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ABSTRACT

One hundred and fifty-three prison inmates were interviewed and administered the Minnesota Multiphasic Personality Inventory. Ratings were made of each inmate based on the interview using a scale which yielded a measure of Interpersonal Maturity. The MMPI data showed that over one-half the population were in diagnostic categories that could be considered amenable to rehabilitation. Number of prior convictions was found to be related to MMPI diagnostic category; significantly more individuals with psychotic profiles had no prior convictions. MMPI category was also related to Interpersonal Maturity Level; those rated lowest in maturity were most likely to show psychotic profiles. In a second study, the MMPI profiles of 571 inmates were classified into seven diagnostic categories. Group profiles for each of the seven categories are presented. Means and standard deviations of basic and secondary MMPI scales as a function of Interpersonal Maturity Level are presented. The report includes a discussion of assessment approaches in a corrections context. (Author/DEP)

ASSESSMENT APPROACHES FOR COMMUNITY CORRECTIONS*

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The inadequacies of traditional custody approaches to corrections have become increasingly apparent in recent years. Fortress-like institutions, overly punitive attitudes on the part of many corrections officers, and discriminatory entry into the corrections system have helped to create volatile institutions which contain the potential for riots, fail in rehabilitation, and often commit grave psychological damage to those "stored" within their walls. Recognition of this state of affairs by professionals and those individuals charged with the responsibility for administration of correctional systems has resulted in the rapidly developing area of "community corrections".

Specific conceptual definitions of "community corrections" vary although all efforts in this area have included placement of the offender in a community setting on a full or part-time basis. Thus, some programs have been totally residential whereas others, most notably "work-release" programs, have required continued residence in a traditional correctional facility. Many such programs have been demonstrated to be beneficial for at least

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some individuals, however, extensive long-term evaluation of the overall effectiveness of community programs has yet to be accomplished. It is interesting to note that requirements for admission into such programs are highly variable and are often somewhat vague providing fuel for the criticism that many who succeed in community programs might very likely succeed simply if released from the correctional system. Of particular interest is the pervasive though often implicit feeling that virtually any program conducted "outside" of the prison is better than maintenance of an offender within the institution.

When attempts at community corrections are considered in light of other aspects of the entire justice system (e.g., repeat offenders, changes in crime rates, etc.), this emphasis can be interpreted as providing a rationale for development of a multidimensional approach to corrections, one sufficiently differentiated to encompass the wide range of individual differences shown by those individuals entering the corrections system. Accordingly, for many individuals maximum security settings may be the best and, most feasible plan. For others, however, a more therapeutic loss restrictive setting would be required. Such differentiation requires determination of the appropriateness of various corrections/treatment approaches for different individuals. In all likelihood, the range of approaches required has yet been developed which can service the needs of individuals confined throughout the country. We are suggesting, therefore, revival of an old concept to clinicians, yet one that is sorely needed in the field of corrections, that is, differential diagnosis and differential treatment.

The implications of diagnostic efforts in a corrections setting must be made explicit. We are not suggesting that those individuals within correctional institutions are necessarily "mentally ill" nor emotionally disturbed, but rather that determination of individual needs is essential, and that such assessment must be done systematically. It is interesting to consider an alternative form of diagnosis which occurs in correctional facilities daily. The veteran guard, who views one prisoner as a "weirdo", or another as a "queer" is using an old and well established 'diagnostic' process, one which has far reaching consequences for the inmate in the institutions. Put another way, if differential treatment is to be effective in correctional settings, it requires that a diagnostic system be utilized which suggests feasible treatment alternatives for offenders.

If an assessment system is to be useful in such a context, it requires: 1) a conceptual basis which allows generality of application; 2) conceptually derived treatment recommendations; 3) elimination of socio-economic class and/or racial bias; and 4) practical utility for a corrections system. Note, we are speaking of an assessment system rather than individual assessment techniques. Given the realities of the number of inmates included within the corrections systems, systemic development is required if assessment is to be practically implemented. At the same time that an adequate assessment system is developed, a full range of systematic treatment plans must also be developed and integrated with assessment such that the determination of inmate needs indicated by the assessment system is accommodated

by the range of treatment alternatives. The resultant recommendations will likely place great emphasis on "community corrections" but should also include attempts to utilize existing rehabilitative and custodial programs as well. This paper reports preliminary results and problems encountered in establishing such a diagnostic and referral system in terms of the results of the assessment process, implications for referral, and recommendations for further system development. The investigations reported, therefore, are segments of an overall diagnostic and classification research effort.

Investigation I - Procedure

The first portion of this study involved gathering data from a sample of 153 inmates in a large county prison. Incarceration in this institution is typically the first entry into the corrections system following arrest. Many of the residents are present prior to posting of bond, others are awaiting adjudication, and still others have been adjudicated and are awaiting sentencing or transfer. The characteristics of the sample represent those of the overall institution in terms of age, race, and charge. Each resident, on a voluntary basis, was processed by the Diagnostic Center established at the prison. These procedures consisted of a structured interview, composed of two sections. The first involved the collection of complete demographic data, (e.g., age, education, custodial, history, social history, etc.); the second involved a structured interview focusing upon areas relevant to maturity as demonstrated in interpersonal interaction and social perception. The interview schedule used here was based upon one developed by Warren

(1965; 1966) in her work on Interpersonal Maturity of adolescent offenders in the California Community Treatment Project. Independent evaluations of these interviews lead to classification into one of four basic Interpersonal Maturity Levels. (See Palmer, 1971; 1973; Warren, 1965 for further description of this approach.) In addition, each resident was administered the Minnesota Multiphasic Personality Inventory (MMPI). On the basis of clinical and actuarial criteria, each resident's MMPI profile was placed into one of four classifications: 1) normal; 2) neurotic; 3) psychotic; and 4) conduct disorder. Thus, two separate assessment procedures, chosen to meet the above criteria (see,3) were utilized to provide the range of data upon which classification might be determined.

Investigation I - Results

Analysis of the MMPI classification indicates that 44% of the population are classified as conduct disorders; 24% are classified as normal, 9% as neurotic and 23% psychotic. Thus, over half of the population are in categories other than conduct disorders suggesting that a majority of individuals in institutions of this type may be responsive to various treatment modalities. Comparison of prior convictions and MMPI categories is of interest due to the potential for treatment of first offenders and prevention of recidivism. 54% of the sample had no prior convictions. Further, the number of prior convictions was significantly related to MMPI diagnostic category ($\chi^2 = 8.03$; $df = 3$; $p < .05$). Specifically, significantly more individuals

with psychotic profiles had no prior convictions suggesting different causal bases for criminal offenses. A significant relationship was also observed between MMPI category and Interpersonal Maturity Level. Those rated as lowest in interpersonal maturity (i.e., I-level 2) were most likely to show psychotic profiles. Further, few differences were noted as a function of race with the notable exception that more black inmates than whites, proportionately, appeared to be at the upper levels of interpersonal maturity.

The data support the utility of this assessment approach and provide preliminary validation of the specific assessment procedures used. The finding of higher maturity levels for black inmates suggests that the approach may be more bias-free. Another implication of the findings of the first study is that a "finer-grained" mode of classification is required to reflect adequately the diverse types of individuals who are processed through the corrections system. Therefore, we attempted to modify the classifications for both the MMPI and the Interpersonal Maturity Levels. This is reported in the second study.

Investigation II - Part I - MMPI Classification

In the first part of the second study, the MMPI profiles of 571 residents at the same prison were classified into one of seven categories: 1) normal; 2) neurotic; 3) neurotic acting-out; 4) psychotic acting-out; 5) psychotic; 6) sociopathic; and 7) emotionally immature. These categories were labeled with code numbers and the traditional clinical labels attached only for the purpose of identification. The group profile for each of

the seven categories are presented in Figures 1 through 7. These also show the number of inmates observed into each category. It will be noted that the distribution obtained here is different from that obtained in the first investigation. The differences are in the second investigation; hence, the relative frequency of psychotic inmates is overestimated in the first study.

Insert Figures 1-7 here

The classification categories present strikingly different profiles as might be expected from group data of this type. The 7 highly distinctive group profiles were consistent within category and clearly different between categories. Since the individuals processed were not chosen on the basis of expected emotional/psychological programs, a significant portion of the sample show either normal profiles or relatively minor departures from the normal range. Perhaps the most common theme is in the acting out area and is consistent with the literature on psychological assessment of inmates (See, for example Panton, 1971). Throughout all profiles, there is elevation for the Pd scale, one of the most common examples in inmate populations.

Investigation II - Part 2 - Level and MMPI Category

These same individuals were also classified for Interpersonal Maturity Level using the levels and clinical subtypes described in Palmer, 1969 and Warren, 1965. A cross-classification was then constructed which integrated the MMPI classifications and the I-level classifications. The results of the cross-classification are shown in Table 1. These data provide support

for utilization of these instruments and indication of cross validation. In general, there was a systematic tendancy for those at the higher maturity levels to show fewer characteristics of psychoticism and, at the same time, those individuals who showed less maturity would more typically show more extreme types of acting out behavior. Thus these independent measures confirm one another's assessment of the individuals tested. The relatively culture free quality of the I-level evaluation provides a way of modifying interpretation of the MMPI so as to minimize potential bias. Further the treatment recommendations derived from the combination of Interpersonal Maturity Level and Subtype and MMPI category provide a basis for specific referrals. Seven MMPI categories by 22 I-level/subtype combinations yield a matrix of 154 classification categories. In the present study, we developed a standard Model Treatment Plan for each classification. A sample of the format used is shown in Table 2.

Insert Tables 1 & 2 here

Further exploration of the relationships between I-level and MMPI categories was conducted by using seven of the I-level clinical subtypes as a basis for analysis of differences shown on 16 secondary MMPI experimental scales. These were chosen from available listings because of their expected utility for inmate classification and management. One-way analyses of variance were conducted for each scale to determine the reliability of observed differences among subtypes. In addition,

the 13 basic personality scales of the MMPI were analyzed in the same manner. Of the 29 MMPI scales examined, analyses of variance indicated that 14 of these discriminated among the 7 I-level subtype scores at a statistically significant level ($p < .05$ or $p < .01$), thus exceeding that which might be expected on the basis of chance. These findings are summarized in Tables 4 and 5.

Insert Tables 4 & 5

The major implications of these findings are discussed with respect to the different I-level subtypes.

1. Immature conformist (Cfm). This subtype showed lowest levels of individual responsibility, overall low maturity and tended to show high degrees of psychopathology reflected in their MMPI scores for escapism, emotional maturity, and social maladjustment. Although these individuals fall at the third level of interpersonal maturity (I-3), there is suggestion that they might be viewed in the lower range of this level.

2. Cultural Conformist (Cfc). These individuals tend to show similar profiles to the immature conformist, however, there are significant differences in terms of level of socialization.

3. Manipulator (Mp). This subtype tends to show less deviant forms of behavior as reflected on a number of the MMPI scales although they tend to score slightly higher on F and K. This group is more mature than the others at the third interpersonal maturity level.

4. Neurotic acting-out (Na). This group tends to be similar to the "Cfc's", showing that the two subtypes may have the same type of underlying personality structure, although some outward behavior differences are manifested.

5. Cultural identifier (Ci). This group demonstrates fairly mature profiles though showing more deviance on certain scales (see Table 5).

6. Situational-emotional (se). This group is similar to the "Ci" group although showing somewhat less deviance.

7. Neurotic anxious (Nx). This subtype scores as the most mature and least pathological on almost every scale. Apparent lack of pathology suggests that the emotional problems may be highly amenable to treatment.

In general, the above data lend support to the validity of this approach in terms of the cross-classification based upon the MMPI and I-level categorization. The treatment recommendations contained within the system may be implemented in terms of referral to community agencies and program development. Analysis of sample data points out apparently important dimensions of inmate personalities. It must be realized that this represents a first step in this approach to classification in corrections and requires further development and evaluation.

Table 1

I-LEVEL CATEGORY VS. MMPI CATEGORY

MMPI Category	I-Level Category				
	2	3	4	5	Total
1	0	12	11	8	31
2	0	5	8	2	15
3	4	17	8	1	30
4	5	27	35	12	79
5	2	4	4	2	12
6	0	1	3	1	5
7	1	5	8	0	14
TOTAL	12	71	77	26	186

Table 2

Model Treatment Plan

I - Level _____
Sub - Type _____
MMPI _____

A. General referral comment

1. Characterize person:

2. Characterize referral:

B. General Setting Characteristics Needed

1. Service(s) needed: specific_____ multiple_____ general_____
2. Involvement level of treatment: all inclusive____ mod. inclusive____
3. Degree of organization of setting from client's point of view:
   very structured___ some. at structured_____ unstructured_____
4. Verbal_____ Both_____ Behavior_____ involvement level
5. Temporal locus: occasional meeting____ reg. meeting_____
   night/lay_____ fulltime_____
6. Pressure to participate_____
7. Permissive___ moderate____ strict_____ rule enforcement.
8. Degree of toleration for punitive setting_____
9. Degree of need for supportive setting_____
10. Degree to which setting builds from reference group identity_____
11. Degree of Surveillance:_____ Comment_____
12. Strength of dependency needs_____
    a. Transfer dependency as treatment_____
    b. Encourage independence_____

C. Content Areas needed (Action patterns of setting)

1. Educational (general) emphasis_____ levels_____

2. Educational (job training) emphasis_____

3. Job placement emphasis_____

4. Counseling/therapy emphasis:+_____

individual_____

group_____

probable time span of involvement:_____

Comment_____

5. Special emphasis:_____

Recreational_____

Medical/physical health_____

Nutritional_____

Legal counseling-_____

Other_____

6. Likelihood of alcoholism_____

7. Likelihood of drug addiction_____

8. Likelihood of homesexuality_____

D. Agencies:

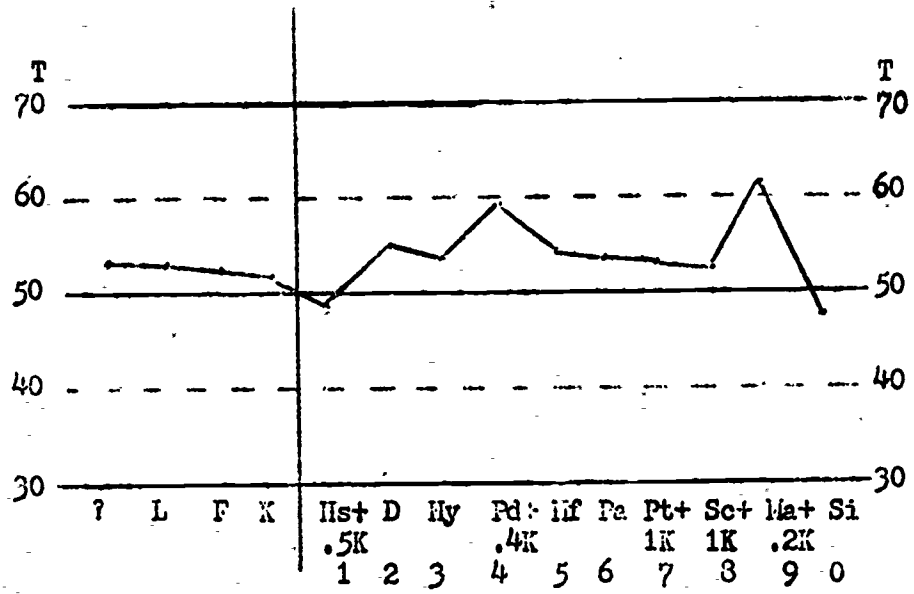

Figure 1: Normals (N=93)

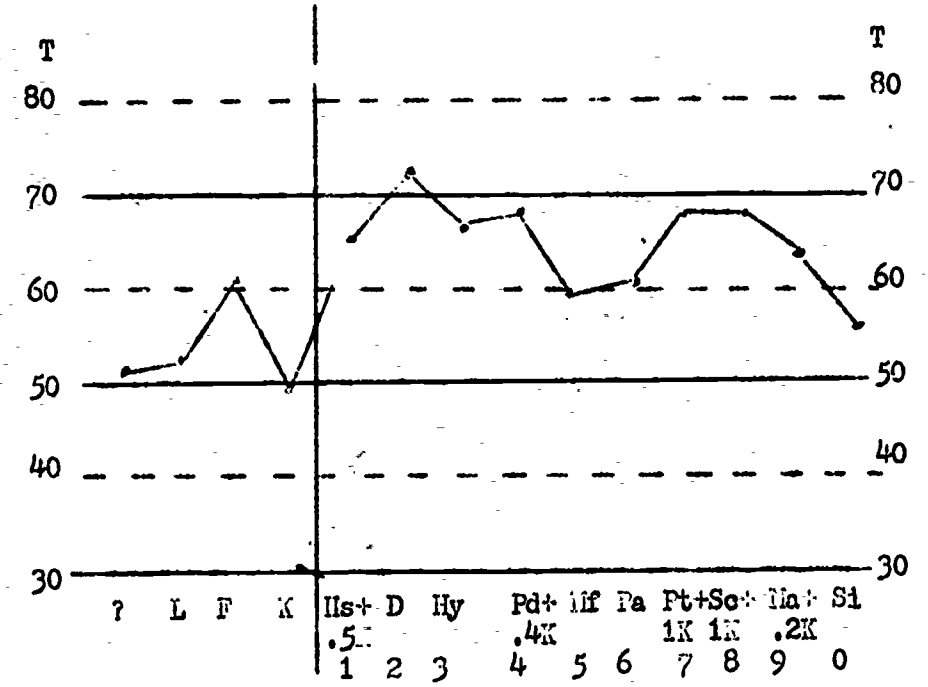

Figure 2: Neurotic (N=72)

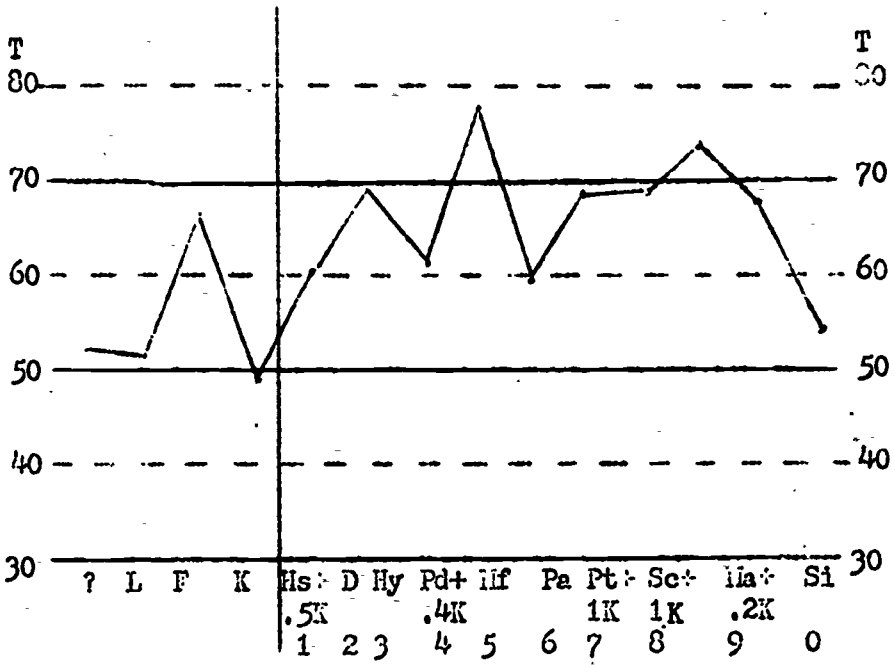

Figure 3: Neurotic Acting Out (N=187)

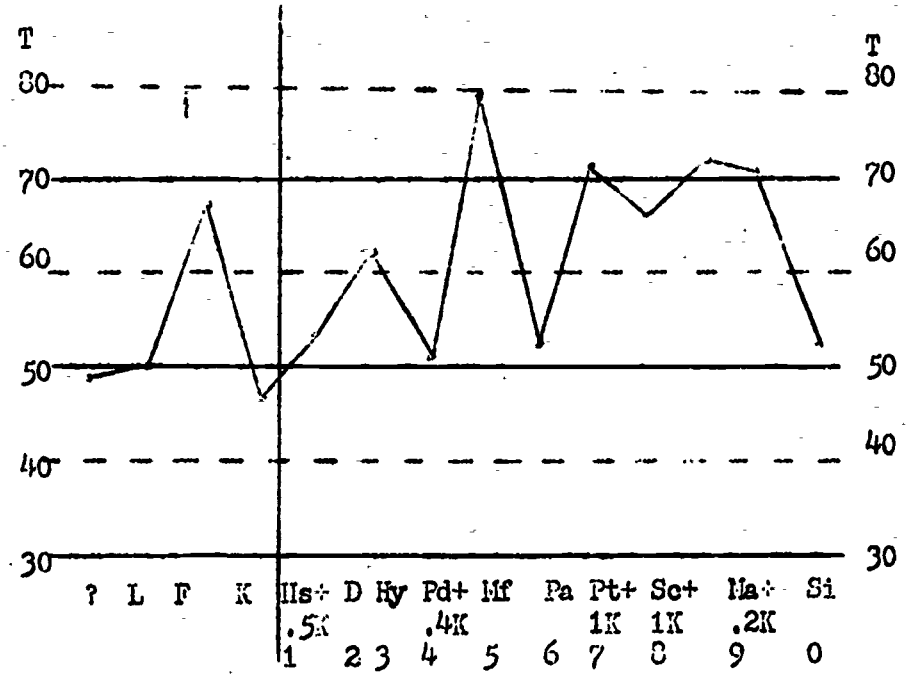

Figure 4: Psychotic Acting Out (N=70)

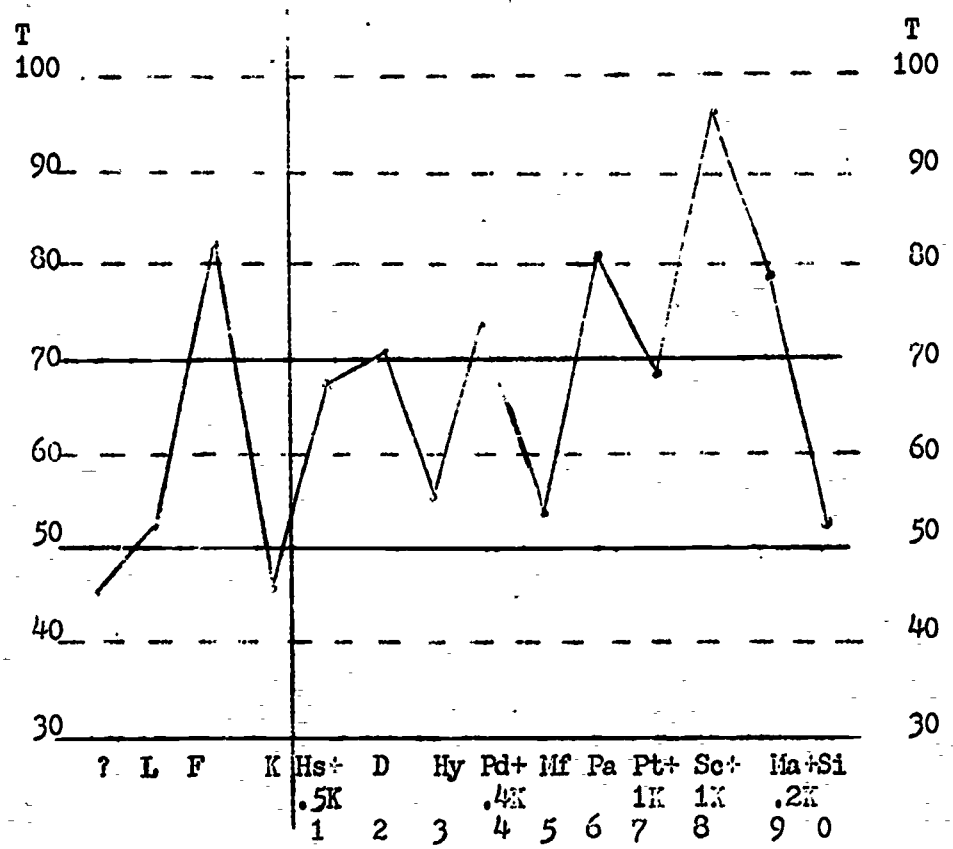

Figure 5: Psychotic (N=15)

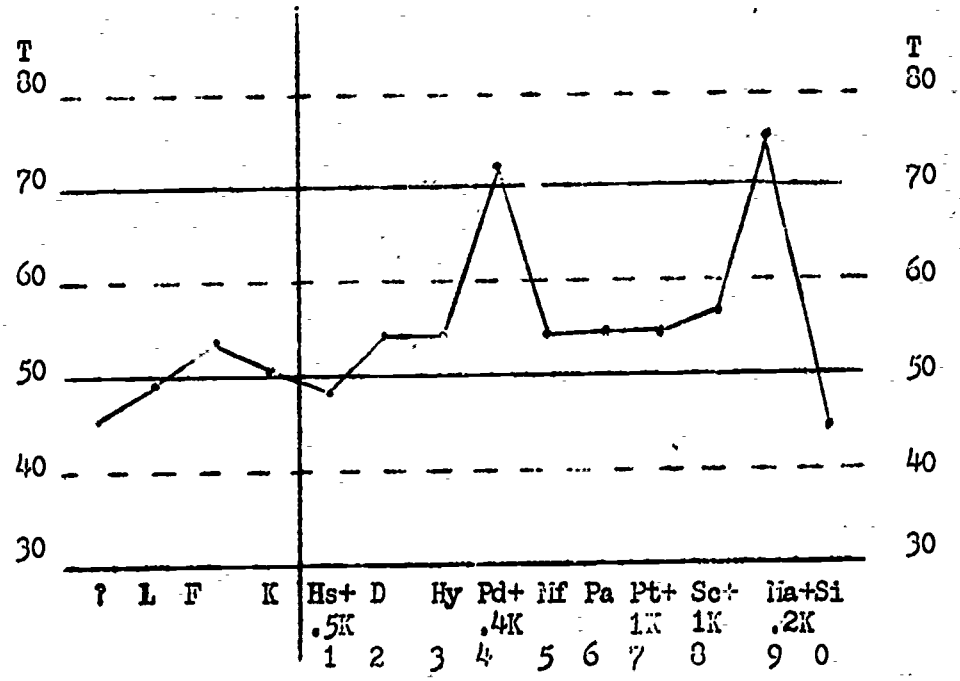

Figure 6: Sociopathic Personality (N=50)

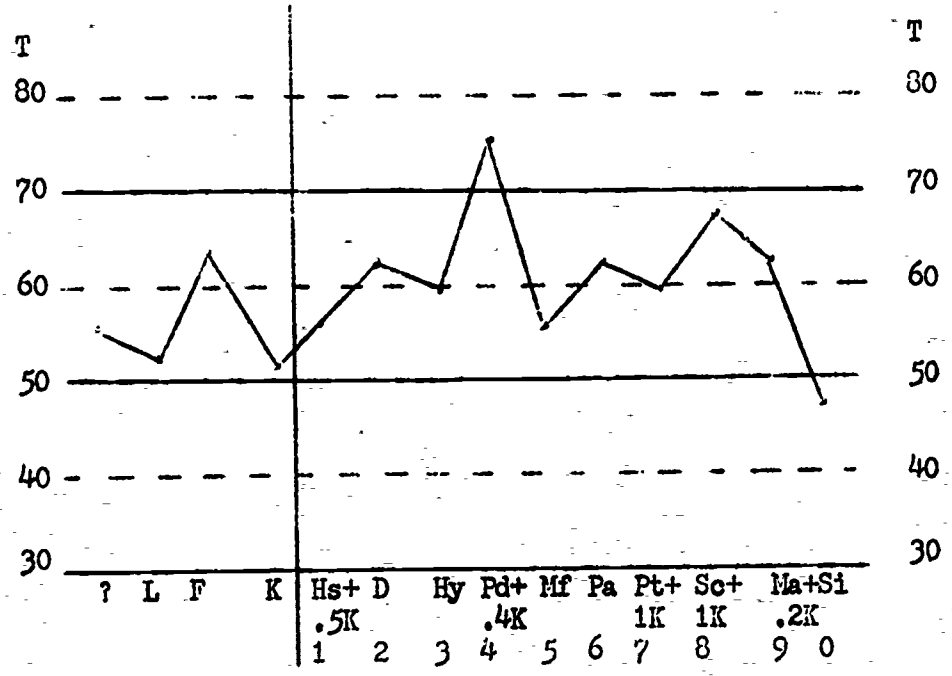

Figure 7: Emotionally Immature Personality (N=67)

Table 3a

I-LEVEL SUBTYPES

I-LEVEL	SUBTYPE	
I 2	AA	Asocial, Aggressive
I 2	AP	Asocial, Passive
I 3	CFM	Conformist, Immature
I 3	CFC	Conformist, Cultural
I 3'	MP	Manipulator
I I 4' 5	NA	Neurotic, Acting-Out
I I 4' 5	CI	Cultural Indentifier
I I 4' 5	SE	Situational Emotional Reaction
I I 4' 5	NX	Neurotic, Anxious

Table 3b

SECONDARY MMPI SCALES

SCALE	TITLE
AP12:	Adjustment to Prison
DE47:	Delinquency
EC58:	Escapism
EM59:	Emotional Immaturity
HO77:	Hostility
HV61:	Overt Hostility
PD2 :	Authority Problems
RC17:	Recidivism
RER1:	Social Responsibility
SV20:	Sexual Deviation
WA21:	Work Attitude
SOCW:	Social Maladjustment
DEPW:	Depression
AUTW:	Authority Conflict
PSYW:	Psychoticism
R-S :	Repression-Sensitization

Table 4

PRIMARY MMPI SCALES - MEAN RAW SCORES AS A FUNCTION OF I-LEVEL SUBTYPES

SUBTYPE		L	F	K	HS	D	HY	PD	MFM	PA	PT	SC	NA	SI
CFM	$\bar{X}$	4.3	12.2	11.5	8.2	23.7	21.9	25.3	25.9	14.7	21.2	24.2	22.6	30.4
	S.D.	2.2	6.2	4.9	6.1	6.3	7.0	5.1	6.0	4.2	8.7	11.2	5.0	10.1
CFC	$\bar{X}$	4.5	10.0	13.2	8.6	24.5	22.4	25.0	24.0	13.5	16.6	19.6	21.2	28.3
	S.D.	2.5	7.2	4.2	5.4	5.4	5.1	5.3	4.4	5.6	9.3	12.6	5.7	8.4
MP	$\bar{X}$	5.5	11.3	14.8	7.8	21.7	21.0	22.8	23.2	12.6	13.8	19.5	22.4	27.9
	S.D.	2.2	6.6	4.7	4.8	4.4	4.4	4.4	3.7	4.3	7.2	10.4	4.4	6.3
NA	$\bar{X}$	5.1	9.2	13.2	8.8	23.7	21.2	22.4	24.4	13.4	16.8	20.6	22.1	31.1
	S.D.	2.3	4.8	3.4	7.1	6.4	5.1	5.8	4.1	2.7	10.5	11.8	3.6	11.2
CI	$\bar{X}$	4.6	8.1	14.2	6.0	22.1	20.1	23.0	24.2	14.8	14.2	15.1	20.1	25.1
	S.D.	2.2	5.5	4.4	4.4	4.2	5.1	4.5	5.0	3.9	7.4	8.4	4.9	6.4
SE	$\bar{X}$	4.6	7.2	14.5	6.2	21.6	23.0	22.3	25.8	12.3	13.9	14.3	20.2	24.6
	S.D.	2.5	5.2	4.7	4.5	4.5	5.4	4.3	5.4	4.1	7.8	9.9	4.7	7.4
NX	$\bar{X}$	4.4	6.6	16.1	4.9	21.9	23.6	23.1	25.3	11.4	13.1	11.5	18.8	23.2
	S.D.	2.2	3.9	4.0	5.3	5.6	5.8	5.0	6.2	3.3	5.8	7.1	5.2	6.6
ANALYSIS OF VARIANCE	F	0.60	3.18	2.33	1.88	1.60	0.84	1.92	1.08	1.88	3.37	4.38	1.42	2.97
	P	NS	.01	.05	NS	NS	NS	NS	NS	NS	.01	.01	NS	.01

Table 3

SECONDARY MMPI SCALES - MEAN RAW SCORES AS A FUNCTION OF I-LEVEL SUBTYPE

SUBTYPE	N		AP 12	DE 47	EC 58	EM 59	HO 77	HU 81	PD2	RC 17	RER1	SU 20	WA21	SOCW	DEPW	AUTW	PSYW	R-S
CFM	31	$\bar{X}$	16.9	7.3	19.6	20.1	26.7	6.3	6.4	11.8	9.7	44.9	17.2	10.8	15.2	13.8	15.3	76.0
		S.D.	2.7	1.8	5.1	8.1	9.3	1.8	1.2	2.7	2.5	9.7	5.9	5.3	5.8	3.9	7.4	21.0
CFC	37	$\bar{X}$	17.4	6.5	18.4	17.4	23.7	6.3	6.3	11.4	10.1	42.0	15.0	9.7	11.5	13.0	13.5	67.4
		S.D.	3.4	1.8	4.5	7.2	8.5	2.1	1.5	3.1	3.2	9.2	6.1	5.1	6.2	4.0	8.2	20.0
MP	19	$\bar{X}$	18.7	6.6	19.0	15.7	24.0	5.7	6.0	11.2	10.3	39.1	15.2	8.7	10.2	13.4	13.6	61.5
		S.D.	3.6	1.9	3.7	5.8	7.3	1.7	1.4	2.2	2.2	8.2	4.9	4.0	5.2	3.1	8.0	16.7
NA	9	$\bar{X}$	16.0	6.6	19.8	17.3	24.9	5.9	6.3	12.1	10.7	41.1	14.6	10.7	11.6	13.1	13.9	66.6
		S.D.	3.1	1.5	5.5	7.1	7.5	2.0	1.8	2.9	2.6	13.4	4.8	5.7	6.0	2.8	5.2	22.0
CI	47	$\bar{X}$	16.6	6.4	18.0	15.3	23.4	5.9	5.7	11.0	11.1	37.2	13.2	8.6	9.2	13.2	11.8	61.8
		S.D.	3.5	1.8	4.2	5.5	7.4	1.6	1.5	2.3	3.2	8.5	5.2	4.5	5.0	3.7	6.2	15.4
SE	45	$\bar{X}$	16.2	5.9	17.3	14.8	20.3	6.0	6.2	11.8	12.5	37.4	12.1	7.3	9.4	11.5	10.5	60.3
		S.D.	3.1	1.6	4.5	6.2	7.4	1.5	1.5	2.4	3.0	9.2	4.8	4.2	5.6	3.0	6.5	17.0
NX	13	$\bar{X}$	16.2	6.5	18.0	14.2	18.1	5.5	5.6	11.3	13.5	38.7	10.[illegible]	6.4	10.2	11.4	8.2	57.3
		S.D.	2.7	2.1	4.0	5.6	6.5	1.2	1.6	2.1	1.6	9.9	3.7	3.9	4.8	3.0	4.1	13.7
ANALYSIS OF VARIANCE		F	1.75	1.90	1.01	2.75	2.98	0.59	0.85	0.56	5.40	2.96	4.23	2.72	4.50	1.76	2.61	3.21
		P	NS	NS	NS	.05	.01	NS	NS	NS	.01	.01	.01	.05	.01	NS	.05	.01