CALIFORNIA'S COMMUNITY TREATMENT PROJECT

RESEARCH REPORT # 12—

THE PHASE III EXPERIMENT: — PROGRESS TO DATE

by

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I. THE PHASE III EXPERIMENT: MAIN OBJECTIVES

The body of knowledge which was developed during Phases I and II of CTP[1] refers to an approach which had been applied with considerable success (1) primarily within a particular type of treatment setting and (2) to a particular range or variety of youthful offenders. Building upon this, the Phase III experiment, located entirely in Sacramento, was primarily designed to determine whether it would be feasible and--in terms of improved treatment outcomes--meaningful to:

(1) Broaden the range, and refine the type, of settings and treatment strategies in and through which differential treatment might be carried out for specified delinquent subtypes.

(2) Broaden the range and variety of offenders to whom differential treatment might be usefully applied.

Two additional objectives were formulated:

(3) Continue to isolate the factors which might be contributing to the success of the community-located, differential treatment approaches which were developed during Phases I and II.

(4) Continue to refine and expand the Differential Treatment Model.

Based on the experiences of Phases I and II, it was hypothesized that at least five groups of wards would derive greater benefit from a course of treatment which was to be initiated within a residential setting, in contrast to the community proper. A four-way design was established to test this hypothesis: Youths from each of two status-groupings would be randomly assigned to either the residential or community setting. The five groups of wards--"Status I" youths--were defined in the Phase III proposal. These were individuals with whom neither the experimental (CTP) program nor the Phase I and II control (traditional CYA) program had been particularly successful. (Status II youths were those for whom a direct return to the community setting appeared appropriate--i.e., without a period of prior institutionalization.)

The residential setting in question was to be operated by CTP staff. It was to utilize differential treatment concepts to the extent possible, and was to be staffed by carefully selected personnel (youth counselors and group supervisors). The CTP residential setting (Dorm 6) was established in August

[1] Community Treatment Project.

of 1969 on the grounds of the California Youth Authority's (CYA's) Northern Reception Center and Clinic (NRCC). In April of 1970, all wards and staff of CTP moved into their permanent facility (Dorm 3) at NRCC; this facility has remained in operation to the present. CTP's Community Center, located in the Oak Park section of Sacramento, has continued to operate as it did during Phase II.

Progress with regard to objectives (1) - (4), above, was reviewed in CTP Research Reports No. 10 and 11. The following will cover the period from July, 1971 through August, 1972.

II. HIGHLIGHTS AND OVERVIEW OF ACTIVITIES: 7/1971 THROUGH 8/1972

A. Preliminary analyses which bear upon objectives (1) and (3), above, have been completed. Viewed from any of several angles, they lend support to most, though not all of the major hypotheses and/or assumptions of Phase III:

1. Status I youths (i.e., wards seen as needing an initial period of institutionalization) who began their treatment within the CTP residential facility were found to perform considerably better subsequent to initial release to parole, when compared with Status I youths who started within the community proper.

2. Status II youths (i.e., wards seen as <u>not</u> needing an initial period of institutionalization) who began their treatment within the CTP residential facility performed somewhat worse than Status II youths who started within the community proper.

Criterion measures included, but were not limited to: (a) rate of offense behavior per month-at-risk, beginning with first release to parole, and (b) 12-months parole failure cohorts.[1]

3. Status II youths who were assigned to matched parole agents performed better than those assigned to non-matched, "generalist" agents.

4. Status I youths[2] who were assigned to matched agents performed worse than Status II youths who were also assigned to matched agents. The former individuals performed neither better nor worse than (or, possibly, slightly worse than) <u>unmatched</u> Status I youths.

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[1] Sample-size precluded the use of index (b), with respect to items '3' and '4' in the text which follows.

[2] Particularly those who, on a random basis, began their treatment directly within the <u>community</u> setting--contrary to what had been prescribed for them on treatment grounds alone.

Though tentative in nature, findings such as those presented in '1' and '2', above, could eventually be of considerable relevance to persons within and outside Corrections, particularly those who may be engaged in ideological battles over whether to either "lock them (youths) all up" or "keep them (or, possibly, "clear them") all out".[1] The implications of findings such as those noted in '3' and '4', above, may be slightly less broad in scope. It will be important to see whether these early findings hold up over longer parole followup periods, and with an increased number of study subjects. Further details regarding analyses '1' - '4' may be found on pp. 12-25.

B. During recent years the construct validity of CTP's interpersonal maturity framework has increasingly been brought into question, particularly by those who have attempted to locate solid or, at least, standard-empirical evidence for the underlying theory which has formed the primary basis of the Phase I, II and III experiments. Evidence which would seem to lend rather strong support to the construct validity of I-level theory[2] is presented in the section entitled, "Relationships among Interpersonal Maturity, Personality Configurations, Intelligence and Ethnic Status". (See pp. 32-41.) The analysis in question involved California's Psychological Inventory data for a sample of 934 male CTP subjects. Additional supportive information and discussion is presented in Appendix A: In this latter case, Jesness Inventory data was used to focus upon personality differences across I-levels, and upon the role of ethnic status as well. These analyses were done by Eric Werner.

C. An almost equal amount of interest, in fact concern, has been focused upon the reliability and accuracy of I-level--and, more particularly, <u>subtype</u>--diagnoses. By way of response, a detailed analysis was conducted during 1971-1972, one which involved the entire Phase I and Phase II CTP sample (1961-1969).[3] The results were more than encouraging by most standards--at least with reference to experienced interviewers. However, it seemed very clear that there remains considerable room for improvement with regard to the basic definition, and operational differentiation, of specific I-level subtypes--Mp's, Na's and Nx's, in particular. Any such refinements and advances would be of direct and immediate relevance to the need for high levels of diagnostic reliability/accuracy--this being a first step in the direction of more effective and/or efficient <u>individualized</u> treatment planning. This analysis is reviewed on pp. 42-49.

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[1] Of institutions, that is.

[2] At least with respect to maturity levels 2, 3 and 4.

[3] Included were all three program-locations: Sacramento, Stockton-Modesto, and San Francisco.

D. During 1971-1972, reconceptualization and increasingly refined definition/description of the adolescent offender population continued to take place. Progress within this area occurred mainly in relation to (a) higher maturity, non-neurotic individuals, and (b) lower maturity youths. Collectively, these groups comprise the "anchor points"--more specifically, the two highest and two lowest ends--with reference to the maturity spectrum[1] which is ordinarily observed among California Youth Authority wards.[2] Of the nine I-level subtypes traditionally differentiated within this spectrum, those in question (viz., the Se, Ci, Aa and Ap subtypes) comprise[3] the four which are least often observed. -These developments are reviewed on pp. 27-31. It is hoped that CTP will be able to focus upon the Mp, Na and/or Nx subtypes before very long. However, no specific timetable exists in this regard.

E. Two manuscripts were accepted for publication in leading professional journals during 1971-1972. The first ("Matching of Treater and Client within Corrections", by Ted Palmer) is to appear in a Fall, 1972 or later-1972/early-1973 issue of Social Work. A second ("The Utility of Community-Based Group Homes for Delinquent Adolescent Girls", by Estelle Turner and Ted Palmer) is to appear at approximately the same time, in the Journal of the American Academy of Child Psychiatry.

F. The final report of the Group Home Project[4] has been completed. This report deals with a program which, from 1966 through 1969, focused upon the feasibility, nature and impact of five group home models--each of which was designed to accommodate specific youth-subtypes only. This demonstration project utilized CTP staff and CTP experimental subjects, exclusively. Together with the final report, the Group Home Project is very briefly reviewed on pg. 59, in relation to general content and scope. The main findings are not reviewed.

G. With reference to the non-residential, community-located component of CTP - Phase III, systematic and detailed monitoring of treatment processes and treatment products continued on a full-scale basis throughout 1971-1972. During 1972, an effort was made to develop methods of data-collection which would be capable of quantitatively augmenting the present monitoring sample,

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[1] I_2 through I_4.

[2] I_5's comprise about 1% of the CYA population.

[3] Individually and collectively.

[4] Official title: Differential Treatment Environments for Delinquents (MH 14979).

while at the same time not seriously--i.e., negatively--affecting the quality of the data pool as a whole. Progress along this and other lines is briefly reviewed on pg. 26, and also in Appendix B. Statistical treatment of monitoring data will get under way in approximately six or eight months.

H. The CTP residential setting (Dorm 3) is being described at each of three levels of inclusiveness and/or depth: (a) Daily activities and program components, as coded separately for each youth in residence;[1] (b) Moos Social Climate scale-ratings; (c) day-by-day, subjective accounts of dorm activities, atmosphere, themes and long-term trends, as observed by CTP's full-time, dorm-located researcher (9/1970-4/1972). Data which relates to (a), above, is briefly reviewed in Appendix C, in connection with a representative sixteen weeks time-interval (2/71 - 5/71). Moos data ('b', above) has been collected on a twice monthly basis since 2/1971; the results will be presented as part of an upcoming report, referred to below. Data which relates to level (c), above, has been organized in the form of a moderately lengthy report entitled, "Diary of a Dorm". This report is in final-draft form, and should be available by Spring, 1973. Also completed is the first draft of a more formal research report, one which incorporates data and observations from (a), (b) and (c), above. This report also contains a review of the major expectations and interrelationships which have been observed within, and across, CTP residential and parole staffs during Phase III. It will probably be available by mid-1973.

I. Offense Behavior of Phase I and Phase II Subjects--Further Study: (1) Analyses were completed and reported in connection with the offense behavior of male, Phase I and Phase II favorable dischargees from the Sacramento - Stockton areas--all of whom had been followed up subsequent to their discharge from the CYA. (See pp. 50-54.) The 24-months post-discharge followup cohort consisted of 96 Experimentals (E's) and 70 Controls (C's); a parallel, 48-months cohort included 54 E's and 43 C's.[2] Neither followup showed substantial differences between E's and C's with respect to either the rate or severity of post-discharge offense behavior. However, at 48-months followup the C's were performing slightly, though not significantly, better than E's with regard to number of offenses per youth. Relative to a 24-months followup, E's who had been appropriately matched with their parole agent were found to be performing slightly but not significantly better than C's.[3] The latter, on the other hand, performed slightly though not significantly better than non-matched E's. Matched E's performed significantly better than non-matched E's.

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[1] Further details regarding the content, structure and data-sources of this sub-study may be found in CTP's Research Report No. 10, pages 4 and 16.

[2] This sub-study represented an updating and expansion of the 12-, 18-, and 24-months followups which were reported in 1968.

[3] Sample-size precluded a 48-months followup, in this regard.

Relative to both followup cohorts, Control I_3's (more specifically, Cfc's and Mp's[1]) performed considerably better than their Experimental counterparts. At 48-months followup, Experimental "N's" (i.e., Na's + Nx's, combined) performed slightly better than their Control counterparts.

(2) A preliminary and methodologically comparable analysis was completed and reported with regard to offense behavior--subsequent to CYA discharge--on the part of Phase II favorable dischargees from the San Francisco area: 12- and 18-months followup comparisons were made between a small number of Differential Treatment Unit (DTU) and Guided Group Interaction Unit (GGI) males. (See pp. 55-58. -An updating and expansion of this analysis is currently under way.) On 12-months followup, the former individuals were found to be performing somewhat better than the latter with reference to the four criterion measures which were employed. However, on 18-months followup most such differences faded away. With regard to both followup periods, DTU was found to have performed considerably better than GGI in terms of offenses which were of a rather serious and/or violent nature.

J. Figures which bear upon the Phase III research design are presented in Tables 1 - 4. Distributions for each of six youth-subtype groupings are shown, separately by: Status and assignment combination (Table 1); matched vs. non-matched parole agent assignment (Table 2); ethnic status (Table 3). While it is clear that overall case intake continues to be much lower than originally projected,[2] Tables 1 and 2 indicate that it has nevertheless been possible to balance the various experimental groupings in essentially the manner which was called for in the basic research plan, for the purpose of specified intergroup comparisons.[3]

Table 4 shows that the five Status I youth-groupings (Groups C, D and E, in particular) are turning out to have much the same subtype composition which was suggested in the Phase III proposal.

K. Objective #2 of Phase III centered around the question of extending the range and variety of offenders to whom differential treatment might usefully be applied. On this score, progress was initially reported and discussed in July, 1971: Prior to Phase III, CTP had by design accepted only those youths who had been committed from juvenile courts. However,

[1] Though not the Cfm's.

[2] N = 119 eligible males as of 6-1-72. This is less than half the number that was originally anticipated.

[3] The issue and implications of low case intake were presented in CTP's Research Report No. 11, pg. 10. It seems evident that the experiment is proving fruitful in spite of this particular limitation.

Table 1. Distributions of Diagnostic Groups For Four CTP Initial Placement Possibilities[a]

Prescribed Placement[b]	Actual Placement	Aa+Ap	Cfm	Cfc+Mp	Na	Nx	Se+Ci	Total
C	C	0	8 (26%)	2 (6%)	6 (19%)	14 (45%)	1 (3%)	31 (29%)
C	R	1 (3%)	2 (6%)	4 (13%)	5 (16%)	18 (58%)	1 (3%)	31 (29%)
R	C	0	0	1 (6%)	6 (38%)	9 (56%)	0	16 (15%)
R	R	0	2 (7%)	4 (13%)	8 (27%)	14 (47%)	2 (7%)	30 (28%)
Total		1	12	11	25	55	4	108

[a] This table excludes 11 cases ("Category B" youths) who entered CTP with the qualification that they must begin treatment within the residential facility. All other youths who entered CTP prior to 6-1-72 are included.

[b] In this table, "prescribed" placement refers to the initial placement-recommendation (community, or residential, setting) made by CTP staffing group. "Actual" placement refers to the setting to which any youth was, in fact, initially assigned on a random basis.

C = community; R = residential.

Table 2. Distributions of Matched and Unmatched Youths, For Six Diagnostic Groups[a]

Diagnostic Group	Youths Matched With Agent	Youths Not Matched With Agent	Total
Aa+Ap	1 (1%)	1 (2%)	2 (2%)
Cfm	6 (8%)	7 (17%)	13 (11%)
Cfc+Mp	10 (13%)	4 (10%)	14 (12%)
Na	20 (26%)	8 (20%)	28 (24%)
Nx	37 (47%)	20 (49%)	57 (48%)
Se+Ci	4 (5%)	1 (2%)	5 (4%)
Total	78	41	119

[a]Includes all youths who entered CTP prior to 6-1-72.

Table 3. Distributions of White and Non-White Youths, For Six Diagnostic Groups[a]

Diagnostic Group	White	Non-White	Total
Aa+Ap	1 (1%)	1 (3%)	2 (2%)
Cfm	6 (7%)	7 (18%)	13 (11%)
Cfc+Mp	4 (5%)	10 (26%)	14 (12%)
Na	23 (28%)	6 (16%)	29 (24%)
Nx	46 (57%)	10 (26%)	56 (47%)
Se+Ci	1 (1%)	4 (10%)	5 (4%)
Total	81	38	119

[a]Includes all youths who entered CTP prior to 6-1-72.

Table 4. Distributions of Status I (Residential) Categories, For Six Diagnostic Groups

Status I Category	Diagnostic Group						
	Aa+Ap	Cfm	Cfc+Mp	Na	Nx	Se+Ci	Total
A. Psychologically Disorganized	1 (10%)	1 (10%)	3 (30%)	1 (10%)	4 (40%)	0	10 (18%)
B. Control Resisters	0	1 (14%)	3 (43%)	2 (29%)	1 (14%)	0	7 (13%)
C. Involved in Destructive Loyalty Binds	0	1 (4%)	1 (4%)	9 (35%)	15 (57%)	0	26 (48%)
D. Mature Nonneurotics	0	0	0	0	0	2 (100%)	2 (4%)
E. Very Involved w/ Dangerous Narcotics	0	0	0	4 (44%)	4 (45%)	1 (11%)	9 (17%)
Total	1 (2%)	3 (5%)	7 (13%)	16 (30%)	24 (44%)	3 (6%)	54

22% of the Phase III sample have thus far been committed by the Adult Court. This is about half the originally expected proportion. As indicated in last year's progress report, Adult Court commitments appear to have presented few if any special operational (or, for that matter, diagnostic) problems. Separate statistical analyses[1] nevertheless remain to be done with reference to this particular sub-sample.

Another group which was not included prior to Phase III has been labelled "Category B" youths.

> For the most part, this particular sub-sample includes individuals whose (a) CYA commitment offense consisted of armed robbery, assault with a deadly weapon, forcible rape, etc., and/or whose (b) offense history either contained a pattern of such offenses over a period of several years or else contained more than one such offense within recent years.

Category B intake got under way approximately 16 months ago; since then, 16 such individuals have been accepted into CTP. This represents the anticipated and, approximately, the desired rate-of-absorption of these youths into the program.[2] As per agreement with the CYA Administration and Board, Category B cases have all begun their treatment within CTP's residential facility.[3] To date, they appear to have presented few unusual or serious operational and diagnostic problems. However, the influence of at least two main factors[4] has sometimes made it difficult to develop residential treatment plans which closely resemble those observed in the case of many, if not most, remaining, residence-located CTP youths. These factors are: (a) specified restrictions (e.g., no day passes for at least the first 90 days) which are generally placed upon Category B cases by the Youth Authority Board; (b) longer-than-usual, required residential stay or "continuance" (e.g., minimum required residential stay of nine months, prior to being eligible for parole). Despite the resulting, lesser degree of flexibility (all of which had originally been anticipated), operations staff appear to feel capable of, and interested in working with this group of offenders. -A fairly detailed assessment of the residential as well as early parole performance of Category B youths is currently taking place.

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[1] E.g., standard analyses of their rate, or severity, of offense behavior...as compared with that of other sub-samples.

[2] It amounts to 73% of those whom the Youth Authority Board had been asked to declare eligible for CTP on the basis of pre-established criteria.

[3] Of all Phase III study subjects, only these youths have been excluded from the random assignment procedure outlined in the original proposal. Research originally recognized that this might well have to be done on an across-the-board basis, as a prerequisite to receiving these youths into the program.

[4] Whether singly or in combination.

III. SPECIFIC ANALYSES, REPORTS AND ACTIVITIES: SUMMARIES AND REVIEWS

Parole Performance. 1. Offense Behavior: CTP's four status-and-assignment groups[1] were monitored with respect to all offenses which had resulted in suspension of parole, revocation of parole, court recommitment, adjudicated court referral to CTP, and/or unfavorable transfer from the Project. This analysis covered the time-period from 8/15/69 (i.e., the start of Phase III intake) to 10/15/71. All youths who entered CTP prior to 10/15/71 were included.

It should be noted that offense behavior, and related legal as well as administrative dispositions, may occur both before and after an Assignment R youth is initially released to parole. Separate analyses were completed for each such phase of these youths' CTP experience. That is, the offense behavior of Assignment R youths was analyzed in relation to two distinct phases: (a) prior to initial parole-release to the community (i.e., during their residence within the CTP dorm); and (b) subsequent to release from the dorm.[1]

(In the case of Assignment R and Assignment C youths alike, offense behavior was further analyzed in terms of the status variable: Separate analyses were made for (a) youths whose treatment "should" have begun within the residential setting and (b) those who "should" have begun within the community per se. Assignment R youths--i.e., RR and CR youths--who were released to parole prior to 10/15/71 were included in

[1] These four groups differ from one another in terms of their combined "status" and "assignment" classifications. These classifications are as follows:

Status R:	CTP experience should, ideally, begin with placement in the residential facility.
Status C:	CTP experience should, ideally, begin with placement in the community.
Assignment R:	CTP experience actually begins with placement in the residential facility.
Assignment C:	CTP experience actually begins with placement in the community.

Abbreviations (e.g., RC or RR) which are used for the four logically possible combinations of the status and assignment variables always refer to the status designation first and the assignment designation second. Thus, RC represents one or more youths who "should" have begun in residence but who, in fact, began within the community. The three remaining experimental groups are represented as RR, CR, or CC. Collectively, CR and CC youths will be referred to as Status C youths; RC and RR will be referred to as Status R youths. Collectively, RR and CR youths will be referred to as Assignment R youths; RC and CC will be referred to as Assignment C youths. These conventions are followed throughout the present section.

[1] The decision to analyze offense data separately for the prior-to-parole (pre-parole) and the subsequent-to-parole (post-release) phase of CTP treatment was based upon two related assumptions. First, the factor of risk (i.e., the opportunity for a given youth to engage in any type of offense behavior) is not comparable across the two phases. This would be in spite of the fact that residence-located youths may be granted day passes or work furloughs even prior to their actual release to parole ("full-time" return to the community setting). Supervision or control for any residence-located youth who happened to be on non-parole day pass or furlough is, on the average, likely to be greater than would be the case in connection with time spent within the community by a youth who had been formally released to parole. Of greater import, most pre-parole time which is spent within the residence is not characterized by an opportunity for direct community contacts of the type enjoyed by non-residential youths. Second, any sample of Status R/Assignment R youths who, on the average, do not differ in terms of total Project-exposure-time from a comparable sample of Status C/Assignment R youths, will nevertheless have a greater mean pre-parole time (and correspondingly less post-release time) than will the CR sample. The basis of this assumption is reviewed elsewhere in this section. It was reasoned that if these assumptions were valid, misleading results would be produced if the RR and CR groups were compared with one another with reference to the two phases of CTP experience, combined. The difficulty in question could be obviated simply by not combining the two phases. If the assumptions were invalid, unbiased group comparisons would still be produced if the two phases were kept separate. To be sure, the effort involved in the "prior/subsequent" separation would in that case yield no more payoff than would the simpler procedure--viz., analysis without any prior/subsequent separation. The terms "post-release" and "post-parole" will be used synonymously throughout this section.

both the prior-to-parole and the subsequent-to-parole analyses. Assignment R youths who were not released to parole prior to 10/15/71 were included in the prior-to-parole analysis only. Assignment C youths--i.e., RC and CC youths--were included in the subsequent-to-parole analysis only.)

The assumption was made that officially known, recorded offenses represent a relatively constant (across sizable groups, if not individuals), albeit unknown proportion of the youths' total actual offense behavior. Within the present context, group offense-counts, rates, and averages, are of value primarily in terms of allowing for comparisons among the various experimental groupings.

Table 5 presents data on the <u>prior-to-parole</u> offense behavior of the RR and CR (Assignment R) experimental groups. Both groups began treatment in residence, as indicated above; however, only the former was thought to initially be in need of such placement.[1]

It should be noted that the "time-at-risk" tabulations involved in this analysis purposely exclude any time which had been spent in (a) city or county jail or ranch facilities, (b) county juvenile centers, and/or (c) relatively high security CYA institutions to which youths may have been transferred for a given length of time. The "risk" factor was assumed to be minimal within such settings. Thus, the time in question was not counted for reasons similar to those reviewed above in connection with the risk factor which related to the "prior/subsequent" analyses. No offenses occurred during such low-risk periods of incarceration. Pre-parole time spent in the <u>community</u> as a result of day passes and work furloughs <u>was</u> included in the time-at-risk figures. The resulting exposure-time variable will be referred to as "<u>risk time</u>" or "risk months".

[1] No statistically significant differences were found between the mean base-expectancies of the RR and CR groups.

8/15/69 - 10/15/71

Table 5. Analysis of Offenses Occurring Prior to Initial Release to Parole, for CTP - Phase III Males[a]

		Experimental Group	
		RR	CR
1.	Number of youths	25	23
2.	Total pre-parole risk months	176.7	128.9
3.	Number of offenses	10	4
4.	Number of offenses per youth	.40	.17
5.	Proportion of youths having 1 or more offenses	.32	.17
6.	Mean pre-parole risk months to first offense	5.4	2.4
7.	Number of offenses per pre-parole risk month	.06	.03
8.	Mean months between CTP entrance and 10-15-71 cutoff	13.2	12.9
9.	Number of pre-parole risk months per youth	7.1	5.6

[a] For this analysis, "offense" includes one or more of the following: court recommitment; adjudicated court referral to CTP; unfavorable transfer from CTP.

CR youths averaged fewer pre-parole risk months than did RR youths--5.2 vs. 6.7 mos., respectively.[1] This difference in mean pre-parole risk months suggests that the three offense indicators which appear in rows 4, 5 and 6 of Table 5 should be viewed as provisional. Even under a correct "no-difference" hypothesis, the greater time-at-risk for any given group could, by itself, result in the given group's showing (a) a larger number of offenses, (b) a larger proportion of youths with one or more offenses, and (c) a longer mean latency to first offense than any remaining group.[2]

With this qualification in mind, it can be seen that the CR group generated a smaller volume of offenses than the RR group. Row 7 of Table 5 shows the total number of offenses for each group, relative to that group's total pre-parole risk months. Although the rate-of-offending for both groups is small in absolute terms, that of the RR's is twice as large as that of the CR's.

[1]This is probably a result of differential decision-making on the part of treatment staff, with CR youths being more likely than RR youths to appear, to staff, as ready for release to parole subsequent to any given amount of time within the residential setting. The CR and RR groups showed relatively little difference in terms of the mean length of time between the CTP entrance date (of each youth) and the 10/15/71 cutoff. Thus, both groups had an approximately equal opportunity to accumulate any given number of pre-parole risk months. Beyond this, the difference in mean pre-parole risk months did not seem to be accounted for by any real difference between the CR and RR groups in rate of transfer from CTP to other CYA institutions--i.e., higher security institutions. (Any such transfer-time would not be included in the risk-months tabulations of the present analysis.) There were two such transfers within the RR group and one within the CR group.

[2]This latter statistic would relate to individuals with one or more offenses.

There appears to be some tendency for the offenses in which RR youths were involved to exceed those of the CR group, in terms of their degree of seriousness. However, the difference is not extreme. The offenses in question are listed below, together with their frequency of occurrence.

RR	CR
intoxication (2)	driving without a license (1)
petty theft (1)	burglary (2)
auto theft (2)	assault on police officer (1)
unauthorized carrying of gun (1)	
burglary (1)	
possession of restricted drugs (2)	
attempted murder (1)	

Table 6 presents offense data pertaining to the experiences of the four CTP experimental groups subsequent to their parole release to the community. As was the case with the prior-to-parole analyses, risk-month tabulations used in Table 6 exclude low risk-time spent in jails, county juvenile facilities, higher security Youth Authority institutions, etc.[1] Table 6 indicates that, although the experimental groups differed from one another in terms of mean post-parole risk-months, they accumulated a sufficient number of months-at-risk for the various comparisons to be considered meaningful.[2]

In light of the differences among the post-parole risk-months' means for the four experimental groups, the cautions suggested with regard to the interpretation of rows 4, 5 and 6 of Table 5 each apply to Table 6 as well. Despite this need for caution, the figures which are given in rows 4, 5 and 6 of Table 6 do appear to reflect the presence of the same situation as do those shown in row 7 of Table 6 (the latter having reference to unbiased group rates).

It should be noted that parole suspensions were included as one component of "offense behavior", as defined here. This applies to Tables 6 and 7 alike.

[1]Time spent at CTP's residential facility while on temporary detention or on suspended parole has been included within this analysis. Offenses which may have been associated with any such placement were also included. Differences among the experimental groups in terms of this subsequent-to-parole, residence-time are considered in the following section.

[2]These differences tend to correspond with that of the mean length of time between CTP entrance-dates (for youths within the respective groups) and the 10/15/71 cutoff date.

Table 6. Analysis of Offenses Occurring Subsequent to Initial Release to Parole, for CTP - Phase III Males[a]

	Experimental Group						
	Status R		Status C				
	RR	RC	CR	CC	RR + CR[b]	RC + CC[c]
1. Number of youths	14	11	16	26	30	37
2. Total post-parole risk months	134.7	87.3	142.6	274.9	277.3	362.2
3. Number of offenses	6	8	9	11	15	19
4. Number of offenses per youth	.43	.73	.56	.42	.50	.51
5. Proportion of youths having 1 or more offenses	.36	.64	.38	.38	.37	.46
6. Mean post-parole risk months to first offense	5.9	2.2	5.7	4.9	5.8	3.8
7. Number of offenses per post-parole risk month	.04	.09	.06	.04	.05	.05
8. Mean months between release to parole and 10-15-71 cutoff	10.3	9.8	9.4	11.3	9.8	10.8
9. Number of post-parole risk months per youth	9.6	7.9	8.9	10.6	9.2	9.8
10. Proportion of total post-parole time not spent in community	.08	.28	.19	.13	.15	.22

[a]For this analysis, an "offense" was defined as any delinquent act which resulted in at least one of the following: revocation of parole; court recommitment; adjudicated court referral to CTP; unfavorable transfer from CTP; suspension of parole.

[b]RR and CR comprise the Assignment R group.

[c]RC and CC comprise the Assignment C group.

The RC group performed considerably less well than the three remaining groups. In terms of number of offenses per youth, the RC group-value was one and one-half the size of that observed for the remaining three groups; it was more than one and two-thirds larger than that of the RR group, in particular. The proportion of RC youths with one or more offenses was nearly one and three-quarters that of all remaining groups. (This also included the RR group, in particular.)[1]

Mean latency to first offense was markedly smaller for the RC group than for others: It was less than half the size of the latter, and was about one-third that of the RR youths, in particular. However, the relatively small mean post-parole risk-month figure for RC youths may have been directly related to the latter's small mean latency. Perhaps the best single performance index in Table 6 is that of rate-of-offense per post-parole risk-month (row 7). In this respect, the results were found to resemble those mentioned above: Rate-of-offending among RC youths was twice that of the remaining three groups. (It was two and one-quarter times greater than that of RR youths, in particular.)

There was a tendency for RR youths to exceed RC youths with respect to mean severity of offense. In this regard, CR and CC youths did not differ from one another in any marked or systematic manner. The offenses in question are listed below, together with their frequency of occurrence.

RR

burglary (1)
possession of restricted drugs (3)
sale of restricted drugs (1)
armed robbery (1)

RC

burglary (4)
auto theft (3)
malicious mischief (1)

CR

whereabouts unknown (1)
auto theft (3)
receiving stolen property (1)
burglary (2)
possession of restricted drugs (1)
assault with deadly weapon (1)

CC

auto theft (4)
burglary (3)
possession of dangerous weapon (1)
possession of restricted drugs (1)
assault to commit robbery (1)
assault with deadly weapon (1)

[1]These findings are especially noteworthy in view of the fact that the RC group had a lower mean post-parole risk-months value than any group. (See row 2 of Table 6.)

The following comparison is between CR and CC youths. These individuals did not differ in terms of where staff believed they "should" have started their CTP treatment (viz., within the community). However, the former youths were initially placed within CTP's residential facility, whereas the latter were returned directly to the community setting (as prescribed). Table 6, row 7, shows CC youths to be performing 50% better than CR's, relative to offenses per risk-month. However, CR's show a moderately greater (i.e., "better") mean latency to first offense (row 8).[1]

Table 6 also allows for a number of comparisons between Assignment R and Assignment C youths: Essentially no differences were found in connection with offenses per risk-month and offenses per youth. Taken together with data regarding the proportion of youths with one or more offense, the results on mean latency to first offense suggest that youths who were initially placed in residenc performed somewhat better upon release to parole than did those who were directly returned to the community. This difference seemed to be largely accounted for by the above-mentioned, relatively "poor" performance of RC youths.

As a reflection of their comparatively high rate-of-offending and their relatively low mean latency to first offense, RC youths accumulated 28% of their subsequent-to-parole risk-months within the CTP residence. By way of contrast, RR and CC youths accumulated 8% and 13%, respectively. This may be indicative of a somewhat more adequate parole adjustment on the latters' part. In any event, the four experimental groups were found to differ from one another in terms of their ratio of (a) high risk (i.e., direct community) parole time to (b) total subsequent-to-parole time (see fn. 2, below). As a result, a separate analysis was made of the frequency of parole suspensions which had occurred in connection with community parole time alone. The results of this analysis were virtually identical to those of the total-offense/total-time analysis, as presented in Table 6. For this reason, the former results will not be separately reviewed at this point.

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[1] Even though they had accumulated (on the average) fewer post-parole risk-months than the CC youths.

[2] The analyses reviewed above took into account all offenses and all risk time ("total-offense/total-time") subsequent to initial release to parole. Not all risk-months which were involved in these analyses had reference to community exposure time exclusively: A number of youths had accumulated subsequent-to-parole ("post-release") time at CTP's residential facility in connection with temporary detention and formal suspension of parole; this "time" was also included. For each experimental group, row 10 of Table 6 shows the proportion of total subsequent-to-parole time which was not spent within the community. As is the case for subsequent-to-parole time--i.e., total risk-months (shown in row 2 of Table 6)--subsequent non-community time (row 10) did not include jail time, county ranch time, etc.

Effects of agent-youth matching upon post-release offense behavior:[1] The Phase III design requires all Status R youths to be matched. On the other hand, Status C youths may be assigned to either matched or unmatched ("generalist") parole agents, on a random basis. In the first part of the following analysis, matched Status C youths were compared with unmatched Status C youths. This was done to eliminate any systematic bias which might otherwise have existed as a result of having included Status R youths within the matched group alone. The latter individuals were studied in the second part of the present analysis.[2]

The following relates to Status C youths only (see Table 7, cols. 1 and 2): In terms of offenses per risk month, matched Status C youths performed twice as well as unmatched Status C youths.[3] Mean latency (i.e., post-release risk-months prior to first offense) also favored the former individuals. (A three months mean risk-time difference between these two youth-groups may partially account for the former's advantage with respect to mean latency.) Matched youths also came out ahead in terms of offenses per youth. However, no differences were found relative to the proportion of individuals with one or more offenses.

As to matched, Status R youths (see Table 7, col. 3): These individuals performed considerably worse than their Status C counterparts. Moreover, their overall performance was somewhat worse than that of unmatched Status C youths, as well. (Both such findings were directly, though not entirely related to the fact that the earlier-mentioned RC youths were included among the matched, Status R individuals.)

Matching may turn out to have a greater positive impact upon Status C than Status R youths. If matching turns out to have much positive influence upon the latter youths, this may still be insufficient to offset the overall negative effects, upon overt behavior, of the psychological and/or social factors which were reflected in staff's diagnosis of these individuals as Status R--particularly if the youths had been directly returned to the community setting. At any rate, the effects[4] of matching within the Status R group will probably remain unclear for some time. More specifically, no Phase III data was available which allowed us to directly compare the matched with any unmatched Status R youths. The Phase III research design did not include the latter category of study-subjects.

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[1] The following analyses have reference to offenses which occurred subsequent to initial release to parole. - The analyses in question were identical in form to those reviewed in the two previous sections.

[2] No significant differences were found among the (a) unmatched Status C, (b) matched Status C, and (c) matched Status R youths, with regard to mean base expectancy.

[3] However, the rate-of-offending on the part of both groups was moderately low in an "absolute" sense.

[4] I.e., specific and differential effects.

Table 7. Analysis of Offenses Occurring Subsequent to Initial Release to Parole, for Matched and Unmatched CTP - Phase III Males[a]

		Matching/Status Groups[b]		
		Unmatched Status C	Matched Status C	Matched Status R
1.	Number of youths	28	14	25
2.	Total post-parole risk months	251.6	165.9	222.0
3.	Number of offenses	15	5	14
4.	Number of offenses per youth	.54	.36	.56
5.	Proportion of youths having 1 or more offenses	.39	.36	.48
6.	Mean post-parole risk months to first offense	4.8	6.0	3.7
7.	Number of offenses per post-parole risk month	.06	.03	.06
8.	Mean months between release to parole and 10-15-71 cutoff	9.5	12.8	10.1
9.	Number of post-parole risk months per youth	9.0	11.8	8.9

[a]For this analysis, an "offense" was defined as any delinquent act which resulted in at least one of the following: revocation of parole; court recommitment; adjudicated court referral to CTP; unfavorable transfer from CTP; suspension of parole.

[b]It should be noted that--within the relatively small sample which was available for these matching/status group comparisons--there was a partial confounding of status/assignment grouping with the matching dimension. Thus, e.g., 71% of the matched Status C cases studied were CC youths (i.e., those who received the prescribed placement), whereas 57% of the unmatched Status C cases were CC youths. Conversely, different proportions of matched cases were also observed in relation to various experimental groupings. This situation precludes any presentation of conclusive statements regarding the separate effects of status/assignment combinations and matching. Future analyses on already-available, larger, and better balanced samples will probably lessen this limitation.

Review: An analysis was completed with regard to the offense-production of the four Phase III experimental groupings--RR, RC, CR and CC. Offenses committed prior to initial release to parole were evaluated separately from those committed subsequent to initial release.[1] Offense-production was expressed and analyzed with reference to actual risk-time, i.e., months-at-risk. This approach took into account across-group differences with respect to the amount of opportunity which the youths had to become involved in any given offense. The analysis in question covered the first 26 months of Phase III (through 10-15-71).

Sample-sizes were relatively small--viz., 24 youths per grouping for the "prior-to-initial-parole" analysis and 17 per grouping with respect to the "subsequent-to-initial-parole" analysis. As a result, all findings were regarded as provisional. (Future analyses will, of course, involve larger samples.)

For the prior-to-parole (i.e., pre-release) analysis, Status 1, residence-located youths (RR cases) were compared with Status 2, residence-located youths (CR cases). RR youths were found to have an offense-per-risk-month rate which was two times greater than that of CR's. However, both such rates were quite small in absolute terms. CR youths had a much shorter mean time to first offense than RR youths. Taken together, these results suggested that although CR youths[2] got into some difficulty at a relatively early point in their CTP career, their overall pre-parole adjustment was likely to be more acceptable from a behavioral point of view than that of RR youths. As to the nature and severity of the offenses themselves, no marked or systematic differences were observed across these particularly youth-groupings.

Subsequent to initial release to parole, the primary analysis involved a comparison between (a) youths who had begun their CTP experience with parole placement within the community but who, at intake, had been considered by staff to be in need of residential placement (RC youths), and (b) the above-mentioned, RR youths. The latter individuals were found to perform considerably better than the former in terms of number of offenses per youth, proportion of youths with one or more offenses, mean time to first offense, and rate of offenses per risk-month. There was a tendency for offenses, on the part of RR youths, to be of somewhat greater severity than those of RC youths. Nevertheless, the results as a whole suggested the presence of a beneficial

[1]Relative to the latter offenses, separate breakdowns were made for (a) all suspensions which occurred while youths were at "full risk" (i.e., on parole within the community) and for all offenses which occurred (b) subsequent to initial release to parole. The latter offenses also included those which had taken place during times of, and/or in connection with, residential placement which had resulted from formal (community offense-related) suspension of parole, and from agent-decisions to impose temporary detention, as well. The latter situation may or may not have been accompanied by a known or probable public offense.

[2]Or, at least, some such youths.

effect, on parole adjustment, of Status R youths having begun their CTP experience within the residential setting. Other analyses suggested the following: Whatever may have been the full effects (upon subsequent parole adjustment) of initially placing, into the CTP dorm, youths who were not thought to be in need of such placement, an increased rate of offending did appear to be included among them. Thus, it was found that these individuals (CR youths) performed moderately worse on parole than otherwise comparable individuals who had not been initially placed within the CTP dorm (CC youths). This had reference to number of offenses per risk-month.

Virtually identical results were obtained with respect to the analysis of only those offenses which had resulted in parole suspension during the youth's "full-risk" (i.e., community-parole) exposure-time. This applied to all findings reviewed above.

Matched Status C youths performed better than unmatched Status C youths. However, matched Status R youths performed (a) worse than matched Status C cases, and (b) neither better nor worse than (or, possibly, slightly worse than) unmatched Status C cases.

Due to limitations in the size and nature of the presently available study-sample, definitive statements regarding the separate effects of given status-and-assignment combinations, on the one hand, and matching, on the other, were not warranted at this time. (See Table 7, note 'b'.)

2. Parole Failure:[1] Because of the small number of Phase III youths who had accumulated sufficient community time to be included within a standard long-term cohort, a 12-months followup was used instead. Sample sizes nevertheless remained quite small; as a result, the findings reported below should be regarded as very tentative. Much larger sample-sizes will be available by 1973.

Table 8 shows a 29% parole failure rate for Status I youths who began their treatment within the prescribed setting (RR), as vs. 50% failure for those (RC) who did not. Along similar lines, a 19% parole failure rate was noted for Status II youths who began their treatment within the prescribed setting (CC), as vs. 33% for those who did not (CR). Collectively, individuals who were appropriately placed (RR + CC) had a failure rate of 22%, while those who were not appropriately placed (CR + RC) had a failure rate of 40%.

An overall failure rate of 38% was noted with respect to Status I youths, collectively; the comparable figure for those of Status II was 25%. This may be viewed as lending tentative support to the underlying hypothesis that Status I youths are somewhat more troubled and/or troublesome than those diagnosed as Status II.

[1] Includes revocation of parole, recommitment by the courts, and/or unfavorable discharge from the CYA.

Table 8 . 12-Months Parole Followup for CTP - Phase III Males

Wards Starting in Residence			Wards Starting in Community			Total		
Type of Case	# of Cases	% of Failure	Type of Case	# of Cases	% of Failure	Type of Case	# of Cases	% of Failure
RR	7	29%	CC	16	19%	Appropriate Placement [a]	23	22%
CR	9	33%	RC	6	50%	Inappropriate Placement [b]	15	40%
Total	16	31%	Total	22	27%	Total	38	29%

"Failure" refers to revocation of parole, recommitment by the Courts, and/or unfavorable discharge from the CYA.

The failure rate for Status I cases (RR + RC) was 38%; for Status II cases the figure was 25%.

[a] Includes RR and CC cases. [b] Includes CR and RC cases.

Monitoring of Treatment Processes and Treatment Products: Since early 1971, considerable information has been collected through one-to-one interviews with CTP parole agents. These interviews have been focused upon major or recurring issues and themes in the agent's treatment-relationship with youths assigned to their caseload. The interviews have covered several areas, including: early case characteristics and youth-expectations; ongoing treatment issues and problems; critical sequences or significant episodes in the agent-youth relationship; characteristics of the youth's delinquent behavior; etc. The primary objective of the monitoring program has been that of systematically deriving a set of detailed statements which would be focused upon (a) similarities and differences among youths, with reference to their emotional, intellectual, attitudinal and behavioral characteristics; (b) similarities and differences among agents, with respect to treatment-techniques employed; and, (c) relationships between (a) and (b). Several diagnostic and treatment variables which have thus far been considered do appear germane to I-level diagnostic and treatment concepts. However, many seem to extend beyond the confines of I-level theory alone; as a result, they may be of interest to a relatively wide range of practitioners.

Three researchers have been responsible for the design and implementation of the monitoring program. They have spent approximately 8-10 hours each week, interviewing parole agents and preparing reports in accordance with a formalized system for collecting and organizing qualitative monitoring data. To date, 25 carefully selected, representative cases have been monitored with longitudinal completeness with respect to their treatment experiences at CTP. In this connection, length of followup has ranged from 4 to 18 months of CTP exposure-time; the average has been approximately 12 months. The present monitoring sample is distributed across 10 agents (6 matched, 4 "generalist"). To date, youth-subtypes are represented in the following proportions: Ap = .04; Cfm = .12; Cfc = .12; Mp = .12; Na = .24; Nx = .36.

The processing of this data is based upon a mixture of content-analysis and scale-development procedures. Mainly in an effort to markedly augment the monitoring sample from a quantitative point of view, monitoring interview protocols were reviewed during the Spring of 1972. As a result, several relatively specific and homogeneous dimensions of both treatment-style and youth-characteristics were delineated. At the same time, specific items which defined and, in a general way, measured these dimensions were developed. The resulting items and scales can be applied to (a) cases which have already been monitored, (b) those yet to be monitored, and (c) those which probably would not have been monitored on an intensive or "depth" basis via the usual interviewing approach, as a result of increasing time-pressures upon research personnel. Hopefully, the resulting questionnaire/checklist approach (combined with direct, personal research followup with each given agent) will allow staff to greatly increase the number of cases which will be monitored during the coming year.[1] The checklists in question are reviewed in Appendix B.

[1] Particularly in cases (b) and (c), above, research staff will assist the individual parole agent in completing these scales. This will be done in the context of brief, monitoring discussion-periods. -The desired monitoring augmentation is already proceeding with considerable rapidity via the use of the questionnaire/checklist approach.

Description and Conceptualization of the Offender Population: Developments which were reviewed in last year's progress report continued into 1971-1972. Main areas of development related to (a) higher maturity, non-neurotic individuals and (b) lower maturity youths:

Higher Maturity, Non-Neurotic Youths:[1] Within CTP, non-neurotic I_4's have traditionally been divided into two classifications--Situational Emotional Reactions (Se's), and Cultural Identifiers (Ci's). To all intents and purposes, each group had been conceptualized as an undifferentiated entity. In addition, each was thought of as being largely unrelated to the other, at least with reference to underlying delinquency causation.

As the total number[2] of CTP's Se's and Ci's continued to rise throughout the 1960's, considerable information was accumulated regarding these individuals. It thus became empirically and theoretically feasible, and appropriate, to take a close look at the descriptions and concepts which had been developed during the early and middle 1960's. A major question was: how well would these descriptions and concepts represent, and be capable of integrating, the increased quantity and range of information which was now available regarding Se's and Ci's? As suggested below, the main answer to this question appears to be: moderately well, but not nearly well enough.

The 'close look' in question was accomplished via a review of information which, through the years, had been gathered relative to 74 individuals diagnosed as either Se or Ci.[3] Included in this review were (a) case histories (personal, family, and offense); (b) diagnostic workups in general;[4] and, in most instances, (c) descriptions of parole adjustment or response to treatment-intervention. Major emphasis was placed upon the former items.

[1] See: Palmer, T. Non-Neurotic, Higher Maturity Delinquent Adolescents. Community Treatment Project Report Series: 1971, No. 3.

[2] Though not the relative proportion.

[3] Included were 29 Se's (23 males, 6 females) and 45 Ci's (43 males, 2 females). The Sacramento, Stockton and San Francisco areas were each represented. Relative to the overriding personality features or dynamics of the given youths, no fundamental differences were observed across these particular population centers.

[4] Psychological tests--and test scores--were available as part of these workups, and as a supplement to the I-level diagnosis per se. Included were: a 60-item Sentence Completion Test; the California Psychological Inventory; the Jesness Inventory.

Main Results: With relative ease, this 'massed' review of individual case records substantiated the existence of--and also 'pinned down' several components of--certain informally noted differences within each subtype. Some of these were differences which, during the later 1960's, staff had informally, but increasingly noted, regarding each such subtype. For the first time, a number of relatively broad developmental patterns began to emerge, as well. A major and largely unexpected result was obtained in terms of the appearance of rather striking similarities among many of the Se and Ci youtns, relative to critical aspects of delinquency causation. This seemed to reflect and, in a sense, highlight various non-neurotic features which were shared by these individuals in relation to their overall personality, and particular modes of adaptation as well. This, in turn, led to a reconceptualization and formal rearrangement of some of the original concepts and classifications. **(The classifications are reviewed in Appendix E.)**

Briefly, the Se and Ci subtypes were each found to be comprised of three relatively distinct types of individuals. Beyond this, considerable justification was found for reconceptualizing the Se classification itself--viz., in terms of two major, and largely separable, classifications.[1] These were referred to as Stress Reactions, on the one hand, and Adjustment Reactions, on the other.[2] With one rather significant addition,[3] the former set of reactions/processes appeared to fit pretty much within Warren's original conceptualization of Situational Emotional (Se) Reactions. However, the latter (Adjustment Reactions) were found to involve a somewhat different set of underlying processes--and a rather different emphasis--than those which had been focused upon in the 1961 as well as 1966 definitions and descriptions of Se's.

The following may also be noted in connection with the newly emerged designation of 'Adjustment Reactions': The critical developmental/adaptational processes in question now appeared to be described and defined in a more specific and differentiated manner than those which had previously been subsumed under the long-established, apparently relevant, and generally comparable APA designation--viz., "Adjustment Reaction of Adolescence". The latter reactions or processes had been described in a relatively brief, abstract, and global manner only.

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[1] I.e., two major classifications which appear to be mutually independent in most, though not all, respects.

[2] Collectively, these classifications or categories may be referred to as 'Stress-and-Adjustment (Sa) Reactions'.

[3] Viz., one which centered around the 'characterological' dimension.

It now appears appropriate to refer to Cultural Identifiers as 'Delinquent Identifiers' (Di's). The latter title would seem to more fully integrate the spectrum of facts at hand--i.e., it would represent or portray the data in a more inclusive and accurate manner. Thus, e.g., relative to many Ci's, it is now apparent that with respect to the etiology of delinquent behavior, the following item would have to be placed quite high on any list of crucial factors: An underlying rejection of--or, in any event, considerable disidentification with--(a) specified familial/subcultural standards and expectations,[1] and/or (b) the thought, or the objective reality, of one's potential (or of one's actually emerging/impending) adult-centered social and economic 'status'[2] within some given subculture.[3] Moreover, at (or close to) the time of their earliest recorded delinquent acting-out, many of these youths already appear to be partially identified with--or at least interested in and accepting of--several aspects of the dominant culture itself. The latter applies to other Ci's as well.

At a theoretical as well as practical level, it would appear both meaningful and useful to classify a sizable proportion of all Ci's (Di's) under the heading of 'Adjustment Reaction'.[4] In connection with these youths, the label of 'Delinquent Identifier'--while of obvious relevance--would be used only secondarily. Here, it would appear that the individual's

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[1] The subculture in question would be that in which the individual had spent most of his childhood. The given system of 'subcultural' values, expectations and aspirations is likely to have been focused upon, and embodied within, the individual's core ('nuclear') family. However, it may have extended beyond the family in a number of respects, particularly as the youth approached and began to enter the period of chronological adolescence.

[2] Here, the individual's 'potential status' is often thought of as being closely linked-up with--or slowly acquired by virtue of--his particular minority-group membership, or ethnic background. This, in any event, is one of the 'messages' which is also likely to be communicated to the individual himself--implicitly or explicitly--by, or through, the dominant culture and subculture which surround him.

[3] I.e., 'status-in-life'--either in relation to (a) the standards and expectations of the given subculture itself and/or with reference to (b) those of the larger, more dominant cultural milieu.

[4] The figure was 38% with respect to the present study sample.

adolescent adjustment has come to include delinquent acting-out for reasons which, in and of themselves, not only partially distinguish them from most other Ci's, but which--more particularly--involve certain factors that have now been identified in connection with specific types of Se's as well: The particular content of the former individual's delinquent identification or adaptation has been strongly conditioned by the various sources of personal satisfaction*--together with given social challenges/opportunities*--which prevailed, or appeared to be dominant,[1] within his immediate physical environment during the onset of[2] given, post-pubertal familial/developmental crises. However, the nature of the underlying crises per se was found to be similar in certain crucial respects to that which had initiated or set the stage for delinquent acting-out in the case of a number of Se's.

Lower Maturity Youths: A review was made of all information available on male and female Aa's and Ap's who had been screened for inclusion within the 1961-1971 CTP study sample.[3] Sacramento, Stockton and San Francisco were each represented. There were 42 youths in all. The three I_2 types which were differentiated were found to cut across the Aa and Ap categories.[4] At the same time, they appeared to be rather independent of one another.

Type A: "Rejection-fear-confusion avoider or rejector". These youths have experienced one or more of the following: highly inconsistent or chaotic upbringing; overly controlling or inflexible environment; abusive, brutalizing or bizarre parental handling; moderate-to-strong parental rejection or intense parental ambivalence--whether overt or covert; etc. - Four subgroups were noted: anxious - acceptance-seeking; withdrawn - constricted; hostile - impulsive; erratic/autistic - schizoid-(pre)psychotic.

Type B: "Undersocialized or asocial". These youths are usually a product of one or more of the following: general neglect, though not rejection per se; lack of ongoing/varied social or interpersonal stimulation; active or passive parental reinforcement/encouragement of pre-latency or latency-age aggressivity, egocentricity and related character traits often found among children. - Three subgroups were noted: passive - conforming; responsive - approval-seeking; aggressive - demanding (egocentric).

[1] E.g.: unavoidable, compelling, and/or 'the only way to go'.

[2] And for some time subsequent to.

[3] Included were all experimentals, controls and ineligibles. Relative to the former groups, the type and range of information in question was identical to that utilized in the case of Se's and Ci's.

[4] See: Palmer, T. I_2 Types and Subgroupings: Overview and Background Data. Community Treatment Project Working Paper. December, 1971.

* Perceived and/or actual.

Type C: "Other" (psychophysical inadequacy). Clinical examination usually results in a strong suggestion that one or more of the following factors or conditions are present, and are quite possibly interacting with one another: (a) mild to severe organic brain impairment; (b) mild to moderate (or severe) mental deficiency; (c) major medical handicap(s) or sensory-motor impairment; (d) chronic, progressive 'childhood schizophrenia' (e.g., 'process' schizophrenia).[1] - Only one subgroup was noted; it was labelled "psychophysical inadequacy".

[1] Whether or not they are interacting with each other (and/or with factors 'b' and 'd'), factors 'a' and 'c', in and of themselves, would, e.g., appear to be preventing the individual from successfully coping with the complexities or pressure of his immediate environment. This also applies in the case of probable interactions between factors 'b' and 'd'. (If occurring by itself--and not in interaction with factors (a), (b), or (c)--the presence of factor 'd' would call for a classification of the youth as 'Type A').

Relationships Among Interpersonal Maturity, Personality Configurations, Intelligence, and Ethnic Status:[1] A study of I-level construct validity was completed during the past year. In an effort to increase the clarity of the interpersonal maturity construct, the present study first evaluated the nature and degree of relationship between I-level diagnosis and independently assessed characteristics of personality. A second, related effort involved an analysis of the possible influence of ethnic status upon the I-level/personality-factor relationships which might be found, above. Here, the principal question was: Are the correlates of maturity-level a function of ethnic group membership? An affirmative answer would, of course, restrict the scope-of-applicability of the construct in question and would lessen the extent to which it might parsimoniously be interpreted. A third aspect of this study involved an assessment of the relationship between ethnic status and I-level diagnosis, and a consideration of some possible sources of any apparent linkage.

A study was also made of the relationship between intelligence and I-level. The existence of a positive relationship between these two dimensions can readily be deduced from I-level theory. Previous investigations--employing various tests of intelligence, together with samples which differed in size and composition from that described below--resulted in correlations which ranged from the low .30's to approximately .60. CTP's large and (in terms of such factors as age, diagnosis, and ethnic status) heterogeneous sample of youths on whom intelligence data were available made it possible to obtain what may be considered a rather stable estimate of this relationship, at least with respect to nonverbal I.Q.

Sample: 934 males were selected from all those who participated as either CTP experimental or control cases between 1961 and 1971. This sample, which represented 97% of all such CTP males, was composed of one subgroup of 460 Whites and another of 474 non-Whites. Table 9 indicates the specific ethnic composition of the non-White group; it also specifies the age, socioeconomic, and I-level characteristics of the two principal subsamples. The four I-level breakdowns which appear in Table 9 were used throughout this investigation. Except for the separation of I_4 neurotics from I_4 nonneurotics, no actual subtype differentiations were made.[2]

[1] This account is a relatively nontechnical summary of the CTP report by Werner (1972, No. 1).

[2] The two I_4 subtype-groupings were differentiated from one another partly as a result of independent research findings regarding the relationship between I-level and Jesness scale-scores. (See pp. 60-64). In general, it appeared that I_4 nonneurotics might have a somewhat higher average level of maturity than I_4 neurotics.

Table 9. Descriptive Characteristics of Non-White and White Study Samples

	Non-Whites	Whites
N	474	460
Mean Age	15.4	15.7
Mean SES*	1.1	1.4
Frequencies of I-Level Diagnostic Categories		
I_2	17	17
I_3	209	93
I_4 neurotic	200	334
I_4 nonneurotic	48	16
Frequencies of Non-White Subgroups		
Black	284	--
Mexican-American	154	--
Other	36	--

*Scaling adapted from Reiss and Rhodes (1961):

1 = low (e.g., laborers including farm workers, persons whose income is largely welfare aid)
2 = middle (e.g., craftsmen, clerical, small business proprietors)
3 = high (e.g., managers, professionals)

Procedure: In order to assess the personality correlates of I-level diagnosis, the California Psychological Inventory (CPI) was selected as a relevant, independently developed standard of established reliability and validity. Although the CPI may not be the only, nor, possibly, the most appropriate measure to employ in assessing the construct validity of I-level theory, several of its scales appear to represent dimensions which should relate to interpersonal maturity in particular ways.* (The nature of these expected relationships will be reviewed below.) With a view to (a) clarifying the interrelationships among the 18 CPI scales themselves, and (b) minimizing the number of personality dimensions with which subsequent analyses would have to deal, a cluster analysis of the CPI was first carried out. This was done separately for the subsamples ("ethnic subsamples") of 460 Whites and 474 non-Whites. Beyond this cluster analysis, the most important methodological feature of the study was its reliance upon analyses[1] of CPI oblique cluster-score profiles and their relationship to the I-level classification system.

Main Results: For each ethnic subsample, three rather reliable, and virtually identical, dimensions were defined in the cluster analysis of the CPI. Cluster I was a very general factor, best defined by the CPI scales of Well-Being, Responsibility, Socialization, Self-Control, Tolerance, Good Impression, Achievement via Conformity, Achievement via Independence, Intellectual Efficiency, and Capacity for Status. Collectively, these scales appeared to represent certain normative products of middle-class socialization experiences--i.e., experiences through which individuals are expected to acquire skills and personal characteristics deemed necessary for adjustment to adult society. Among these are: tolerance, acceptable ambitions, given methods of self-regulation and cooperation, and internal standards for self-direction and self-evaluation. As a result, Cluster I was labelled Adult-Role Socialization.

Cluster II was best defined by the CPI scales of Sociability, Dominance, Capacity for Status, Self-Acceptance, Social Presence, and Intellectual Efficiency. It was thus named Ascendant Extraversion, and appeared appropriate for distinguishing among individuals with regard to qualities such as leadership-potential, persistence, interpersonal sensitivity, versatility, competitiveness, independence, social interest, and poise.

[1] Also for Whites and non-Whites, separately.

*The following may be of interest to some readers: CPI standard scores and centiles are shown in Appendix F, for the entire sample of 934 CTP males.

The principal scales involved in Cluster III were Tolerance, Achievement via Independence, Flexibility, Capacity for Status, Intellectual Efficiency, and Well-Being. These scales appeared to highlight the qualities of intellectuality, autonomy, confidence, self-differentiation, assertiveness, breadth of interest, and insightfulness. The cluster was accordingly named Personal Maturity.

The CPI Statistical Typology: A six-part typology of youths was developed. This was based upon a spatial/pattern-analysis of cluster-scores across the three oblique CPI dimensions. Relative to a number of standard technical criteria of typological adequacy, this particular system seemed quite satisfactory. Moreover, there appeared to be a number of real psychological differences among the six groupings which comprised the system. (The typology is briefly reviewed in Appendix D.)

Relationships Between the CPI Statistical Typology, I-Level Diagnosis, and Ethnic Status: Two specific expectations applied to the I-level/CPI profile-system analysis, and to the influence of ethnic status upon any relationship which might exist between them. (a) Substantial variation with regard to personal and social characteristics was evident across the above-mentioned, six typological "person-clusters". Since it was thought that these characteristics[1] related positively to level of interpersonal maturity, the primary expectation was that there would be a disproportionate representation of higher maturity youths in those CPI profile-groups which seemed to indicate greater degrees of personal, social, and interpersonal development.[2] (b) The relationship between I-level and the CPI profile-typology was not expected to be dependent upon the factor of ethnic status. That is, no significant interaction was anticipated with respect to the CPI profile system, I-level, and ethnic subgrouping.

Detailed statistical analyses of the data presented in Table 10 confirmed the above expectations. These analyses are summarized in Table 11. The significant, though relatively small relationship which was observed between I-level diagnostic status and the CPI typology was almost exactly as anticipated. Of particular interest was the suggestion, also based upon the above analyses, that, in terms of CPI cluster-score configurations, I_4 nonneurotics differ from I_4 neurotics in a manner similar to that in which neurotics are distinguished from lower maturity groups. It was also clear that there exists, in all probability, no substantial difference between White and non-White groups in terms of the manner in which personality characteristics (as reflected in CPI profile-membership) are related to I-level[3] diagnosis. More detailed analyses

[1] The skills and characteristics in question were outlined above, in relation to the three basic, or salient, CPI cluster-analysis dimensions.

[2] As a corollary, youths diagnosed as being of lower maturity were expected to be found with disproportionate frequency in CPI profile-groups which seemed to reflect a lower overall development within these same three areas.

[3] Though not necessarily subtype. As mentioned above, the present study was not focused upon I-level subtypes per se.

Table 10. Joint Distribution of I-Level Diagnostic Categories and CPI Otypes (Person Clusters) for White and Non-White Subsamples.

Ethnic Status	Otype	I-Level Diagnosis				N
		I_2	I_3	I_4 neurotic	I_4 nonneurotic	
White	I	(6.2)* 8 (47.1)**	(24.0) 31 (33.7)	(69.0) 89 (26.8)	(0.8) 1 (6.3)	129
	II	(3.6) 2 (11.8)	(25.0) 14 (15.2)	(66.1) 37 (11.1)	(5.3) 3 (18.8)	56
	III	(4.1) 4 (23.5)	(20.6) 20 (21.7)	(72.2) 70 (21.1)	(3.1) 3 (18.8)	97
	IV	(4.1) 2 (11.8)	(22.4) 11 (12.0)	(67.3) 33 (9.9)	(6.1) 3 (18.8)	49
	V	(0.0) 0 (0.0)	(18.3) 11 (12.0)	(76.7) 46 (13.8)	(5.0) 3 (18.8)	60
	VI	(1.5) 1 (5.9)	(7.6) 5 (5.4)	(86.4) 57 (17.2)	(4.5) 3 (18.8)	66
	N	17	92	332	16	457
Non-White		I_2	I_3	I_4 neurotic	I_4 nonneurotic	N
	I	(5.4) 7 (41.2)	(47.7 62 (29.7)	(40.8) 53 (26.5)	(6.2) 8 (16.7)	130
	II	(4.3) 2 (11.8)	(54.3) 25 (12.0)	(34.8) 16 (8.0)	(6.5) 3 (6.2)	46
	III	(4.1) 6 (35.3)	(45.5) 66 (31.6)	(42.8) 62 (31.0)	(7.6) 11 (22.9)	145
	IV	(3.8) 2 (11.8)	(49.1) 26 (12.4)	(34.0) 18 (9.0)	(13.2) 7 (14.6)	53
	V	(0.0) 0 (0.0)	(23.8) 15 (7.2)	(58.7) 37 (18.5)	(17.5) 11 (22.9)	63
	VI	(0.0) 0 (0.0)	(40.5) 15 (7.2)	(37.8) 14 (7.0)	(21.6) 8 (16.7)	37
	N	17	209	200	48	474

*Figures in upper right of cells are row percentages.

**Figures in lower left of cells are column percentages.

Table 11. Chi Square Analysis of Interactions Among Otype, I-Level, and Ethnic Status

Source	Degrees of Freedom	X^2	Level of Significance
Total	38	167.46	$p < .001$
Ethnic Status x I-Level	3	93.95	$p < .001$
Ethnic Status x Otype	5	18.43	$.001 < p < .005$
Otype x I-Level	15	45.35	$p < .001$
I_2 vs. I_3	5	5.02	$.300 < p < .500$
$I_2 \cup I_3$ vs. I_4 neurotic	5	25.75	$p < .001$
$I_2 \cup I_3 \cup I_4$ neurotic vs. I_4 nonneurotic	5	14.58	$.010 < p < .020$
Ethnic Status x Otype x I-Level	15	9.73	$.800 < p < .900$

of this same data suggested that the Ascendant Extraversion dimension (a) is the one most critical to the general relationship between I-level and the CPI statistical typology and (b) is capable of compensating, at least to a limited extent, for an individual's lower overall personal and social development as reflected in the mean profile-elevations of other CPI typological groupings. Even so, no single configural grouping was found to be of much forecasting utility with respect to any of the four I-level groupings.

Table 11 indicates that the relationship between I-level diagnosis and ethnic status was statistically significant. From Table 10, it can be seen that whereas non-Whites are equally distributed across lower and higher maturity diagnostic groups[1] the ratio in the case of Whites is approximately three to one "in favor of" the higher maturity grouping. This is especially interesting in light of the fact that the two ethnic subsamples differed negligibly in terms of mean age--this being a known correlate of I-level among California Youth Authority males. Despite this, the percentage of non-Whites who fell within the I_4 nonneurotic category was considerably greater than that of Whites; this was a reversal of the overall trend.[2]

Relationship of I-Level to Intelligence: Of the 934 males who were diagnosed in terms of I-level, California Test of Mental Maturity nonlanguage scores were available on a subsample of 371 (213 Whites, 158 non-Whites).[3] Analysis of the relationship between the variables in question yielded rather significant results, with youths of higher interpersonal maturity registering somewhat higher mean I.Q. scores than those of lower maturity. Although this overall trend was quite significant, no significant difference was found between I_2's and I_3's; nor was any such difference observed between I_4 nonneurotic youths and those of all other I-level categories combined.

[1] This refers to I_2's plus I_3's vs. I_4 neurotics plus I_4 nonneurotics.

[2] Data which was not incorporated within the present study indicated that this reversal was largely accounted for by the CI ("Cultural Identifier") subtype. [Within CTP, this category of youths is now being referred to as "Delinquent Identifiers"--Di's. See Palmer (1971, No. 3).]

[3] Nearly all 371 CTMM's had been administered prior to 1966 by staff of the CYA's Northern Reception Center and Clinic. Between 1966 and 1971 the test was no longer administered on an across-the-board basis as part of the Clinic's standard intake procedure.

Summary and Discussion: Variation in three specific aspects of personal and social development was positively related to I-level diagnosis. This was consistent with the emphasis which, in I-level theory, is often placed upon the positive relationship between maturity and each of the following: internalization of cultural and subcultural values; interpersonal sensitivity and perceptual abilities; empathy; abstractness of cognitive and learning processes; self-differentiation and development within interpersonal contexts. However, the overall statistical relationship in question was fairly small; as a result, its value was perhaps more heuristic than predictive. In any event, the rather sizable role which was played by the Ascendent Extraversion dimension (with respect to the above relationship) appeared consistent with the importance of interpersonal experience and growth to (a) the concept of interpersonal maturity in the abstract and (b) the actual diagnosis or determination of maturity level, in particular terms.

Results of this study suggested that the configurations of CPI cluster scores which distinguish I_4 neurotics from I_2's and I_3's (collectively), also differentiate between the neurotic classification on the one hand and I_4 nonneurotics on the other. In accounting for this it is possible that the latter (nonneurotics) represent a somewhat higher average level of maturity (within the general I_4 range) than the former.[1]

Results which indicated no significant interaction between I-level, CPI configural typology, and ethnic status were also in accord with I-level theory. Nothing in the written presentations of this theory would appear to suggest that either (a) the strictly theoretical characterization of the underlying maturity construct or (b) the latter's meaning in terms of correlations with other variables (e.g., personality variables) should vary as a function of ethnic status.

When the factor of "personality configuration" is excluded--i.e., when the CPI typology is removed from the analysis--a relationship between I-level and ethnic status becomes quite apparent: A significantly greater proportion of non-Whites than of Whites were diagnosed at the I_3 level; the reverse was observed with respect to the I_4 neurotic level (but not the nonneurotic level). In an independent study of CYA females (Zaidel, 1970), this relationship was found to be largely, but not entirely, explainable on the basis of verbal intelligence. However, in the present study the intelligence/I-level association did not seem sufficiently large to adequately account for the ethnic status/I-level relationship. Furthermore, although Cross and Tracy (1970) found that

[1] Another, perhaps more extreme interpretation is that the nonneurotic classification represents a relatively heterogeneous grouping which contains some individuals who might more accurately have been diagnosed as I_5's, or near-I_5's. Were this the case, the fact that they had been classified as I_4's may have partly been due to interviewers' awareness of the very small base rate for I_5's within the CYA population.

Blacks and Whites within their study sample did not differ significantly with respect to intelligence, they did show marked differences with respect to I-level. Thus, although the general and specific effects of intelligence upon the well-documented I-level/ethnic status relationship have not yet been definitely determined, there is reason to believe that its role is less than dominant.[1] Taken together with the presence of a significant I-level/CPI profile relationship, the relative absence of any three-factor interaction suggests that the I-level/ethnic status relationship is not the effect of ethnic status per se upon I-level diagnosis. Had it been the case, one would not expect particular I-level groupings to appear so similar across ethnic samples, in terms of the CPI cluster-score configurations which were studied. Thus, e.g., if ethnic status had been moderating or significantly determining the particular set of dimensions which are ordinarily taken into consideration[2] when arriving at an I-level diagnosis, the "correlates" of any such diagnosis would have been likely to vary across specified ethnic groups.

> (The relationship which--through the years--is consistently observed between I-level and ethnic status may well be chiefly a resultant or expression of various selection factors which have operated to bring a disproportionate number of lower socioeconomic status, non-White youths into the CYA, in the first place. Both categories of CYA youths are also likely to be randomly placed into CTP at a slightly younger age than is the case with middle-class individuals; they are likely to have a somewhat lower mean I.Q., as well. [Warren and Palmer, 1966.] In brief, the principal forces which support or underlie the relationship in question may well be less "psychological" than "sociological-demographic" in nature.)

Irrespective of the ethnic status variable, it seems quite clear that intelligence is a component of I-level. All studies which have considered this factor have found positive, albeit varying, correlations between the two. Almost without exception, the relationship in question has been at least as strong as that observed between I-level and given personality variables. It seems reasonable to expect that intelligence may influence the degree to which persons are able to accurately perceive and effectively respond to individual differences among others, with reference to the latters' needs, motives, values, and styles of verbal as well as nonverbal expression. Since these various characteristics or facets of interpersonal functioning doubtlessly influence the form and content of the interpersonal relations which are developed by most individuals

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[1] At least at the I_2, I_3 and I_4 maturity levels.

[2] I.e., taken into consideration and clinically weighted--thereby having the ability to influence particular I-level distributions.

(and perhaps also the range and depth of growth-conducive social opportunities available to them), the moderate correlation between I-level and intelligence would seem to be understandable, if not inevitable. It is possible that the correlations in question would turn out to be even larger in the case of samples which had been diagnosed by methods (and/or interviewers) which were overly reliant upon the subjects' verbal skills, reasoning ability, or willingness to talk about themselves or others. In terms of future work which may relate to I-level theory and practice, it would seem appropriate that explicit consideration be given to the role and implications of this particular linkage.

Reliability (and Accuracy) of I-Level Classification Within CTP--An Updating of the 1966 Analysis: Involved in this investigation were diagnoses of CTP study subjects by CTP staff. Previously reported figures related to the period 1961 through late 1965;[1] they had reference to the Sacramento and Stockton areas alone; and, they did not differentiate between males and females. The present information extends from 1961 through 1969, thereby covering the entire CTP Phase I and Phase II operation.[2] It relates to all three study areas: Sacramento, Stockton-Modesto, and San Francisco. It is broken down separately for males and females.[3]

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[1] The 1961-1965 data was re-analyzed in 1969 in connection with CTP's reassessment of the reliability index which it had previously utilized. However, no new data was involved.

[2] The period 1961-1969 includes all ward-intake during Phases I and II. However, numerous followup interviews took place after 1969 with regard to Phase II youths.

[3] Separate analyses were carried out for each of the following time-periods: 1961-1963; 1964-1966; 1967-1969;...also included were 1964-1969 and 1961-1969. (The present analysis relates to the entire Phase I and II period--viz., 1961-1969.) Similarly, for each time-period, separate analyses were made with regard to each of the following areas: Sacramento; Stockton-Modesto; and, San Francisco. (The present analysis relates to all three locations, combined.) Cutting across each such analysis, the data was also looked at separately for: Experimentals; Controls; Ineligibles; and, the San Francisco Guided Group Interaction subjects. Collectively, the latter three subject-groupings are referred to as non-Experimentals. (The present analysis combines all four of these subject-groupings.) These analyses were carried out in order to determine whether any substantial trends or differences were involved in connection with time-period, location, and/or subject-grouping. By and large, reliability and accuracy remained pretty much unchanged through time, across locations, and with reference to the differing subject-groupings.

1. Interrater-reliability at a single point in time: Here, the data in question relates to the situation in which two different research raters each classified--at virtually the same point in time--the tape-recorded intake interview which was conducted with each youth.[1] This situation applied to a total of 364 males. This represents 45% of the 802 Phase and Phase II males.[2] (Reliability for females is briefly reviewed elsewhere.)

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[1] The researcher who first rated the youth's intake tape is referred to as the "first research rater". The researcher who next rated the youth's intake tape (generally upon request of the first research rater) is referred to as the "second research rater". The latter researcher was never the individual who had conducted the intake interview. During Phases I and II, the first research rater conducted the intake interview in some 87% of the cases (males). The remaining 13% were conducted by operations personnel (mainly during the years 1966-1969).

[2] In the remaining 55% of the cases, the first research rater did not consider it necessary to request a second research rating of the intake interview. Most, though not all such tapes were considered relatively "easy" from a diagnostic standpoint, whether rated by an operations person or not--and particularly if they had been rated by an operations person with whom the first research rater agreed. (As indicated in fn. 1, 13% of the 802 males had been interviewed by an operations staff member. This individual--and/or his treatment supervisor--then rated the tape. The operations rating was separate and apart from--and, temporally speaking, it almost always preceded--that which was invariably done by the first research rater. If the first researcher's classification concurred with that of the operations staff member, the former would usually feel less reason than would otherwise be the case to request a second researcher's rating of the intake tape.) In most such cases, the diagnosis appeared to be relatively clear-cut--at least to the first research rater (and, in many cases, to the operations rater). Yet, the present data suggests that the first research raters were not sufficiently 'conservative' in this regard: That is to say, it would have been better if they had asked for a second researcher's rating more often than they did. For example, the percentage of agreement between the first research rater's classification and the classification which was ultimately arrived at (based upon all contacts and/or interviews with some 427 males) was 79% in the case of subtype classifications and 92% in the case of I-level classifications. These figures refer to Experimental subjects only--individuals whom it was possible to observe far more closely than Controls (and GGI subjects as well), and whose original classification had had the greatest opportunity of being modified as the result of post-intake observations and/or interviews. (All instances of what may be described as 'substantial growth' within the youths themselves--e.g., movement from one I-level to the next higher I-level--were excluded.) Comparable figures for Experimental females were 85% in the case of subtype classification and 91% with reference to I-level classifications (N = 94 females).

The overall results will be shown separately for subtype and I-level classifications. (See below.)

> Any given youth may receive 1 of 9 subtype classifications: Aa, Ap, Cfm, Cfc, Mp, Na, Nx, Se or Ci. Simultaneously, he may receive 1 of 3 I-level classifications: I_2, I_3, or I_4.[1] Logically speaking, the rater must decide upon the youth's I-level classification prior to determining the subtype classification. In actual practice, the two judgments, or decisions, often take place almost simultaneously.

In the case of males, the first and second research raters agreed with one another as to the youth's subtype 62% of the time. They agreed with one another regarding the youth's I-level 81% of the time.

The percentage of agreement between the first and second research raters was as follows for the separate subtypes. (These figures are shown in relation to the final--i.e., 'true'--subtype-classification which was determined for each given individual): Aa - 33%;* Ap - 81%; Cfm - 75%; Cfc - 74%; Mp - 34%; Na - 49%; Nx - 71%; Se - 79%; Ci - 67%. (The subtype sample-sizes were: 3, 16, 51, 38, 47, 82, 78, 19, and 30, respectively.)

The percentage of agreement between the first and second research raters was as follows for the separate I-levels. (Figures are shown in relation to the individual's 'true' I-level): I_2 - 79%; I_3 - 79%; I_4 - 83%. These figures refer to interrater-agreement in relation to the I-level which was determined to be the youth's true I-level. (As to I-level agreement per se--irrespective of whether the raters had agreed with each other regarding the true I-level--the figures were: I_2 - 84%; I_3 - 79%; I_4 - 85%.) The sample-sizes were: 19, 136, and 209 for the I_2, I_3, and I_4 levels, respectively. Only one I_5 was included within the present analysis. The first and second research raters agreed on his I-level...though not on his subtype. One called him an Na, and the other an Nx.

> The following applied to the subtype classifications. 48.9% of the 1st-2nd research rater disagreements were 1 subtype-classification apart (e.g., diagnosis by first research rater = Cfm; diagnosis by second research rater = Cfc). 18.7% of the disagreements were 2 subtype-classifications apart (e.g., first research rater's dx = Cfm; second research rater's dx = Mp). 20.9% were 3 categories apart (e.g.,...Cfm vs. Na). The remaining figures were 5.8%, 3.6%, and 2.2% for 4-, 5- and 6- subtype-classifications apart,

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[1] Theoretically, he may receive a classification of I_5 as well. However, I_5's comprise a negligible quantity within the present sample of youths--less than 1%. As a result, they are not differentiated from I_4's of comparable subtype relative to the present analysis, unless otherwise specified.

*Thus, e.g., the two research raters agreed with one another 33% of the time in relation to individuals whose final subtype diagnosis was Aa. (An identical approach was used in connection with interrater agreement regarding the individuals' I-level diagnosis.)

respectively. Diagnostic disagreements between the first and second research raters were 2.09 subtype-classifications apart, on the average; these same disagreements were separated by a median of 1.56 subtype-classifications. This rather clearly supports the idea that interrater-disagreements were more likely to involve adjacent categories (or, relatively similar classifications), instead of those which were widely or even randomly separated (or, relatively dissimilar classifications).

The following applied to the I-level classifications (3 categories in all). In any given instance the 1st and 2nd research raters may have disagreed with one another as to the youth's subtype, while still agreeing with each other as to his I-level. Thus, with reference to instances of subtype-disagreement (between 1st and 2nd research raters) in connection with youths whose true I-level was I_2 (total of 5 subtype-disagreements), the raters' joint I-level classifications were: I_2-I_2 - 20%; I_2-I_3 - 40%; I_2-I_4 - 20%; I_3-I_3 - 20%. Comparable figures for youths whose true diagnosis was I_3 (54 instances of subtype-disagreement) were: I_2-I_2 - 0%; I_2-I_3 - 11%; I_2-I_4 - 2%; I_3-I_3 - 46%; I_3-I_4 - 39%; I_4-I_4 - 2%. The figures for I_4's (79 subtype-disagreements) were: I_2-I_2 - 0%; I_2-I_3 - 0%; I_2-I_4 - 1%; I_3-I_3 - 5%; I_3-I_4 - 39%; I_4-I_4 - 54%.

Still within I-level, the most common interrater subtype-disagreements were as follows. (The youths are shown in terms of their 'true' I-level):

I_2 youths (total of 5 1st-2nd research-rater disagreements): The most common type of disagreement involved the Aa-Cfm combination. (N = 2 disagreements of this type.)

I_3 youths (total of 54 disagreements): The most common disagreements were Mp-Na (N = 9 such disagreements); Cfc-Mp (N = 7); Cfm-Mp (N = 7). The remaining subtype-combinations each had a frequency of 5 or fewer.

I_4 youths (total of 79 disagreements): The most common disagreements were Na-Nx (N = 20); Na-Ci (N = 9); Na-Mp (N = 8). The remaining subtype-combinations each had a frequency of 5 or fewer.

2. Rater-reliability through time: The above-mentioned results had reference to interrater-reliability at a single point in time--viz., intake. A different set of figures was obtained when we analyzed rater-reliability through time. The latter figures were found to be somewhat higher than the former, though not markedly so.

> The 'through time' analysis refers to the 'research rating at point of intake' as compared with the 'research rating based upon a routine followup interview'...or, in a few cases, a 'revocation' or 'discharge' type of followup interview. The time-interval between intake and followup ratings was usually around 8 to 12 months (estimated). The analysis related to all subject-groupings and all locations combined; in addition, it covered the entire Phase I and II operation, 1961-1969.

Results are shown in Table 12--separately for (a) males and females, (b) subtype and I-level, and (c) 'single research rater' (i.e., researcher 'X' classified the youth at intake as well as at followup) as distinct from 'different research raters' (i.e., researcher 'X' classified the youth at intake, whereas researcher 'Y' classified him at followup.)

Table 12

CTP Interrater-Agreement Through Time (Intake vs. Followup)

	MALES				FEMALES			
	Subtype		I-Level		Subtype		I-Level	
Type of Rater	No. of Youths	% of Agreemt.	No. of Youths	% of Agreemt.	No. of Youths	% of Agreemt.	No. of Youths	% of Agreemt.
Single Rater	256	75.8	256	91.4	45	80.0	45	93.3
Different Raters	170	74.7	170	91.2	45	75.6	45	84.4
Total	426	75.4	426	91.3	90	77.8	90	88.9

Summary and Discussion: Reliability figures obtained for the period 1961-1969 were approximately the same as those reported for the period 1961-1965. For males, 'updated' interrater-agreement at point of intake was 62% for subtype and 81% for I-level. Comparable figures for females were 70% and 85%, respectively. Interrater-disagreements usually involved immediately adjacent or nearly adjacent subtype categories. This was in contrast to subtype categories which were widely separated or, for that matter, randomly distributed. Taken together with various statistical indices (lambda, Pearson r, etc.), these results appeared to be more than satisfactory by most standards--at least with reference to the number of differentiations in question (9 for subtype, 3 for I-level).[1] (Even so, see pg. 48, paragraph 2, regarding one particular factor whose influence would reduce the strength of these findings to a moderate degree.) This would apply to the diagnostic accuracy results, as well.

In terms of CTP's own standards, however, much improvement is still in order. These standards relate very much to CTP's need for rather highly individualized treatment planning, beginning at point of intake. Thus, while recognizing the rather substantial conceptual and operational achievements which may be reflected in the findings reported above, we are not at all satisfied with having 'only' 62% - 70% interrater-agreement at the subtype level--even granting that such figures include a 'somewhat-difficult-to-rate' (yet rather sizable) subsample...in addition to several called-for differentiations. The 74% - 81% subtype-accuracy figures for males are a little more encouraging.[2] While recognizing the difficulties involved, we feel a need to strive for levels of interrater-agreement which would be in the neighborhood of 85% - 90%. With this in mind, it would seem as if our only apparent, current source of optimism might relate to the fact that such levels were achieved at least with reference to subtype-accuracy, in those cases which were rated and then discussed by at least two different raters (viz., two researchers) prior to their having arrived at what we would call the 'operational diagnosis'. (In the case of Experimentals, it was the operational diagnosis which the individualized treatment plans most closely reflected.)

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[1] For further details, see: Palmer, T. and Werner, E. A review of I-level reliability and accuracy in the California Community Treatment Project. CTP Project Report Series: 1972, No. 2. Fall, 1972.

[2] Level of accuracy was as follows for 'Case A' (the corresponding figures for 'Case B' are shown within parentheses. Cases A and B are defined in a forthcoming CTP report. See fn. 1, above.) - Males: subtype - 74% (81%); I-level - 89% (92%). Females: subtype - 80% (86%); I-level - 92% (94%). (Basically, the following was taken to be the youth's 'true' diagnosis: the classification which was finally agreed upon on the basis of all available information. The information in question consisted chiefly of interviews. In the case of Experimental subjects, it also included behavioral observations, together with various verbal interactions between staff and youth. -In actual practice, a given youth's final classification could have been--and was--arrived at via one of several routes. 'Cases A and B' referred to two of the most common and/or possibly meaningful routes.)

Apart from CTP's own particular standards and/or operational needs, the obtained percentages-of-agreement, the lambda's, the Pearson r's, etc., did indicate the presence of a sizable amount of predictive ability with reference to the subtype as well as I-level classifications. In other words, the Phase I and II results did not reflect the presence of a level or type of statistical significance which, in itself, was little other than an expression of low or moderately positive correlations within the context of large sample sizes.

The following should be kept in mind. We estimate that, at the subtype level, most of the figures for interrater-agreement are perhaps 15% (not 15 percentage points) higher than they would have been in the event that the 2nd research rater had had absolutely no information regarding the 1st research rater's general--and, at times, rather specific--assessment of the youth. (This issue is less germane to the question of diagnostic accuracy.) This same factor would probably have resulted in a 5% - 10% difference in the case of I-level agreement. To quote from a 1970 CTP report: "Among research staff, second raters often received information as to the one, two, or perhaps three possible subtype-diagnoses with which a first rater may have been wrestling.... Possession of this information eliminated the second rater's ability to reach a technically independent or literally uncompounded judgment. However, it did not, ipso facto, eliminate the latter's ability to reach a relatively sound judgment--one which was based upon his personal review and integration of the taped interview [plus any other available information]. In this sense, it represented no more and no less than a semi-independent judgment".[1]

> Related to this: The Phase I and II diagnostic accuracy figures were higher than those which involved interrater-reliability. Close inspection of this situation suggests that the first research rater's classification of the youth probably had a stronger influence upon (a) the diagnosis which was ultimately arrived at (viz., the true diagnosis) than upon (b) the diagnosis which was made by the 2nd rater.[2] This might help account for the fact that the accuracy results were moderately yet consistently higher than the interrater-reliability results--a situation which is not often found in connection with studies of psychiatrically/psychologically oriented systems of personality classification.

[1] Palmer, T. Reply to Eight Questions Commonly Addressed to California's Community Treatment Project. California Youth Authority. CTP Report Series: 1970, No. 2. pg. 19.

[2] Furthermore, the 1st rater's influence upon the true diagnosis was almost certainly stronger in those cases in which there was an absence of any 2nd, 3rd, etc., research rating--i.e., stronger than when any of these latter ratings were present. (This would help account for the fact that the 'Case B' figures were moderately yet consistently higher than those for 'Case A'.) Additional analysis showed that the 1st research rater's degree of influence upon the true diagnosis was identical to that of the 2nd research rater's in the case of Experimentals. In the case of non-Experimentals, it was slightly but almost negligibly greater--3 percentage points in the case of subtype as well as I-level, for males and females alike.

For males, rater agreement through time (i.e., intake vs. followup--estimated to be 10 months on the average) was 75% for subtype and 91% for I-level. Comparable figures for females were 78% and 89%, respectively. Broadly speaking, this level of agreement suggests the presence of at least moderate--or, quite possibly, sizable--amounts of stability with respect to personality dimensions upon which the raters' attention would ordinarily be focused.

Stability and interactional context aside, the I-level system would doubtlessly profit from continued conceptual and operational sharpening-up with regard to the Na vs. Nx distinction, in particular. (Some progress has been reported along this line, at least at the conceptual level.[1]) This distinction has consistently remained the principal contributor to rater-disagreement--at point of intake, and through time as well. Beyond this, it would be of benefit--particularly to correctional workers outside of CTP--if one were to pin down and spell out, at least more comprehensively than has been done to date, the features which operationally distinguish most Mp's from most Na's.

> It may be noted that the Mp and Na subtypes represent 'adjacent categories' with respect to the I-level classification schema. They also share with one another a number of readily apparent, as well as underlying, attributes. Seen in this light, it is interesting to note that each such subtype had a noticeably lower-than-average level of interrater-agreement.

In sum, it is accurate and probably fair to say that CTP's Phase I and Phase II reliability and accuracy results would compare favorably or quite favorably with those obtained in connection with other clinically oriented--and, especially, interview-based--personality typologies. However, very much improvement is needed within the conceptual and operational areas alike. On the latter score, e.g., increased consideration should definitely be given to the idea of almost routinely calling for second ratings, at point of intake. This is of particular relevance to the need for high levels of diagnostic accuracy, as one of the first steps in the direction of individualized treatment planning.

[1] Palmer, T. California's Community Treatment Project - Research Report No. 11. California Youth Authority. July, 1971. pp. 13-14.

Post-Discharge Behavior of Phase I and II Subjects - Sacramento/Stockton: A detailed analysis was made of C.I.&I. "rap sheets", in order to compare the post-discharge offense behavior of male Experimental (E) and Control (C) wards. These were individuals from the Sacramento and Stockton areas who had received a favorable discharge, and who had been part of the Community Treatment Project's Phase 1 and Phase 2 study population. For each individual ("dischargee") who received a favorable discharge, the data was analyzed separately in terms of

(1) Severity of post-discharge offenses.

(2) Number of post-discharge offenses per dischargee (all dischargees included).

(3) Number of post-discharge offenses per dischargee with one or more offenses (i.e., including "offenders" only).

(4) Percentage of dischargees with post-discharge offenses ("rate of offending, per dischargee").

Results were reported separately for each of two followup cohorts--24 and 48 months.[2] Selected parole variables and personal background characteristics (Base Expectancy; Age at Intake; Age at Discharge; Subtype; Race; Socio-economic Status; I.Q.; etc.) were also examined.

The main results are summarized in Charts A and B. Chart A refers to analyses of all offenses shown on the C.I.&I. rap sheets--some 17% of which were of a relatively minor nature. Chart B refers to analyses in which all such minor offenses have been excluded.

Relative to these Charts, the term "slightly ahead" refers to better (more desirable) performance.

In terms of all four types of analysis, no substantial differences were found on 24-months followup between the Experimental and Control favorable dischargees, relative to post-discharge offense behavior. This applied to the full range of offenses, and to those of a moderate or severe nature alone. On 48-months post-discharge followup, slight though statistically insignificant differences were found (relative to the full range of offenses) on two of the four performance indices; both such differences favored the Control dischargees. When offenses of a minor nature were excluded, only one of these differences remained: mean number of post-discharge offenses per ward (1.93 vs. 1.70 per ward for the Experimental and Control groups, respectively). The slightly better performance of Controls as vs. Experimentals on 48-months followup may have been partly accounted for by the fact that the former, as a group,

[1] These contain a rundown of all reported police contacts, etc.

[2] The 24-months cohort contained 96 E's and 70 C's; the 48-months cohort contained 54 E's and 43 C's.

tended to be better parole risks than the latter. In this sense, Controls may have had "more going for them" and/or "less going against them" when compared with Experimentals. This, at any rate, might have been the case at point of CYA intake; however, it would not necessarily apply at point of favorable discharge. (No E-C differences as to level of parole risk--i.e., base expectancy rate--were found relative to the 24-months cohort.)

In terms of what may have been operating either "in favor of" or "in opposition to" the respective groups of youth, it was found that the Experimentals were slightly over-represented in terms of middle + upper-class backgrounds (combined). They had a higher non-verbal I.Q. as well. This applied to both the 24- and 48-months cohorts. Yet with respect to the latter cohort, Experimentals were much more likely than Controls to have been committed to the CYA in connection with an offense which was assaultive in nature. All in all, it seems difficult to determine whether the E's or the C's had more operating in their favor--at least at point of CYA intake.

Supplementary analyses were performed separately for (a) I-level, (b) subtype, and (c) Na + Nx subtypes (combined). Two main groups of findings emerged:

1. Control I_3's performed substantially better than Experimental I_3's. This applied (in connection with two of the four outcome measures, both at 24- and 48-months followup) relative to the full range of offenses, and to offenses of a moderate or severe nature alone. This difference--favoring Control I_3's as a whole--was accounted for by the Cfc and Mp subtypes. At 24-months, Experimental Cfm's performed better than their Control counterparts with respect to one of the four outcome measures--provided that offenses of minor severity were excluded. (Due to substantially reduced sample sizes, analyses were not made for individual subtypes relative to the 48-months cohort.)

2. Regarding I_4's as a whole (Na + Nx + Se + Ci, combined), no substantial E-C differences were found on 24-months followup. At 48-months, Experimental I_4's performed slightly better than the Controls relative to average severity of offenses. However, this difference faded away when offenses of minor severity were excluded. At 48-months, Experimental N's--i.e., Na's + Nx's combined--performed slightly better than their Control counterparts on two outcome measures. This applied to the full range of offenses, and to those of a moderate + severe nature alone.

Within the Experimental group, it was possible to construct a "matched" and a "non-matched" subsample of youths. The former consisted of favorable dischargees who had been appropriately matched with their CTP agent for a specified minimum period of time. The latter consisted of favorable dischargees who had not been appropriately matched, and/or had been matched for an

insufficient length of time. (The non-matched subsample was itself divided into "unmatched" and "mixed" groupings.) Using this frame of reference, E vs. C as well as E vs. E comparisons were made with respect to the presence vs. absence of post-discharge offenses within 24-months followup (all severities included). It was found that matched Experimentals performed slightly but not significantly better than Controls in terms of post-discharge offenses. Controls, on the other hand, performed slightly but not significantly better than non-matched Experimentals. Matched Experimentals performed significantly better than non-matched Experimentals. These findings were virtually unchanged when offenses of minor severity were excluded.

Note the following code relative to Charts A and B--

"**" refers to: slight difference only (e.g., $p < .70 > .50$, or $p < .50 > .30$.), but did not attain statistical significance.

Chart A

Summary of Findings for Experimentals vs. Controls, for Offenses of All Severities

Type of Analysis	24-Months Cohort	48-Months Cohort
A. Severity of Offense	No difference	No difference
B. No. of Offenses (All Wards)	No difference	C slightly ahead**
C. No. of Offenses (Offenders Only)	No difference	C slightly ahead**
D. Rate of Offending	No difference	No difference

Chart B

Summary of Findings for Experimentals vs. Controls,

for Moderate and Severe Offenses Only[1]

Type of Analysis	24-Months Cohort	48-Months Cohort
B. No. of Offenses (All Wards)	No difference	C slightly ahead**
C. No. of Offenses (Offenders Only)	No difference	No difference
D. Rate of Offending	No difference	No difference

[1]This summary pertains to analyses B, C and D only. Analysis A was not repeated since it is meaningful primarily in connection with the full range of offenses (severities 1 - 10).

Post-Discharge Behavior Of San Francisco Subjects (Preliminary Analysis): A preliminary, yet detailed analysis was made of C.I.&I. "rap sheets", in order to compare the post-discharge offense behavior of Differential Treatment Unit (DTU) and Guided Group Interaction Unit (GGI) males from the San Francisco area. These youths had received a favorable discharge from either the DTU or GGI program--to which they had, originally, been randomly assigned as part of the CTP experiment. For each individual ("dischargee") who received a favorable discharge, the data was analyzed in terms of the same four indices of behavior that were used relative to the Sacramento-Stockton post-discharge analysis.

Results were reported separately for each of two follow-up cohorts--12 and 18 months.[1] Selected parole variables and personal background variables (Base Expectancy; Age at Intake; Socio-economic Status; etc.) were also examined. The DTU and GGI study samples were found to be quite similar to one another with respect to most of the personal background variables. This applied with regard to Age at Intake, Age at Discharge, and Base Expectancy as well.

The main results are summarized in Charts C and D, below. Chart C refers to analyses of all offenses shown on the C.I.&I. rap sheets--approximately 6% of which were of a relatively minor nature. Chart D refers to analyses in which all such minor offenses were excluded. (Approximately 59% of the offenses were of moderate severity. Some 35% of all offenses were of a relatively severe nature.)

In relation to Charts C and D, the terms "ahead" and "slightly ahead" refer to better (i.e., more desirable) post-discharge performance.

Viewing in toto the four indices of post-discharge behavior, DTU favorable dischargees performed somewhat better than their GGI counterparts in relation to the 12 months followup. More specifically, the former performed significantly better than the latter on one outcome measure (viz., "average severity of offense"), and did slightly but not significantly better on the three remaining measures as well. This applied to the full range of offenses (i.e., minor + moderate + severe offenses) and to those of a moderate + severe nature as well (levels 3 - 10, inclusive).

[1]The 12-months cohort contained 15 DTU and 16 GGI subjects. The 18-months cohort contained 10 DTU and 11 GGI subjects.

Most, though not all, of the above DTU-GGI differences washed-out in relation to the 18 months followup. For example, with reference to the full range of offenses (levels 1 - 10, inclusive) DTU performed slightly but not significantly better than GGI on only one of the four outcome measures (viz., "average number of offenses--for wards with one or more post-discharge offenses"). When offenses of minor severity were excluded, DTU again performed slightly but not significantly better than GGI on one index alone ("rate of offending"--i.e., percentage of dischargees with one or more post-discharge offense).

In summary, combining the results of the 12 and 18 months cohorts--and giving relatively more weight to the latter--DTU performed slightly but not significantly better than GGI on post-discharge followup. However, one rather conspicuous set of findings should be mentioned: A large difference was found between DTU and GGI with respect to severe offenses (levels 6 - 10, inclusive). Thus, by 12 months the percentage of dischargees who had committed at least one such offense was more than six times greater within the GGI sample than within DTU. This difference held up fairly well in connection with the 18 months followup. More specifically, by the 18-months-point some 55% of the GGI group had been involved in at least one severe offense, as vs. 10% of the DTU group. A 24 months followup (not to mention a substantially larger study sample, in general) should shed further light on the reliability of this, as well as other matters. Analyses of this nature should be available in 1973.

Note the following codes relative to Charts C and D--

*: attained at least a .10 level of significance.

**: slight difference only (e.g., p <.70> .50, or p <.50> .30), but did not attain statistical significance.

Chart C

Summary of Findings for DTU vs. GGI, for

Offenses of All Severities

Type of Analysis	12-Month Cohort	18-Month Cohort
A. Severity of Offense	DTU ahead*	No difference
B. No. of Offenses (All Wards)	DTU slightly ahead**	No difference
C. No. of Offenses (Offenders Only)	DTU slightly ahead**	DTU slightly ahead**
D. Rate of Offending	DTU slightly ahead**	No difference

Chart D

Summary of Findings for DTU vs. GGI, for

Moderate and Severe Offenses Only[1]

Type of Analysis	Type of Cohort	12-Months Cohort	18-Months Cohort
B. No. of Offenses (All Wards)		DTU slightly ahead**	No difference
C. No. of Offenses (Offenders Only)		DTU slightly ahead**	No difference
D. Rate of Offending		DTU slightly ahead**	DTU slightly ahead**

[1]This summary pertains to analyses B, C and D only. Analysis A was not repeated since it is meaningful primarily in connection with the full range of offenses (levels of severity 1 - 10).

The Group Home Project: The final report of the Group Home project has been completed.[1]

> From April, 1966 through September, 1969 the CYA and NIMH sponsored a Group Home project. This was a demonstration program which focused upon the feasibility of establishing specific types of group homes for seriously delinquent adolescents. It was concerned with describing the nature, and assessing the impact, of these homes. The homes were operated within the structure of CTP, in terms of the youths who were served and the parole agents who worked with them. During the Project's three years of existence, 8 boys homes were studied (6 for long-term placement; 2 for temporary care). Four long-term homes and one temporary care home lasted for at least 18 months; the others were short-lived. The homes housed a maximum of six youths at any one time. Across all homes, 63 boys were placed--62% being into long-term homes. A girls home was also studied.

The report contained two main sections: (1) Introduction, Background, and Main Results (e.g.: overview of Project experiences; general utility of the homes--staff impressions; extent of usage of the homes; parole performance of group home vs. non group home CTP youths). (2) Group Home Operations and Issues (e.g.: ward-placement; recruitment and selection of group home operators; use of questionnaire and rating methods in the selection of group home operators; contracts and finances; licensing; community feelings toward the homes; everyday living within group homes; descriptions of group home atmospheres and home operators; relationships between matching and home atmospheres; home termination; group home management: selected interactions and issues; joint-involvement and joint decision-making within group homes).

A 14 page synopsis accompanied the lengthy final report.[2]

[1]Palmer, T. Differential Placement of Delinquents in Group Homes. Final Report of the Group Home Project. California Youth Authority. Spring, 1972.

[2]Palmer, T. A Synopsis of California's Group Home Project Final Report ("Differential Placement of Delinquents in Group Homes"). California Youth Authority. Spring, 1972.

Appendix A

Jesness Scale Concomitants of I-Level, and the Role of Ethnic Status

Table 13 shows the Jesness scale means for each of four I-level diagnostic categories in the case of 450 White subjects. Table 14 presents the results of an identical analysis with respect to 450 non-White subjects. Results for both groups are highly similar: Except for the Denial scale, the four diagnostic groupings strongly tend to be ordered (from the highest mean score to the lowest) in terms of maturity level--from lowest to highest.[1] (For Denial, the ordering for both Whites and non-Whites is virtually reversed, when compared with this general trend.) The general psychological picture which emerges from these data indicates that--as compared with higher maturity youths--individuals diagnosed as I_2's or I_3's (particularly the former) tend to:[2]

--hold attitudes more common among persons younger than themselves;

--lack insight, and show naivete in the assessment of their own motivations, and those of others as well;

--be conforming, nonaggressive, and low in social status;

--be critical and distrustful of others...feel estranged in relationships and regard other as unfair and domineering;

--externalize their problems;

--be relatively unaware of, or not admit, their feelings of dislike, rebellion, etc.;

--be seen by others as showing flat affect and lacking in social poise.

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[1] Practical experience, combined with reviews of individual case records of I_4 youths at CTP, has suggested that the nonneurotic subgroup may be characterized by a somewhat higher average level of interpersonal maturity than the neurotic subgroup. In this connection, the general maturity-continuum which is represented in Tables 13 and 14 places, or generally "locates", the former individuals at a point which is higher than that of the latter. This was done on a priori grounds, and for the purpose of hypothesis-testing as well. At any rate, the nonneurotic/neurotic distinction, or separation, does not simply represent an after-the-fact consequence of (or decision based upon) the present results. At the same time, the results in question do lend support to the validity of this particular separation.

[2] The following picture is based upon Jesness scale-definitions, descriptions, and correlates, as presented in the 1966 edition of the Jesness Inventory manual. The picture in question may be thought of as conservative, in the following sense: It draws upon scale-related information which pertains only to those scales for which Scheffé tests were statistically significant in the case of both White and non-White samples. (These tests dealt with the contrast between the I_2 and I_3 grand mean, on the one hand, and the I_4 neurotic plus I_4 nonneurotic grand mean on the other.

Table 15 points up more directly the strong tendency for I-level and Jesness Inventory scale-scores to be related in a virtually identical manner for both White and non-White samples. For each of the eleven scales, non-significant interaction effects were observed between I-level and ethnic status.

Table 13. Contrasts Among the Jesness Psychological Inventory Scale Score Means of Four I-Level Diagnostic Categories: White Subjects*

	Group Means and Ranks				Group Contrasts						
Jesness Scale	I_2 N =15	I_3 N =90	I_4 N=330	I_4 Non N N =15	I_2+I_3 vs. I_4N+I_4Non N	I_2 vs. I_4 N	I_2 vs. I_4 Non N	I_3 vs. I_4 N	I_3 vs. I_4 Non N	I_2 vs. I_3	I_4N vs. I_4 Non N
Social Maladjustment	66.3 (4)	61.3 (3)	60.1 (2)	56.3 (1)	ns	ns	s	ns	ns	ns	ns
Value Orientation	56.7 (4)	53.4 (3)	50.9 (2)	45.1 (1)	s	ns	s	ns	s	ns	ns
Immaturity	56.2 (4)	55.6 (3)	52.1 (1)	54.2 (2)	s	ns	s	s	s	ns	ns
Autism	55.9 (4)	52.2 (3)	52.1 (2)	47.1 (1)	ns	ns	s	ns	ns	ns	ns
Alienation	55.8 (4)	53.5 (3)	49.1 (2)	47.2 (1)	s	ns	ns	s	ns	ns	ns
Manifest Aggression	54.1 (4)	50.5 (3)	49.9 (2)	43.3 (1)	ns	ns	s	ns	ns	ns	ns
Withdrawal	54.7 (3)	53.9 (2)	56.5 (4)	51.6 (1)	ns	ns	ns	ns	ns	ns	ns
Social Anxiety	51.4 (3)	50.2 (2)	53.7 (4)	49.9 (1)	s	ns	ns	s	ns	ns	ns
Repression	55.3 (3)	55.4 (4)	51.8 (1)	55.1 (2)	s	ns	ns	s	ns	ns	ns
Denial	48.4 (1)	51.3 (3)	49.2 (2)	56.7 (4)	ns	ns	ns	ns	ns	ns	s
Asocial Index	70.5 (4)	64.7 (1)	64.8 (2)	68.2 (3)		Overall F ratio not significant					

*The pairwise group or combined-group contrasts represented in this table are relatively conservative posteriori simultaneous confidence interval assessments as developed by Scheffé (Winer, 1962, p. 88). With 446 within-group degrees of freedom, the apparent differences among the four I-level category means for virtually all scales show up as statistically significant at the .10 level of confidence. The set of seven Scheffé contrasts were thus carried out at this same level for each significant scale. In the body of this table, "ns" stands for "not significant" and "s" stands for "significant".

Table 14. Contrasts Among the Jesness Psychological Inventory Scale Score Means of Four I-Level Diagnostic Categories: Non-White Subjects*

	Group Means and Ranks				Group Contrasts						
Jesness Scale	I_2 N = 15	I_3 N=195	I_4 N=195	I_4 Non N N = 45	I_2+I_3 vs. I_4N+I_4Non N	I_2 vs. I_4 N	I_2 vs. I_4 Non N	I_3 vs. I_4 N	I_3 vs. I_4 Non N	I_2 vs. I_3	I_4N vs. I_4 Non N
Social Maladjustment	73.8 (4)	64.5 (3)	64.4 (2)	60.3 (1)	s	s	s	ns	ns	s	ns
Value Orientation	62.3 (4)	56.6 (3)	55.2 (2)	52.2 (1)	s	s	s	ns	s	ns	ns
Immaturity	67.9 (4)	59.3 (3)	55.8 (2)	55.4 (1)	s	s	s	s	ns	s	ns
Autism	62.1 (4)	52.4 (2)	53.3 (3)	49.6 (1)	ns	s	s	ns	ns	s	ns
Alienation	63.9 (4)	58.6 (3)	55.8 (2)	55.2 (1)	s	s	s	s	ns	ns	ns
Manifest Aggression	57.0 (4)	52.2 (3)	52.1 (2)	47.6 (1)	ns	ns	s	ns	s	ns	s
Withdrawal	58.3 (4)	55.0 (3)	56.5 (2)	51.5 (1)	ns	ns	ns	ns	ns	ns	s
Social Anxiety	51.1 (4)	47.8 (2)	50.3 (3)	47.5 (1)	ns	ns	ns	ns	ns	ns	ns
Repression	61.1 (4)	59.8 (3)	56.2 (1)	57.6 (2)	s	ns	ns	s	ns	ns	ns
Denial	44.5 (1)	49.6 (3)	48.7 (2)	55.2 (4)	ns	ns	s	ns	s	ns	s
Asocial Index	73.1 (4)	67.9 (2)	68.6 (3)	65.6 (1)	ns	ns	s	ns	ns	ns	ns

*The pairwise group or combined-group contrasts represented in this table are relatively conservative posteriori simultaneous confidence interval assessments as developed by Scheffe' (Winer, 1962. p. 88). With 446 within-group degrees of freedom, the apparent differences among the four I-level category means for all scales show up as statistically signi.icant at the .10 level of confidence. The set of seven Scheffe' contrasts were thus carried out at this same level for each scale. In the body of this table, "ns" stands for "not significant" and "s" stands for "significant".

Table 15. Univariate Analyses of Variance for I-Level by Ethnic Status Interactions in Terms of 11 Jesness Psychological Inventory Scales*

Jesness Scale	F ratio	Significance
Social Maladjustment	0.44	P = .72
Value Orientation	0.58	.63
Immaturity	1.67	.17
Autism	0.98	.41
Alienation	0.50	.68
Manifest Aggression	0.20	.90
Withdrawal	0.42	.74
Social Anxiety	0.28	.84
Repression	0.16	.92
Denial	0.36	.78
Asocial Index	1.36	.25

*The design for these analyses was ethnic status (White vs. non-White) by I-level (I_2 vs. I_3 vs. I_4 neurotic vs. I_4 nonneurotic) with unequal and disproportionate cell frequencies. F ratios represent a least squares solution with degrees of freedom constant over all variables at 3 and 892.

Appendix B

Selected Dimensions of the Treatment Characteristics and Youth Characteristics Monitoring Checklists

The following is a partial list of related, yet separable dimensions which are included in the Treatment Characteristics Monitoring Checklist:

General Objectives - increasing interpersonal sensitivity/discrimination; increasing internal controls; increasing self-acceptance; reducing delinquent self-image; modifying attitudes toward adults; countering apathy/indifference; increasing sense of personal responsibility.

General and Specific Areas of Focus - family/parental relationships; peer influence/pressure; self-understanding; everyday, practical adjustment; ego-bolstering via "success experiences"; recreation, socializing; youth-agent relationship.

Structural Considerations and General Lines of Approach - frequency of contact; initial structure; concreteness vs. abstractness; youth-agent social distance; youth's participation in case-planning and decision-making.

Relatively Specific Techniques and Modes of Interaction - encouraging expression of feelings/verbalization of wishes; catharsis; use of anxiety or distress as stimulus/motivator; "programming" or rehearsing for specific situations; direct confrontation; use of authority (legitimate power or force) and/or harshness; unpredictability, doing the unexpected; protection; support, reassurance; expressing personal concern for/acceptance of youth; expressing affection; gaining youth's confidence in agent as understanding/capable; acting as masculine adult model.

The following is a partial list of factors and dimensions which are represented in the Youth Characteristics Monitoring Checklist:

adult role socialization; interpersonal development and awareness; self-awareness and self-insight; openness, interest in moving toward or with others; level of affect and spontaneity; impulsivity, frustration-tolerance; selfish manipulation/assertion; denial, externalization; resistance to controls, limit-testing; anger, hostility; suspicion, distrust; rigidity; anxiety, nervousness; defensiveness, oversensitivity; attention-seeking; dependency; passivity, lethargy; feelings about adults: anticipation of nonsupport, rejection; attitude toward adults: animosity, rejection.

Appendix C

The CTP Dorm: Selected Program Features During a 16-Weeks Time Span[1]

A. Visits to Youth

1. By parole agent: 3.4 visits per week, per youth
2. By family: 1 visit every 2.5 weeks, per youth
3. By friends: 1 visit every 3.6 weeks, per youth

B. Counseling with Parole Agent

1. Individualized Counseling:
   - -2.6 hours per week, per youth
   - -85% of the youths had 1 or more hours of individual counseling per week. 45% had 3 or more hours per week.
2. Group Counseling:
   - -0.7 hours per week, per youth
   - -61% of the youths had 1 or more hours of group counseling per week.
3. Family Counseling:[2]
   - -0.2 hours per week, per youth
   - -10% of the youths had 1 or more hours of family counseling per week.

C. School Attendance

1. 27% of the youths regularly attended school at CTP's Community Center
   47% attended CTP's NRCC classroom
   13% attended public school
   13% did not attend school[3]

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[1] February, 1971 - May, 1971. This time period was completed prior to the arrival of any "Category B" youths. -All results are shown in terms of averages.

[2] Off dorm.

[3] The majority (54%) of this particular subgrouping were working.

D. Informal Dorm Activities

1. Athletics: 5 hours avg., per week, per youth; 53% participated
2. Table sports:[1] 7 hours avg., per week, per youth; 80% participated
3. "Quiet Activities":[2] 2 hours avg., per week, per youth; 40% participated

E. Arts-and-Crafts on Dorm

1. 0.9 hours per week, per youth

F. Formal Off-Dorm Activities

(Athletic events, musical events/instructions, cultural enrichment[3])

1. 5.1 such activities occurred per week (for total Dorm)
2. 19% of the youths attended 1 or more activities per week

G. Day Passes with Staff[4]

(For shopping, lunch, etc.)

1. 1.4 day passes per week, per youth
2. 62% of the youths had 1 or more day passes per week, with staff.

H. Furloughs

1. 16 youths[5] received furloughs[6]
2. Each furlough averaged 16.9 days

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[1] Pool and ping pong.

[2] Dominoes, checkers, etc.

[3] E.g., theater/plays; visiting community/state/federal agencies; speaking to college classes.

[4] Excludes school at Community Center.

[5] This being 73% of the average number of youths who were studied during the time period in question.

[6] Several youths received more than one furlough.

The California Psychological Inventory Statistical Typology[6] Of Male, Community Treatment Project Youths

Type I: This is a very depressed profile, one which suggests significant difficulties in interpersonal and social adjustment. Individuals within this cluster are particularly weak with respect to Adult-Role Socialization--thereby underscoring their social immaturity, poorly developed value system, lack of interest in achievement, low level of responsibility, and impulsivity. Their below-average status on Personal Maturity suggests a relative lack of independence as well as ability to adjust to complexity and change. A narrow, non-intellectual style of thinking is also suggested. The low Ascendant Extraversion dimension indicates a relative lack of social interests, skills, and interpersonal sensitivity. Persons of this type are probably nonparticipative and deficient in ability to express themselves acceptably or persuasively with respect to numerous social contexts. They are likely to be perceived by others in terms such as: immature, lazy, dogmatic, impulsive and undercontrolled, rebellious, deceitful, aloof, distrustful in personal and social outlook, self-centered, submissive, awkward, shallow, apologetic, and/or apathetic.

Type II: This profile has no strong points, or high points; however, it is not as depressed as is the Type I pattern. It reaches average status in terms of Adult-Role Socialization and Personal Maturity. This suggests that individuals of this type have neither conspicuous degrees of strength nor particular degrees of deficiency within the areas of socialization, responsibility, tolerance, interest in achievement, independence, or flexibility. There is no evidence of rebelliousness, felt-conflict with social values and demands, or aggressive acting out. The unique feature of this profile is its very low standing on the Ascendant Extraversion scale. This suggests a particularly withdrawing style of social response, a low sense of personal and social worth, an absence of leadership potential, an apathetic and submissive nature, and an absence of social sensitivity and poise. Individuals of this type are likely to be perceived by others in terms such as: inhibited, slow, lacking in self-confidence, avoiding situations which involve decision-making, restricted in outlook, suggestible, self-restrained, conservative, passive, self-defensive, and/or apologetic.

Type III: The profile which defines this type is unique only in that it is average and without notable peaks or depressions on any of the three dimensions. This pattern generally resembles that of Type II, except for the tendency toward passivity, withdrawal, introversion, and lack of poise. There is a very slight tendency for Ascendant Extraversion to exceed the other two factors, thereby suggesting a group of individuals who are somewhat dependent upon, or interested in, social stimulation as an "end in itself". Individuals of this type may be able to rather comfortably "blend into the crowd", without being conspicuous in any particularly positive or negative manner.

Type IV: The most distinguishing feature of this type is its relatively high status (i.e., position or level) with respect to Adult-Role Socialization. Much more than any previous pattern, the present profile suggests the personal qualities of responsibility, dependability, self-regulation and moderation, achievement-orientation, and conformance to core-culture values. However, the relative lack of status on the Ascendant Extraversion factor might suggest that these qualities are probably not integrated into, or expressed in connection with, any notable tendency toward leadership or social ascendancy. In addition, Personal Maturity is not outstanding in connection with this type. This is consistent with an overall picture of individuals who are average in terms of autonomy, flexibility, and social adaptability. Such individuals are likely to be perceived by others as: planful, conscientious, resourceful, modest, conforming, practical, deliberate, honest, verbally fluent, helpful, self-reliant, and/or intelligent.

Type V: This pattern is characterized by marked elevation of the Ascendant Extraversion dimension--thereby suggesting considerable self-assurance, poise, dominance, capacity for status, and sociability. However, Adult-Role Socialization and Personal Maturity are only somewhat above average. Unlike Type III (in which the tendency of Ascendant Extraversion to exceed both Adult-Role Socialization and Personal Maturity is very slight, and its absolute value is only moderate), Ascendant Extraversion for the present type is quite dominant both ipsatively and in comparison to all remaining types. Thus, the present pattern seems to reflect relatively mature individuals who have: (1) rather strong interpersonal interests; (2) somewhat above average internalization of values regarding self-regulation, responsibility, and achievement; (3) average status with respect to intellectuality, flexibility, independence, and tolerance. These individuals are likely to be perceived by others in terms such as: aggressive, verbally fluent, having leadership potential, insightful, effective in communication, outgoing, competitive, enthusiastic, persuasive, self-assured, conscientious, dependable, and/or concerned with making a good impression.

Type VI: Relative to all remaining types, this profile is very much elevated across all three dimensions, with Adult-Role Socialization and Personal Maturity being the highest. This pattern suggests the presence of substantial, and balanced, strength within all three areas: internalized values of responsibility, self-regulation, achievement, and independence; interpersonal interest, skill, and sensitivity; and, personal development with reference to autonomy, breadth of interest, open-mindedness, and flexibility. High Ascendant Extraversion is less salient than the remaining two factors--thereby suggesting that persons of this type value[1] a definite degree of separateness and independence, even though they are more extraversive than introverted and withdrawing. This may reflect a type of "inward" orientation sometimes observed in self-reflective, insightful individuals whose values and goals are somewhat more personal and intellectual than social and status-oriented. Individuals of this type tend to be seen by others in terms such as: independent, resourceful, well-informed, outgoing, idealistic, deliberate, concerned with making a good impression, adventurous, insightful, and/or having broad and varied interests.

[1] E.g., as compared to Type V individuals.

Appendix E

Revised Classification Systems For Se's And Ci's

I. Stress-and-Adjustment (Sa) Reactions[1]

Type A: Situational - Trauma Reactions

This involves any of several responses to major structural changes or traumatic events within the family. It mainly includes (1) immediate and transitory reactions and/or (2) somewhat longer-term, progressive adaptations to one or more of the following external circumstances: death of one or both parents; sudden appearance-on-scene of 'real' parent--with resulting change in the youth's guardianship; parental divorce/separation (actual or clearly imminent). Physical relocation of the family may or may not result from the above events. Subsequent changes in the nature of family demands, expectations, or overall interactions are directly traceable to external circumstances and events of this nature. In general, it is these subsequent changes which pave the way for, and/or provide the more immediate stimulus for, socially unacceptable acting-out or eventual delinquent involvement per se. Some of these changes may include literal abandonment of the youth by one or both parents. -Two subgroups have been distinguished: "reaction to new types or levels of parental control and support"; "reaction to parental abandonment or open rejection".

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[1] Includes all youths formerly referred to as Situational-emotional (Se) reactions. A diagnosis of Sa (Se) presupposes the following:

1. The childhood and pre-adolescent picture appears to be one of relative health or 'normalcy'. In any event, it contains little if anything by way of severe family strife and unusual or recurrent personal stress.

2. On balance, the self-image is positive, moderately positive, or, at least, not particularly negative. This is in spite of the possible presence of a moderate-to-sizable amount of tension, anger, self-dissatisfaction and/or felt-guilt, primarily as a result of given events or pressures (see 3, below).

3. The events or pressures in question are predominantly post-pubertal, in terms of their temporal point of origin. That is, their emergence, and apparent impact, predate only slightly (if at all)--and then only seldom--the period of chronological adolescence.

Type B: Role Adjustments - Integrity Strivings

This refers to a number of reactions which may occur at any point during adolescence and which--in most instances--are quite counteractive in nature. They are usually directed at (1) neutralizing the effects of given parental stances or behavior, or (2) modifying or disproving the existence of given characteristics which the youth has observed within himself. -Three subgroups have been distinguished: "reaction to parental over-restrictiveness, over-protectiveness, or overly patriarchal (matriarchal) structure"; "reaction to inter-parental conflict and/or parental rejection-insensitivity"; "compensatory role-adjustments and integrity strivings".

Type C: Characterological - Emotional Reactions

This involves any of several responses to specified types of situational stress or developmental crisis. Ordinarily, the stress or crisis cannot be handled by means of the youth's typical defenses and modes of adaptation. Instead, it activates--or 'breaks through to'--given characterological 'weak spots' or developmental/adaptational deficiencies, some of which are expressed in such forms as: 'hypersensitivity', inflexibility', etc. In some cases, the stress or crisis may instead[1] reactivate given modes of interaction--or need-systems and ego states[2]--most of which (1) ordinarily remain subordinate to other, more 'age-appropriate' need-systems, etc., and (2) seldom play a sizable or direct role in the youth's everyday interactions.[3]

[1]Or, in addition.

[2]E.g., direct and barely modulated aggression, hostility, or rivalry; pre-adolescent dependency gratification; underlying egocentricity (including fear-or-survival based selfishness).

[3]Thus, e.g., the needs or drives in question ordinarily appear to be taken care of while the youth is in the process of meeting his more conscious, everyday needs or salient drives and interests.

II. Delinquent Identifiers (Di's)[1]

Type A: Pro-Delinquent Identifier and/or Anti Core-Culture Adaptation

Individuals within this major category are likely to have developed a pro-delinquent outlook prior to the onset of adolescence. This outlook has ordinarily been actively supported by key parental figures or, at any rate, not especially opposed by them. The youths are likely to have been involved in considerable delinquency--of an official and/or unofficial nature--prior to the onset of adolescence. -Four subgroups have been distinguished: responsive, friendly, outgoing; distrustful, hostile, guarded; constricted, non-committal, evasive; mixed[2] or other.

Type B: Reactive Delinquent Identifier or Non-Neurotic Delinquent Adaptation

Relative to this major category, the identifications or adaptations in question are likely to have emerged during or shortly after the onset of adolescence. Key parental figures are ordinarily opposed to the youth's delinquent identifications or adjustment--irrespective of whether these are of a more transitory or more permanent nature. (These comments--the latter in particular--apply more to some subgroups than to others.) -Three subgroups have been distinguished: autonomy

[1]Includes all youths formerly referred to as Cultural-identifiers (Ci's).

[2]This may contain elements of the remaining Type A subgroupings.

or acceptance-seeker;[1] subculture rejector and/or minority status rejector;[2] delinquency tolerant.[3]

Type C: Quasi-Neurotic Delinquent Identifier or Compensatory Delinquent Adaptation

The difficulties, disturbances (e.g., underlying sense of inadequacy), identifications and adaptations in question are likely to have taken rather firm root well before the onset of adolescence. However, in most cases their behavioral expressions do not emerge until the onset of adolescence--at least in terms of clear-cut delinquent adjustments/accommodations. Key parental figures are generally non-supportive of the youth's delinquency; yet, they may be protective of the youth himself with reference to intervention-attempts on the part of official social agencies. -One subgroup has been distinguished: adequacy seeker and/or subculturally conflicted.[4]

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[1] Refers to strivings of independence from the control of one's family, and/or strivings for peer acceptance/peer status. Collectively, individuals who fall within this subgroup may be involved either in a compensatory and/or a transient--and somewhat less intense--form of delinquent identification.

[2] Refers to the conscious rejection (e.g., expressed in terms of delinquent/anti middle-class adaptations) of familial/subcultural standards, familial levels of social or economic status, etc. Collectively, individuals who fall within this subgroup may be involved either in sporadic and relatively rare delinquent acting-out or else in a somewhat more permanent, and more often expressed, delinquent adaptation. (These two patterns appear to be about equally common.) The latter may or may not be accompanied by a definite internalization of delinquent values as representing a preferred, or even desirable, way of life.

[3] Includes situations and conditions such as: (1) adaptation to long-standing or major economic difficulties--as, e.g., in the case of non-neurotic (and I_4 level) prostitution; (2) opportunistic and/or libidinal behavior patterns, or expressions, of a socially unacceptable nature.

[4] Most youths who fall within this category have been described in: Neto, V. and Palmer, T. Patterns of conflict among higher maturity urban Negro delinquents. Community Treatment Project Report Series: 1969, No. 3. September, 1969.

Collectively, the (1) three Se (Sa) groupings--viz., Types A, B and C--plus the (2) Type B CI's (DI's) comprise what may be referred to as "Stress and Adjustment Reactions". It would be appropriate to treat each such "reaction" as a separate delinquent subtype. If this step were taken, the I_4 level of integration would contain a total of five subtypes rather than the present four. Included would be: Na; Nx; CI (DI); Sr (Stress Reaction); and, Ar (Adjustment Reaction). The new subtypes would be:

1. STRESS REACTIONS (Sr)

   This includes: Se (Sa, Type A): Situational - Trauma Reactions

   Se (Sa, Type C): Characterological-Emotional Reactions

2. ADJUSTMENT REACTIONS (Ar)

   This includes: Se (Sa, Type B): Role Adjustments - Integrity Strivings

   CI (DI, Type B): Reactive Delinquent Identifier or Non-neurotic Delinquent Adaptations

Appendix F

CPI Standard Scores and Centiles for Adjudicated Male Delinquents

During intake case conferences at CTP, the interpretation of any youth's California Psychological Inventory (CPI) profile has customarily been based upon composite norms published in the test's manual. The latter norms represent a wide range of ages, socioeconomic groups, and geographic areas. As a result, they have the advantage of broad applicability. However, it would be of particular value to express and interpret the profiles of given youth-samples with reference to the scale means and scale dispersions of individuals from a more restricted or more closely related sample. The availability of centile scores from such a sample could be of similar value. The following "table of equivalencies" contains standard scores and centile values which were derived from a group of 934 adjudicated adolescent male offenders. These youths (age range = 13-19) were tested individually, between 1961 and 1971, at point of intake to California's Community Treatment Project. Geographically, this sample encompassed the areas of Sacramento, Stockton, Modesto, and San Francisco. (See Table 9 regarding ethnic, age, socioeconomic, and I-level diagnostic characteristics of this sample.)

In the table of equivalencies, the mean standard score for each scale is 50; the standard deviation is 10. Centile values which are shown refer to the percentage of individuals whose scores fell <u>below</u> those appearing in the table.

Appendix F, Continued

CPI Standard Scores and Centiles for Male Delinquents (N=934)

Scales

Raw Score	DO		CS		SV		SP		SA		WB		RE		SO		SC	
	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent
47							78.2	99.9									80.9	99.9
46							76.4	*									79.6	99.8
45							74.6	99.2									78.3	99.7
44							72.8	98.7			72.1	99.7			78.8	99.9	77.1	99.4
43							71.0	96.7			70.6	99.0			77.1	99.6	75.8	*
42							69.2	95.5			69.1	97.4			75.3	99.5	74.5	99.1
41	84.4	99.8					67.4	94.0			67.5	95.9			73.5	99.3	73.2	*
40	82.6	*					65.6	93.8			66.0	94.3			71.7	98.6	71.9	98.7
39	80.8	*					63.8	90.9			64.5	91.6	82.3	99.9	70.0	97.6	70.6	98.6
38	79.0	99.7					62.0	87.0			63.0	88.4	80.6	99.7	68.2	96.6	69.3	97.8
37	77.2	99.0					60.2	80.3			61.4	84.8	78.8	99.5	66.4	92.8	68.1	96.5
36	75.5	98.8			79.3	99.9	58.4	73.0			59.9	79.4	77.0	*	64.6	91.9	66.8	94.8
35	73.7	98.2			77.3	*	56.6	72.9			58.4	74.6	75.2	99.1	62.9	86.8	65.5	92.7
34	71.9	96.6			75.4	99.7	54.8	65.4			56.9	69.5	73.4	98.8	61.1	84.5	64.2	90.5
33	70.1	95.2			73.4	98.8	53.0	59.0			55.4	64.2	71.6	98.0	59.3	79.7	62.9	87.9
32	68.3	93.8			71.5	98.0	51.2	51.9			53.9	62.7	69.8	96.4	57.5	73.4	61.6	85.2
31	66.5	92.0			69.5	96.9	49.4	45.5			52.3	50.4	68.1	95.2	55.7	68.0	60.3	82.6
30	64.7	89.8	88.1	99.9	67.5	94.1	47.6	38.5	79.9	99.9	50.8	49.2	66.3	94.2	54.0	62.4	59.0	78.3
29	63.0	86.9	85.8	*	65.6	92.2	45.8	31.8	77.3	99.7	49.3	42.1	64.5	89.8	52.2	54.1	57.8	75.0
28	61.2	84.4	83.6	99.8	63.6	88.4	43.9	25.4	74.7	99.0	47.8	40.8	62.7	86.7	50.4	45.8	56.5	71.5
27	59.4	81.2	81.4	*	61.7	84.7	42.1	19.6	72.0	97.6	46.3	35.4	60.9	83.3	48.6	38.8	55.2	66.1
26	57.6	77.4	79.1	99.4	59.7	80.0	40.3	14.9	69.4	95.3	44.7	30.3	59.2	79.1	46.9	33.4	53.9	61.9
25	55.8	71.6	76.9	99.0	57.7	73.2	38.5	10.2	66.8	92.4	43.2	25.5	57.4	73.4	45.1	27.9	52.6	57.8
24	54.0	66.1	74.6	98.7	55.8	68.5	36.7	07.7	64.2	89.2	41.7	19.9	55.6	66.3	43.3	23.3	51.3	52.4
23	52.2	60.7	72.4	98.0	53.8	62.1	34.9	05.2	61.5	84.3	40.2	15.1	53.8	63.2	41.5	17.7	50.0	47.6
22	50.5	52.0	70.2	96.5	51.8	55.1	33.1	03.8	58.9	78.3	38.7	12.9	52.0	56.4	39.8	14.1	48.8	42.4
21	48.7	45.4	67.9	94.1	49.9	47.1	31.3	02.0	56.3	70.7	37.1	09.7	50.2	50.3	38.0	10.7	47.5	41.3
20	46.9	36.6	65.7	91.7	47.9	39.5	29.5	01.1	53.7	61.2	35.6	07.9	48.4	43.5	36.2	07.8	46.2	33.6
19	45.1	30.3	63.4	86.5	46.0	32.1	27.7	00.5	51.1	51.5	34.1	05.5	46.7	36.0	34.4	05.5	44.9	30.3
18	43.3	19.4	61.2	85.2	44.0	25.7	25.9	00.2	48.4	39.8	32.6	04.0	44.9	29.0	32.6	03.8	43.6	25.1
17	41.5	10.5	58.9	75.6	42.0	19.5	24.1	*	45.8	29.3	31.1	02.4	43.1	22.8	30.9	02.1	42.3	20.6
16	39.8	13.9	56.7	74.3	40.1	15.0	22.3	00.1	43.2	20.4	29.5	00.5	41.3	17.3	29.1	01.7	41.0	17.2
15	38.0	09.6	54.4	60.7	38.1	09.4			40.5	13.4	28.0	00.3	39.5	12.4	27.3	01.2	39.8	16.8
14	36.2	04.8	52.2	59.0	36.2	05.4			37.9	08.6	26.5	00.2	37.7	09.2	25.5	00.8	38.5	11.4
13	34.4	02.0	50.0	50.9	34.2	03.6			35.3	04.8	25.0	00.1	36.0	05.9	23.8	00.2	37.2	09.2
12	32.6	01.5	47.7	41.1	32.2	02.8			32.6	02.7			34.2	03.3	22.0	11.1	35.9	08.7
11	30.8	00.8	45.5	32.1	30.3	01.5			30.0	01.1			32.4	02.0	20.2	*	34.6	05.2
10	29.0	00.2	43.2	22.9	28.3	00.8			27.4	00.3			30.6	01.4	18.4	*	33.3	04.0
9	27.2	*	41.0	14.6	26.4	00.3			24.8	00.1			28.8	00.6	16.7	00.0	32.0	02.7
8	25.5	00.1	38.7	09.2	24.4	00.2			22.1	00.0			27.0	00.0			30.8	01.4
7	23.7	00.0	36.5	04.9	22.4	*											29.5	00.9
6			34.2	02.4	20.5	00.0											28.2	00.5
5			32.0	01.3													26.9	00.2
4			29.8	00.8													25.6	00.0
3			27.5	00.1														
2			25.3	00.0														
1																		
0																		

*Corresponding raw score did not occur in the norm group; standard score is an estimate computed as though the raw score had occurred but had not affected the mean or standard deviation.

Appendix F, Concluded

CPI Standard Scores and Centiles for Male Delinquents (N=934)

Scales

Raw Score	TO		GI		CM		AC		AI		IE		PY		FX		FE	
	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent	Stan	Cent
47																		
46																		
45											75.3	99.6						
44											73.7	99.0						
43											72.1	98.0						
42											70.5	96.5						
41											68.9	95.5						
40											67.4	93.5						
39											65.8	91.1						
38											64.2	89.0						
37							79.7	99.9			62.6	86.1						
36							78.0	99.8			61.0	82.4						
35							76.3	99.7			59.4	79.6						
34			80.1	99.9			74.6	99.1			57.8	76.4						
33			78.5	99.8			72.8	98.1			56.2	72.5						
32	82.4	99.9	76.9	99.5			71.1	97.5			54.7	67.4						
31	80.6	99.7	75.3	99.2			69.4	96.2			53.1	61.5					94.8	99.6
30	78.8	99.5	73.7	98.7			67.7	93.9			51.5	55.4					91.7	*
29	77.0	99.0	72.1	97.8			66.0	92.1			49.9	49.0					88.7	*
28	75.3	98.2	70.5	96.6	63.2	91.2	64.2	88.9	86.1	*	48.3	43.2					85.8	99.7
27	73.5	97.3	68.9	95.0	60.1	77.5	62.5	84.7	83.5	99.7	46.7	37.3					82.7	*
26	71.7	97.0	67.3	93.6	56.9	62.3	60.8	82.2	81.1	99.4	45.2	30.0					79.8	99.2
25	69.9	94.6	65.7	91.5	53.8	51.0	59.1	79.4	78.7	99.1	43.6	24.3					76.8	98.9
24	68.1	93.2	64.1	89.8	50.7	40.9	57.4	74.7	76.3	98.8	42.0	19.2					73.7	98.6
23	66.3	91.2	62.5	86.4	47.5	30.3	55.6	70.3	73.8	98.3	40.0	14.7					70.7	97.0
22	64.6	89.4	60.9	83.0	44.4	23.8	53.9	63.9	71.4	97.1	38.8	10.7			89.8	99.9	67.7	94.6
21	62.8	87.2	59.3	79.9	41.3	16.7	52.2	58.4	69.0	95.3	37.2	07.8			86.9	*	64.7	91.0
20	61.0	84.3	57.7	74.8	38.1	10.7	50.5	51.2	66.6	93.5	35.6	05.9			84.1	99.8	61.7	85.4
19	59.2	80.9	56.1	69.9	35.0	07.0	48.8	43.9	64.1	90.0	34.0	03.6			81.3	99.5	58.7	78.4
18	57.4	76.3	54.5	64.9	31.9	04.9	47.0	38.0	61.7	86.2	32.5	02.6			78.7	99.4	55.7	68.3
17	55.6	70.7	52.9	59.4	28.7	02.9	45.3	31.7	59.3	77.2	30.9	02.3	82.1	99.9	75.6	99.0	52.7	55.8
16	53.8	65.5	51.3	54.5	25.6	01.8	43.6	24.5	56.9	76.2	29.3	00.3	78.2	99.7	72.8	97.6	49.7	43.2
15	52.0	58.6	49.7	48.9	22.4	00.3	41.9	18.1	54.4	62.9	27.7	00.1	74.3	98.4	70.0	96.1	46.7	31.2
14	50.3	52.5	48.1	43.6	19.3	00.0	40.2	14.1	52.0	53.6	26.1	00.0	70.4	96.4	67.1	93.6	43.7	19.6
13	48.5	45.8	46.5	38.0			38.4	11.0	49.6	44.1			66.5	92.9	64.3	88.3	40.7	13.7
12	46.7	36.9	44.9	32.0			36.7	07.9	47.2	34.9			62.6	85.3	61.4	84.0	37.7	08.5
11	44.9	30.2	43.3	26.1			35.0	04.7	44.7	26.4			58.7	75.4	58.6	76.3	34.7	04.5
10	43.1	22.9	41.7	19.7			33.3	02.9	42.3	20.8			54.8	62.6	55.8	67.8	31.7	02.0
9	41.3	17.4	40.1	14.8			31.6	01.3	39.9	14.0			50.9	45.0	53.0	58.2	28.7	00.8
8	39.6	12.3	38.5	10.4			29.9	00.5	37.5	07.4			47.0	30.8	50.1	48.7	25.7	00.4
7	37.8	07.3	36.9	06.4			28.1	00.2	35.0	04.1			43.1	19.9	47.3	37.9	22.7	00.2
6	36.0	04.1	35.3	03.8			26.4	00.0	32.6	01.9			39.2	10.3	44.5	25.7	19.7	00.0
5	34.2	02.0	33.7	02.4					30.2	00.8			35.3	04.7	41.6	16.3		
4	32.4	00.4	32.1	01.1					27.8	00.3			31.4	01.6	38.8	10.1		
3	30.6	00.2	30.5	00.2					25.3	00.1			27.5	00.3	36.0	04.7		
2	28.8	00.1	28.9	00.0					22.9	00.0			23.6	00.0	33.1	01.4		
1	27.0	00.0													30.3	00.1		
0															27.5	00.0		

*Corresponding raw score did not occur in the norm group; standard score is an estimate computed as though the raw score had occurred but had not affected the mean or standard deviation.

Supplementary References

The following are the literature citations which were referred to by author-and-year, within the present report:

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END

7 tables/figures