address as his father's home at Denver. Prior to his incarceration he lived alone in an apartment. He says he plans to move in with his father as soon as he is released from jail. His father has "no choice." If James wants to move in, he will do so whether or not he is wanted. Until his arrest, he was employed as a waiter at Leo's Place earning $2.10/hr. He is certain that he will not be able to return to his job when he is released. At this time he has no idea as to what type of work he will seek. On the written forms he expressed desire for training in some type of "factory work" but did not elaborate on this. James has lived in Denver all of his life except for the three years he was in the Army. He plans to remain in Denver permanently. James' parents were divorced several years ago and after that he lived

Social History Cont.

alternately with his mother and father. He reports a satisfactory relationship with both of them. James has a 22 year old brother who is married and an 18 year old sister who lives with her mother. He revealed very little in regard to his relationship with his family. James graduated from high school at age 18 and attended Community College briefly. In May, 1966 he entered the Army, served three years in Vietnam and Thailand before receiving an honorable discharge in May, 1969 with the rank of E-5.

Education:

High school graduate. Was trained in the operation of heavy equipment while in the Army. Since his discharge he has worked as a waiter, a machinist and a shipping clerk. He enjoys hunting in his spare time and says he likes to water ski. He dates occasionally but did not mention any particular girlfriend.

Employment:

Unemployed.
10/74 to 12/74 - Leo's Place - waiter - $2.10/hr.
5/74 to 10/74 - Power's - machinist - $3.10/hr. - quit.
1/74 to 5/74 - Store's Equipment - shipping clerk $2.50/hr. - quit.
5/66 to 5/69 - U.S. Army.

Health:

James reports no health problems. He describes himself as an habitual user of narcotics. He has used speed, cocaine, and marijuana. He received counseling and treatment last year for "emotional upset because of drugs." He declined to discuss his drug involvement any further. James was examined by Dr. Joseph Stapen, Staff Psychiatrist at Denver General Hospital and his report has been submitted to the court. That report also makes mention of James drug useage.

Diagnostic Procedure Findings:

Testing indicates considerable sociopathy as well as schizoid characteristics. His impulse controls seem very weak and his reality contact appears tenuous. He is moderately depressed and anxious. He considers himself very moody, unhappy and "bad." He seems quite distrustful of others and some paranoid thinking is suggested. His interpersonal contacts are probably fairly superficial and somewhat manipulative. Much of the time he seems likely to escape to the pleasures of his fantasy life.

Summary and Impressions:

When interviewed, James revealed very little about himself. He was extremely selective in determining what type of information he would provide. He seemed quite calm and it did not appear he was making statements concerning his willingness to kill simply for their "shock value." His drug abuse presents a very serious problem area. Additionally he is unemployed and may not have a place to live. He views probation as a punitive measure and says he has already been punished.

Corrective Recommendations:

A sentence that will provide a maximum period of some measure of control seems indicated. If a jail sentence is involved it is respectfully suggested that probation follow that jail sentence. Mandatory participation in a drug treatment program seems necessary.

Respectfully submitted,
Jack O. Nelson, Director
By: Marny Pearson and
Darryl Adams

APPENDIX IV

NAME _____

ADDRESS _____

PHONE _____

INTERVIEWED BY _____

DATE _____

Subject Characteristics Face Sheet

A. Case Number _____
B. Present Charge _____
C. Original Charge _____
D. Other Actions Pending _____
E. Previous Felony Convictions:

1. _____	19__	5. _____	19__
2. _____	19__	6. _____	19__
3. _____	19__	7. _____	19__
4. _____	19__	8. _____	19__

Total Felony Convictions _____

F. Present Charge: (circle one) Felony-Misdemeanor

G. Previous Misdemeanor Convictions:

1. _____	19__	7. _____	19__
2. _____	19__	8. _____	19__
3. _____	19__	9. _____	19__
4. _____	19__	10. _____	19__
5. _____	19__	11. _____	19__
6. _____	19__	12. _____	19__

Total Misdemeanor Convictions _____

H. Birthdate _____ I. Sex: 1.Male_____ 2. Female_____

J. Ethnic Background:

1. _____Anglo
2. _____Chicano
3. _____Black
4. _____American Indian
5. _____Oriental
6. _____Asian
7. _____Other (specify)_____

K. Religious Preference:

1. ____Protestant
2. ____Catholic
3. ____Jewish
4. ____Other,(Specify)_____
5. ____None

L. Highest School Grade Completed _____ GED ? yes_____ no_____

M. Referred by: 1. District Court _____ 2. State Parole _____

3. Other, (specify) _____

N. Date Referred _____ By Whom _____

Year present offense was committed _____

Probation/Parole situation _____

O. Juvenile Record:

1. _____ No known juvenile record
2. _____ Apprehended by police
3. _____ Held in Juvenile Hall (or equivalent)
4. _____ Placed on juvenile probation
5. _____ Placed in boy's or girl's home or school
6. _____ Placed in State Reformatory

P. Number of Times Apprehended as a Juvenile:

1. _____ No known or reported apprehensions
2. _____ Once or twice
3. _____ Three to five times
4. _____ Six to ten times
5. _____ More than ten times
6. _____ No approximation can be made

Q. Length of Time Subject Has Been Incarcerated:

1. As a juvenile ____ years ____ months ____ weeks
2. As a misdemeanant ____ years ____ months ____ weeks
3. For felony convictions ____ years ____ months ____ weeks

R. Hospitalized for Emotional Problems:

Yes _____ No _____

S. Drug Usage:

1. No known usage of any kind _____
2. Soft drugs - occasional use _____
3. Soft drugs - frequent use _____
4. Hard drugs - occasional use _____
5. Hard drugs - frequent use _____

T. Present Marital Status:

1. _____ Single
2. _____ Married (common-law)
3. _____ Divorced
4. _____ Separated
5. _____ Other, (specify) _____

U. Military Service ? Yes _____ No _____
If yes, what type of discharge?

1. _____ Honorable
2. _____ General under honorable conditions
3. _____ Undesirable
4. _____ Bad conduct
5. _____ Dishonorable
6. _____ Medical
7. _____ Other, (specify) _____

V. Employment:

Usual Occupation _____

Employment stability during the 5 years prior to the time of arrest:

1. _____ Fully employed
2. _____ Employed at least 75% of the time
3. _____ Employed between 50% and 75% of the time
4. _____ Employed between 25% and 50% of the time
5. _____ Employed less than 25% of the time
6. _____ Not employed at all
7. _____ Unable to determine

Income:

1. _____ Subject's income over this past 12 months.
2. _____ Subject's average annual income for the past 5 years.
3. _____ Subject's average annual income for the 5 years preceeding the past 5 years.
4. _____ Subject's highest yearly income.
5. _____ Year highest income was achieved.

W. Residence Information and Background:

Where was the subject born?

1. ____ In Denver
2. ____ In a suburb of Denver
3. ____ In Colorado, but not within the Metro Denver area
4. ____ In a Western State other than Colorado
5. ____ In an Eastern State
6. ____ In Alaska or Hawaii
7. ____ In a country other than the U.S.A.

Where did the subject live the longest as a child?

1. ____ In Denver
2. ____ In a suburb of Denver
3. ____ In Colorado but not within the Metro Denver area
4. ____ In a Western State other than Colorado
5. ____ In an Eastern State
6. ____ In Alaska or Hawaii
7. ____ In a country other than the U.S.A.

Where has the subject lived the longest as an adult?

1. ____ In Denver
2. ____ In a suburb of Denver
3. ____ In Colorado but not within the Metro Denver area
4. ____ In a Western State other than Colorado
5. ____ In an Eastern State
6. ____ In Alaska or Hawaii
7. ____ In a country other than the U.S.A.

X. 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.

1. ____ North Denver
2. ____ East Denver
3. ____ South Denver
4. ____ West Denver
5. ____ Inner City Denver
0. ____ N.A.

Y. Alcohol usage, (by verified records and/or self report):

1. ____ No known usage of any kind
2. ____ Occasional use
3. ____ Frequent use
4. ____ Heavy use

Z. Arrest Summary:

Total Number of Impact Crime Arrests Without Conviction, (i.e., Burglary, Rape, Assault, & Robbery)_____.

Total Number of Non-Impact Felony Arrests, (with or without conviction)_____.

Total Number of Misdemeanor Arrests, (with or without conviction)_____.