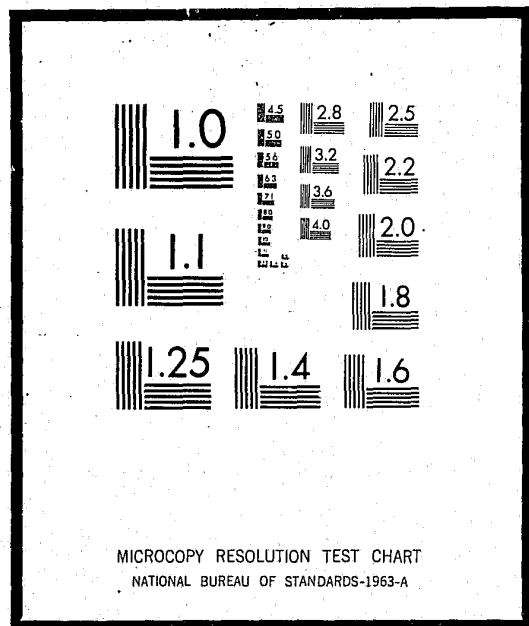


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U.S. DEPARTMENT OF JUSTICE
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DENVER HIGH IMPACT ANTI-CRIME PROGRAM

EVALUATION REPORT

COUNTY COURT DIAGNOSTIC CENTER ✓

Grant No. 72-IC-0005-44

January 1, 1973 - September 30, 1973

DESCRIPTION OF PROJECT

The County Court Diagnostic Center project provides psychological, social and psychiatric diagnostic information for the Colorado Parole Department and the District Court Probation Departments for felons in the Denver Criminal Justice System. The staff consists of two psychologists (part-time), one psychiatrist (part-time), two administrative interns (full-time) and one secretary (full-time). Referrals for a diagnostic evaluation come from probation officers writing a pre-sentence report on those already convicted and from parole and probation officers of those on active parole or probation status. The decision as to whether or not the individual is to receive a diagnostic evaluation is made by the individual parole or probation officer. Upon occasion a judge will also request this service. With the increasing activity of the Intensive Parole and Probation Supervision Project (Grant No. 72-IC-0008-(1)-64), the psychologist for that project has been referring many of the individual clients in that project to the diagnostic center.

The diagnostic evaluation consists of a battery of tests administered and interpreted by the staff of two psychologists, an interview with a psychiatrist (for most clients) and a report on the results of the testing and the interview. This report (summary and interpretation of the tests and psychiatrist's interview) is made part of the pre-sentence report prepared by the probation officer. For referrals

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already on probation or parole the diagnostic report (which may or may not include an interview with the psychiatrist) goes to the case-worker (parole or probation officer) or to the psychologist with the Intensive Supervision Project.

The battery consists of instruments designed to measure:

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

Among the tests routinely used are:

1. Weschler Memory Scale
2. Hooper Visual Organization Scale
3. IPAT (Cultural Fair Test of Intelligence)
4. Wide Range Achievement Test
5. Semantic Differential Test of Self-Concept
6. The Hand Test
7. Minnesota Multiphasic Personality Inventory (MMPI)
8. Incomplete Sentences Test
9. Money Problem Checklist
10. Thematic Apperception Test (TAT)
11. Draw-a-Person Test

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

Reports based on the diagnostic information are written by the psychologist and a separate report is written by the psychiatrist. These reports are included in the pre-sentence report or sent to the person requesting the evaluation (probation officer, parole officer, judge, supervisor). Often there is consultation between the psychologist and/or psychiatrist and the person requesting the diagnostic evaluation. The entire procedure (testing, scoring, report writing, consultation) takes between one and two days for each client.

OBJECTIVES

The major goal of the County Court Diagnostic Center is to help reduce the incidence of Impact crimes through a better understanding of the individuals who commit these crimes in terms of sentencing and supervision practices.

Other objectives are:

1. Provide the services of psychological and psychiatric evaluation for the Denver District Court Probation Department and Colorado Department of Parole.
2. Demonstrate cooperative efforts among four autonomous criminal justice agencies.
3. Develop profiles based on the test, background and criminal history data for Impact offenders as a group and for offenders with each of the four Impact offenses. Profiles, based on similar data, will also be developed for clients who have lesser offenses who will be matched with Impact offenders upon selected demographic characteristics. Differences and similarities will be assessed.

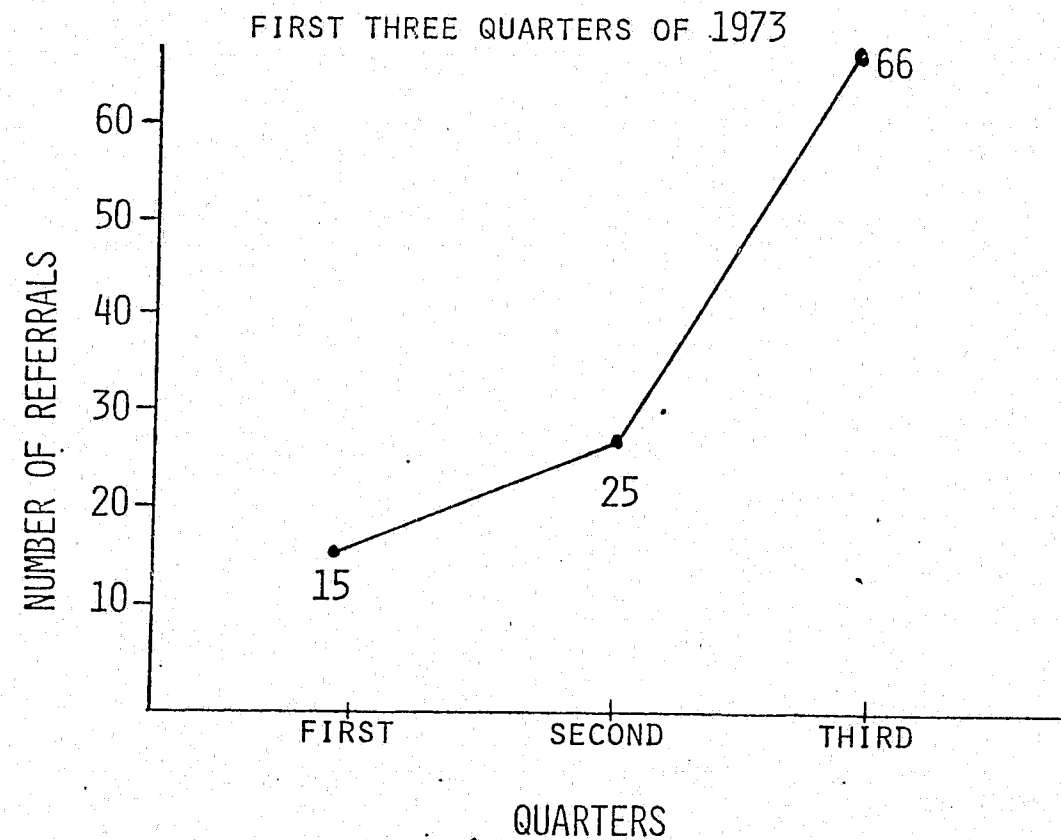
The last objective gives the project a specific research function in addition to operational and organizational functions.

Data on the crime reduction objective is not available at this time. The influence, both direct and indirect, of the diagnostic information on crime reduction among those diagnosed will be extremely difficult to isolate. Comparison groups of similar offenders who have not received diagnostic evaluations are not readily available, and controlling for similar experiences in the criminal justice system would be impossible. Nevertheless, follow-up on recidivism (arrest and judicial processing) will be done for those with a diagnostic evaluation (both for pre-sentence purposes and for those on active parole and probation). Comparison groups will be developed, if possible, from those offenders not receiving the diagnostic services, keeping in mind the factors, not controlled, which may influence any differences in recidivism statistics. Any serious follow-up recidivism study must also look at differential decisions (sentencing, probation and parole supervision decisions) which may be influenced by the diagnostic information and compare these decisions to ones made for similar offenders without a diagnostic evaluation. Although data will be collected regarding follow-up recidivism as part of this project, direct and unambiguous assessment of the effects of diagnostic information on recidivism cannot be obtained within the limitations of this project. However, the acceptance of diagnostic information by practitioners (administrators, judges, prison personnel, probation and parole officers, etc.) may eventually lead to studies which can more directly assess the effects of diagnostic information about offenders on recidivism. The research function of this project (see Objective 3, Page 3) may also lead to activities in the future which can be assessed in terms of prevention of impact offenses and/or reduction of impact offense recidivism.

Most of the data to be presented will be concerned with the objective of providing psychological and psychiatric evaluations of offenders for the Denver District Court Probation Department and the Colorado Department of Parole. The County Court Diagnostic Center has been established and functioning since January 15, 1973. The number of clients referred and tested during the first two quarters (January-June) were lower than expected. A total of 40 clients were referred during this period. Starting in July the number of clients took a dramatic turn upward with 21 referrals. A total of 19 offenders were referred in August and 27 in September. Through the end of September 1973 a total of 106 clients have been referred.* (See Figure 1). The project estimates that there will be approximately 10 referrals per week from now on and are asking for another psychologist and intern. The sharp increase in referrals in July coincided with the opening of two of the three satellite parole and probation centers which are part of the Intensive Parole and Probation Supervision Project (Grant No. 72-IC-0008-64). The parole and probation officers operating from these offices as well as the psychologist associated with the project have shown a great willingness to refer their clients to the Center. Most of the clients in this project who are taking part in the group counseling are now being referred to the center by the project psychologist. The increase in referrals may also be influenced by the greater knowledge and acceptance of the Center's services by judges, administrators and intake probation officers as well as staff in the Intensive Supervision Project.

*Several referrals had not been tested by the end of September but will be in the near future.

FIGURE 1
NUMBER OF REFERRALS TO THE
COUNTY COURT DIAGNOSTIC CENTER



According to the data supplied by the project, a total of 68.7% of the clients show an impact or impact-related offense (possession of burglary tools, criminal menacing, 3rd degree assault, etc.) as the original charge, current charge or during sometime in their past history. Only 19.2% of the clients showed an impact offense at a previous time only, while 49.3% had an impact offense either as the current charge or the original charge. Common charges among non-impact offenders receiving diagnostic services were theft, drug offenses and forgery. Most of the clients have been on probation, on parole or awaiting a probation hearing.

In order to assess the acceptance and the use of the diagnostic information, a special study was undertaken in August and early September by Dr. James H. Bridges of the School of Social Work of Denver University who is the research consultant to the project. The acceptance and use of the Center's diagnostic and consultative services is important in evaluating both Objectives One and Two listed on Page 3. Dr. Bridges conducted telephone or personal interviews (semi-structured and unstructured) with 46 people including the five judges who hear criminal cases (one interview done with the judge's clerk only), all six members of the Center's staff, three probation and parole administrators, 29 probation and parole officers (including those who had not referred, as well as those who had referred clients to the center) and three supervisors who had not referred clients directly. In addition, the study included a postcard survey of those who had referred clients. A postcard questionnaire was sent to the referring personnel along with the diagnostic report. Mail questionnaires identical to that of the postcard questionnaires were sent to those who had referred clients previous to the initiation of

of the postcard survey. The major questions to which these surveys (interviews and mail questionnaires) were directed: "Was the service of the Diagnostic Clinic proving to be of help to District Court judges and to parole and probation officers, and would there be sufficient future demand for the services to justify continued support by Impact Crime Funds?"

As of early September, 61 responses were received to the postcard and mail questionnaires sent to those who referred clients. This total included individual parole and probation staff responding more than once. About half of the cases were referred for disposition (pre-sentence) and half for supervision-related information (for clients already under probation or parole supervision). Of the 61 responses (not 61 different individuals): 46% considered the diagnostic evaluation very helpful; 44% considered it to be somewhat helpful; and only 10% of the responses stated that the diagnostic evaluation was of little or no help.* (See Table 1).

Professor Bridges included selected comments made by those responding to the postcard or mail questionnaire. Among those comments which reflected the direct utility of the diagnostic evaluation are:

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

*It should be noted that these percentages are based on officers who referred clients for diagnostic evaluation and perhaps would be expected to be initially favorable or prone to be favorable to the diagnostic report. In addition, several officers are responding more than once. Their second and third response is also, on a a priori basis, likely to be favorable for the second, third, etc., referral. It should also be noted that only 9 of 43 parole and probation officers (excluding supervisors and administrators) who could have, did not refer clients. Thus a large percent of the probation and parole officers referred clients and are represented among the responses to the mail survey.

TABLE 1
QUESTIONNAIRE RESPONSES TO HELPFULNESS
OF THE DIAGNOSTIC EVALUATION

DEGREE OF HELP	NUMBER OF RESPONSES	PERCENT
VERY HELPFUL	28	46
SOMEWHAT HELPFUL	27	44
OF LITTLE OR NO HELP	6	10
TOTAL	61	100

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

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

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

Some of the few negative comments to the diagnostic evaluation on the questionnaire were:

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

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

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

It can be seen that at least for a few officers and a judge the diagnostic evaluation appeared to be very relevant in decision-making about the client and provided meaningful guidelines for direct action.

Telephone interviews with the directors of the Probation and Parole Departments showed a very positive opinion of the Center's services. There were no problems indicated by these men with regard to the evaluations or the procedures. Both directors thought that the referrals from their organizations would increase.

Three of the five judges who hear criminal cases had used the services of the Center. The two others raised legal issues. One said he would use the Center only upon request of the defendant's attorney, and the other on the initiative of the defendant himself. It was the opinion of the interviewer that these two judges were not familiar with the details of the service provided by the Center. The three who had used the Center's services were positive and two of the judges who were asked whether or not the evaluations influenced their dispositions answered in the affirmative.

Three division supervisors of the District Court Probation Department were interviewed. All three were very positive about the quality of service provided and the need of the department that this service was meeting. Supervisors as well as other interviewees stressed the need for obtaining diagnostic evaluations of offenders held in the County Jail. No other procedural problems were mentioned.

Twenty-four of the parole and probation officers who had referred at least one client to the Center were interviewed, including supervisors of the satellite Centers of the Intensive Parole and Probation Supervision Project. Eighteen (18) or 75% of those interviewed said the diagnostic evaluation was very helpful or helpful, while six (6) thought they were not very helpful or not helpful at all (25%). The percent of those officers interviewed who were favorable was smaller than that in the mail questionnaire and the number unfavorable was greater (25% vs 10%). The mail and postcard questionnaire data was based on the number of responses received not on separate individuals as for the interviews.

Of the six officers who responded negatively to the utility of the diagnostic evaluation, several said they would like to see more concrete suggestions in the report. A few also had some positive opinions concerning the diagnostic evaluations. Four of the six officers who were generally negative were investigating probation officers who prepare pre-sentence reports.

Eighteen of the 24 officers interviewed said that the evaluations made a difference in the disposition or handling of the case. There were only a few complaints about procedures and general satisfaction with the Center's staff in terms of cooperation, concern and interest. In regard to clients' reaction to the testing procedures, the majority of officers said there had been no overt reaction, but a large minority indicated that the clients had expressed frustration with the length of the testing.

Sixty-three percent of the 24 officers indicated that center hours should be extended into the evening mainly because many clients work during the day (See Table 3). Fifty-four percent of the 24 officers said they would increase their rates of referrals, 38% said they would refer clients at the same rate as before, and 8% were undecided (See Table 2).

Four of the nine officers who could have referred clients, but had not, were interviewed. All were parole officers and all seemed positive toward the Center. They all said that they intended to refer clients in the future.

TABLE 2

ANTICIPATED RATE OF REFERRAL TO THE DIAGNOSTIC CENTER
AMONG PROBATION AND PAROLE OFFICERS

ANTICIPATED RATE	NUMBER OF OFFICERS	PERCENT
GREATER	13	54
SAME	9	38
UNDECIDED	2	8
TOTAL	24	100

TABLE 3

PAROLE AND PROBATION OFFICERS' OPINION ABOUT THE
DESIRABILITY OF EVENING HOURS FOR THE DIAGNOSTIC CENTER

OPINION	NUMBER OF OFFICERS	PERCENT
YES	15	63
NO	6	25
UNDECIDED	3	12
TOTAL	24	100

In summary, Dr. Bridges' study showed acceptance of the Diagnostic Center by a large majority of those who had used the services as well as positive feelings from some personnel who had not used the Center. Many officers who make pre-sentence and supervision decisions felt the diagnostic evaluation useful and influential. Among those who were generally negative, several indicated that the diagnostic report could be of use if more specific suggestions were made. Three of the five judges were well aware of the Center's functions and had used the evaluations. Top administrators of the District Court Probation and Parole Department were very favorable toward the diagnostic services. There were strong indications from the interviews for expansion of the diagnostic services to those offenders held in County Jail. A little more than half of the parole and probation officers indicated that they would refer more clients to the Center in the future. There were very few expressed procedural difficulties and the overall relationships among the County Court Probation, District Court Probation and Colorado Department of Parole revolving around the County Court Diagnostic Center appeared to be proceeding smoothly with no obvious inter-organizational conflicts.

With regard to the research objectives--the development of profiles of impact offenders and comparison of these profiles with non-impact offenders--no data has been analyzed so far. The analyses will be done during the second year of the project when a large enough number of clients have been tested and have had data recorded to develop stable profiles. Both background data and test data will be used. In addition, the second year of the project will provide data on the influence of diagnostic information on sentencing and supervision decision and perhaps evidence relating to the role of these decisions on recidivism.

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

It appears as if the County Court Diagnostic Center has been well accepted by most relevant personnel, its products (diagnostic evaluations) are useful for most of the parole and probation officers and some of the judges for sentencing and supervision decisions. There are strong indications of desire for expansion of their activities to include more offenders. Research procedures have been established and data will be available to develop detailed profiles of impact and non-impact offenders based on demographic, historical and psychological test data. This project provides a new service to aid the treatment of serious offenders at various levels of the criminal justice process and should receive continued funding for its expanded activities.

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