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FINAL REPORT

PRELIMINARY INVESTIGATION OF BOYS KNOWN TO PROBATION

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NCJRS

AUG 6 1980

ACQUISITIONS

Project supported by:

Office of Law Enforcement Assistance  
U. S. Department of Justice

January 1968

69670

### Acknowledgements

We appreciate the assistance of Mr. James J. DeStefano, director of Hillbrook Detention Home; Mr. Norman McIntyre and Mr. Edwin Herrmann of the Onondaga County Probation Department; and Mr. Thomas Costello, Superintendent of the State Industrial School, Industry, New York for their cooperation in making arrangements for the collection of data. We are especially grateful to Dr. Marguerite Warren, director of Community Treatment Project in Sacramento, California which formed the basis for the present study, for her very valuable consultation. Dr. Herbert J. Cross and Mr. Stanley France were also very helpful in their consultation. We also appreciate the help of Mrs. Gilda Gold, Mr. Ronald Hanover, Mr. Robert Sabalis, and Mr. James Victor, who worked at various times as research assistants.

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## I. Introduction

In a recent report prepared for the Task Force on Correction of the President's Commission on Law Enforcement and Administration of Justice, Dr. Marguerite Warren (1966) summarized systems of "Classification of offenders as an aid to efficient management and effective treatment." As Warren stated, "One of the few agreed-upon 'facts' in the field of correction is that offenders are not all alike" (1966, p. 2). Another point of agreement would probably be that some procedures work better with some youngsters than with others. What is needed is a system to coordinate the differences among the youngsters and the differences among the treatment procedures in order to "match" them most effectively.

To provide such coordination between type of youngster and type of procedure or treatment is the major purpose of a differential treatment model. In such a model treatment may refer to type of treatment worker, type of management, or type of therapy. The basic purpose of a differential treatment model is to provide information for guiding any decision which involves more than one available option for handling a youngster or assigning him to some form of treatment. Once the behavioral objective has been stated, a differential treatment model gives a system of "matching" prescriptions through a series of statements such as "If youngster is type 2, then treatment type X is recommended." In order to apply a differential treatment model, therefore, one must have the opportunity to classify the youngster and one must specify the available resource in model-relevant terms.

The treatment resources required by a group of youngsters can be estimated by classifying the population of youngsters in treatment-relevant terms, and mapping out the treatment prescriptions through use of the model. The major purpose of the present study was to classify a group of youngsters (approximately fifty boys known to probation) according to a differential treatment

model (Community Treatment Project Model proposed by Warren and her colleagues) in order to estimate the treatment resources required. One can also begin with a fixed number of treatment resources available, and, by stating them in model-relevant terms, use the treatment model to derive the type of youngster for whom the limited resources will be most effective; however, this form of analysis was not undertaken.

The present exploratory study considered the feasibility of the Community Treatment (CTP) Model (Warren, Palmer, Neto and Turner, 1966) as a basis for classifying youngsters and guiding the decisions made about them. The potential utility of the Conceptual Systems Change Model (Hunt, 1966) was also investigated.

II. Community Treatment Project Model

The CTP model was originally developed to provide the basis for "matching" different types of adjudicated delinquents with the most effective types of treatment and treatment workers (Grant, Warren and Turner, 1963). However, the CTP model has also been applied to other problems: classification for management purposes in an institution (Jesness, 1966a); selection and placement of treatment workers (Palmer, 1967); training of treatment workers (Warren 1967); and placement of parolees into specifically planned group homes (Pearson and Palmer, 1967).

Based on a theory of interpersonal development (Sullivan, Grant, and Grant, 1957) which posited seven developmental levels of integration or interpersonal maturity, the CTP model has focused on the three integrative levels which characterize almost all delinquent youngsters. Differences between these three integrative levels (or I-levels, as they are called) are primarily in terms of underlying organization or perceptual differentiation. Within I-level, a further classification is made in terms of subtype which is based on the youngster's behavior

The following excerpt from the summary report, "The Community Treatment Project after Five Years" describes the I-levels and the subtypes within each I-level.

Maturity Level 2 (1<sub>2</sub>): The individual whose interpersonal understanding and behavior are integrated at this level is primarily involved with demands that the world take care of him. He sees others primarily as "givers" or "withholders" and has no conception of interpersonal refinement beyond this. He has poor capacity to explain, understand, or predict the behavior or reactions of others. He is not interested in things outside himself except as a source of supply. He behaves impulsively, unaware of anything except the grossest effects of his behavior on others.

Subtypes: (1) Asocial, Aggressive (Aa) responds with active demands and open hostility when frustrated. (2) Asocial, Passive (Ap) responds with whining, complaining and withdrawal when frustrated.

Maturity Level 3 (1<sub>3</sub>): The individual who is functioning at this level, although somewhat more differentiated than the 1<sub>2</sub>, still has social perceptual deficiencies which lead to an underestimation of the differences among others and between himself and others. More than the 1<sub>2</sub>, he does understand that his own behavior has something to do with whether or not he gets what he wants. He makes an effort to manipulate his environment to bring about "giving" rather than "denying" response. He does not operate from an internalized value system but rather seeks external structure in terms of rules and formulas for operation. His understanding of formulas is indiscriminate and oversimplified. He perceives the world and his part in it on a power dimension. Although he can learn to play a few stereotyped roles, he cannot understand many of the needs, feelings and motives of another person who is different from himself. He is unmotivated to achieve in a long-range sense, or to plan for the future. Many of these features contribute to his inability to accurately predict the response of others to him.

Subtypes: (3) Immature Conformist (Cfm) responds with immediate compliance to whoever seems to have the power at the moment. (4) Cultural Conformist (Cfc) responds with conformity to specific reference group, delinquent peers. (5) Manipulator (Mp) operates by attempting to undermine the power of authority figures and/or usurp the power role for himself.

Maturity Level 4 (1<sub>4</sub>): An individual whose understanding and behavior are integrated at this level has internalized a set of standards by which he judges his and others' behavior. He can perceive a level of interpersonal interaction in which individuals have expectations of each other and can influence each other. He shows some ability to understand reasons for behavior, some ability to relate to people emotionally and on long-term basis. He is concerned about status and respect, and is strongly influenced by people he admires.

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Subtypes: (6) Neurotic, Acting-out (Na) responds to underlying guilt with attempts to "outrun" conscious anxiety and condemnation of self. (7) Neurotic, Anxious (Nx) responds with symptoms of emotional disturbance to conflict produced by feelings of inadequacy and guilt. (8) Situational Emotional Reaction (Se) responds to immediate family or personal crisis by acting-out. (9) Cultural Identifier (Ci) responds to identification with a deviant value system by living out his delinquent beliefs."

(From "The Community Treatment Project after Five Years")

Although the classification system was based originally on a theory of development, the CTP model was focused and refined according to its relevance for providing treatment prescriptions for delinquent youngsters. For example, Table 1 summarizes the optimal agent styles thought to match with different subtypes.

Table 1

Agent Styles Appropriate to Delinquent Subtypes

<u>Delinquent Subtypes</u>	<u>Agent Styles</u>
1 <sub>2</sub> Aa, Ap, 1 <sub>3</sub> Cfm	1. Tolerant, supportive, protective, instructive, dependable
1 <sub>3</sub> Cfc, Mp	2. Firm, "con-wise," alert, powerful, self-assured, honest and willing to punish
1 <sub>4</sub> Na, Nx, Se	3. Wise, accepting, understanding, warm, interpretive, questioning
1 <sub>4</sub> Ci	4. Open, "man-to-man," controlling, model-setting, friendly

(From Grant, Warren and Turner, 1963)

Table 1 gives an oversimplified version of the model which conveys the basic idea of "matching" youngsters and agent. The specific treatment prescriptions for different I-levels is much more complex, and is summarized

in Appendix A. The model has been tested in a series of investigations, the earliest of which compared an experimental group of adjudicated delinquents who were treated according to the CTP model with a comparable control group who were institutionalized. The failure rate (which included all revocations of parole, recommitments from the courts, and unfavorable discharges) after 15 months of community exposure was fifty-two per cent for the control group as compared to only twenty-eight per cent for the experimental group. (Warren, Palmer, Neto, and Turner, 1966). Positive changes on test scores were also observed to be greater in the experimental group.

The demonstrated effectiveness and efficiency of the CTP model has led to its being adopted by other treatment facilities in the California Youth Authority, and all youngsters processed at the diagnostic centers are now classified according to I-level subtype. Also, the effects produced by the CTP model are being compared with those produced by other non-institutional treatment approaches, e.g., guided group interaction (Turner, Neto, Palmer, and Warren, 1967).

The impressive effects produced by the use of the CTP model need to be placed in perspective because the purpose of the present study was to explore the feasibility of applying the CTP model under conditions different from those in which it has been used earlier. The CTP model has been found effective under the following conditions: (1) with adjudicated delinquents; (2) who were available for assessment procedures on which classification was based; and (3) who, once classified, could be given the treatment specified by a full-time treatment worker. In the present study, a number of questions regarding the minimal conditions under which the model could be used arise: Can it be applied to non-adjudicated delinquents? What are the minimum essentials for classification? Is it useful to classify all youngsters even though treatment prescriptions are available only for a few? We will return

III. Conceptual Systems Change Model.

The implications of the Conceptual Systems Change Model, which was found to be initially valuable in guiding decisions about differential educational prescriptions (Hunt, 1966), for the treatment of delinquents has been described by Hunt and Hardt (1965), but there has been no empirical application of the model to the treatment of delinquents. Like the CTP model, the Conceptual Systems Model is a differential treatment model; however, it provides the basis for "matching" the type of student with the most effective learning environment rather than with the most appropriate treatment environment.

In the Conceptual Systems Model, youngsters are classified into one of three developmental stages--Sub I, Stage I, and Stage II--in order to determine the most effective educational environment. Table 2 summarizes the basis for "matching" in order to produce developmental progression.

Table 2  
Stage Characteristics and Optimal Environments

<u>Stage</u>	<u>Characteristics</u>	<u>Optimal Environment</u>
Sub I	Impulsive, poorly socialized, egocentric, inattentive.	Accepting but firm; clearly organized with minimum of alternatives.
Stage I	Compliant, dependent on authority, concerned with rules.	Encouraging independence within normative structure.
Stage II	Independent, questioning, self-assertive.	Allowing high autonomy with numerous alternatives and low normative pressure.

(From Hunt, 1966)

Youngsters at the Sub I Stage are more likely to be delinquent than the other two groups (Hunt and Hardt, 1965). One would expect a relation between a youngster's Conceptual Level (CL) and his I-level; France (1968) has just completed a study of this problem which indicates a very general relation, although there is not a perfect point-to-point, i.e. Stage I to I<sub>3</sub>, correspondence as might be expected theoretically (Warren, 1966).

#### IV. Objectives of Present Study

This exploratory study is one of three parts of the planning phase of a project "Police Pilot Project for Youth: Development of Improved Strategies for Early Identification and Handling." The specific aim of the present study was to characterize a sample of boys from Onondaga County, who were known to probation, in treatment-relevant terms. This information about the boys would then be coordinated with results of the second planning study--"Review of Police Procedures"--in order to determine more effective procedures for working with the boys. These coordinate results will serve as the basis for the third part of the planning phase which is concerned with training.

The specific objectives were as follows:

1. To characterize a sample of boys known to probation in terms of I-level and Conceptual Level.
2. To compare the characteristics of this sample with other populations, e.g. institutionalized delinquents in Preston Study, (Jesness, 1966).
3. To obtain a general indication of the treatment needs as indicated by the distribution of boys in treatment-relevant patterns.

#### V. Method

##### A. Development of Interview.

During the Spring and early Summer of 1967, project staff members worked to learn the most recent system of Inter-personal Maturity Level Classification (Warren and CTP Staff, 1966). The

I-level interview is semi-structured, and requires that the interviewer understand the system of classification in order to elicit material most likely to resolve diagnostic questions. Mr. Stanley France of the Preston Typology Study served as a consultant during this phase.

Using the two earlier interview schedules as the basis (Warren and CTP Staff, 1966, pp. 51-53; Jesness, Scullion, France, and Wedge, 1966, pp. 103-104), a semi-structured interview schedule was developed which covered the areas of: youngster's offense, attitude to peers, attitude to parents, attitude toward school, attitude to self, attitude toward police, and attitude toward people in general (see Appendix B).

**B. Sample**

Insofar as possible, we attempted to assess every boy over 14 who went through the Hillbrook Detention Home during the second half of the year 1967. Many of the boys were awaiting adjudication although some had been adjudicated and were awaiting placement. Forty-two boys were interviewed at Hillbrook. In addition, nine boys at the Boy's Industrial School, Industry, New York and two boys who were on probation were also assessed. Thus, the total sample consisted of 53 boys from Onondaga County who were at various points in the handling procedure after committing an offense. As will be noted below, paper-and-pencil test measures were not available in all cases because some boys left before this data could be collected.

**C. Procedure for Collecting Information**

The assessment procedure was presented to the boy as a research project which had as one of its purposes learning more about how

each boy felt so that the procedures might be improved. It was emphasized that the only way to make such improvements was to find out how he really felt. He was also told that the information collected would not be put in his record, and that in the analysis, his name would not be used. Parenthetically, it may be noted that while these instructions seemed effective for boys at Hillbrook, they produced a reaction of disinterest in the institutionalized boys at Industry who seemed to wish that the information would go on their records, and, perhaps, increase their chances for discharge.

Each boy was interviewed individually by a project staff member according to the modified schedule in Appendix B, and the interviews, usually lasting from 25 to 30 minutes, were tape-recorded.

The following battery of paper-and-pencil tests was administered to groups of from three to five boys, in most cases, one or two days after the interview:

1. Paragraph Completion Test for obtaining Conceptual Level (Hunt, Kingsley, Massari, Shore and Sweet, 1967) which consists of six topics, e.g. "What I think of rules..." on which the boy writes three sentences about his feelings (Appendix C).
2. Jesness Inventory (Jesness, 1966b), a 155-item true-false type, objective scale (Appendix D).
3. Conceptual Level Questionnaire (Dopyera and Hunt, 1964), a 45-item objective scale (Appendix E).
4. Preston Sentence Completion Test (Jesness et. al., 1966) consisting of seven sentence stems, e.g. "If I could..." and three topics, e.g. "What has your life been like?"

#### D. Scoring Procedure

1. Interviews. Each of the taped interviews were classified by two judges using the manual prepared by Warren and the CTP Staff (1966). After the first few interviews were scored, Dr. Warren spent some time working with the staff, both in interview procedure and in judging I-level. For the total 53 interviews, the interrater agreement for I-level was 90 per cent, and for sub-type was 79 per cent, which is in keeping with the inter-rater agreement reported by the CTP staff (Warren et al., 1966, p. 37). In cases of disagreement the classification was settled by discussion between the two judges.
2. Conceptual Level (CL) was scored using the manual developed by Hunt, et al., (1967). CL was calculated by averaging the top three scores. Inter-rater reliability was about .85. CL scores were available for 44 boys.
3. Jesness Inventory was scored at the Preston Typology Study Project using a scoring program which calculated the probability that the boy was likely to be in each one of the nine subtypes. That subtype with the highest probability was then taken as the boy's subtype classification. Inventory I-level classifications were available for 47 boys.
4. Conceptual Level Questionnaire (CLQ) was scored according to the scoring procedure devised by Dopyera and Hunt, (1964) which yields three scores: Sub I scale; Stage I scale and Stage II scale. CLQ scores were available for 42 boys.
5. Preston Sentence Completion Test data turned out to be unscorable because of the paucity of response.

VI. Results

A. Interpersonal Maturity Level

1. Characteristics of present group. Table 3 presents the results of classification into nine subtypes on the basis of the interview and on the basis of the inventory.

Table 3

Interpersonal Maturity Classification by Interview and Inventory

		I n t e r v i e w									
		Aa	Ap	Cfm	Cfc	Mp	Na	Nx	Se	Cl	Total
I n v e n t o r y	Aa	0		1							1
	Ap		0	1	2	1					4
	Cfm			2		2					4
	Cfc	1	2	3	5		1			1	14
	Mp	1		2	2	1	2	1	1		9
	Na	+	1	3	1	2	0	4			11
	Nx						1	2	1		4
	Se								0		0
	Cl									0	0
			2	3	12	10	6	4	7	2	1
Not classified on inventory		0	0	1	1	2		2		0	6
Total		2	3	13	11	8	4	9	2	1	53

Table 3 suggests that the correlation between the two methods was not very high since only ten of the 47 boys were classified by both methods in the same subtype. There is a tendency for the inventory classification to yield fewer boys in the Cfm category and more in the Na category than the interview. Since the interview is a more precise method, subsequent results will report only those classifications based on interview.

2. Comparison of I-level with other groups. To obtain some indication of the nature of the present distribution of I-level subtypes for Onondaga County boys, it will be useful to compare these results with those obtained in other populations. In Table 4 the CTP data are based on 400 boys and girls from ages 9 to 18 committed to the State Youth Authority (Warren, 1966, p. 27); the Preston data are based on 516 older adolescent boys committed to a state training school (Jesness, 1966, p. 10); and the Onondaga sample are based on the interview classification of the 53 boys in Table 3, (e.g.  $Aa = 2/53$  or .04).

If the data in Table 4 are considered by overall I-level proportions ( $I_2/I_3/I_4$ ), then the Onondaga distribution of 10/60/30 is similar to the other two, 10/42/48 for CTP and 10/53/37 for Preston, but the present sample contains slightly more middle-maturity, or  $I_3$ , boys, and slightly fewer high maturity, or  $I_4$ , boys than the other two groups. It is also noteworthy that the Onondaga sample contains at least one case of each of the nine subtypes,

Table 4

Proportions of I-level Subtypes in Three Groups

Subtype	CTP	Preston	Onondaga
I <sub>2</sub>	Aa	.03	.04
	Ap	.07	.06
		.10	.10
I <sub>3</sub>	Cfm	.16	.25
	Cfc	.12	.14
	Mp	.14	.14
		.53	.60
I <sub>4</sub>	Na	.18	.14
	Nx	.22	.19
	Ci	.05	.02
	Se	.03	.02
		.37	.30
N	400	516	53

even though the sample consisted of only 53 boys. This distribution by I-level, of course, has implications for treatment needs which will be considered later.

### B. Conceptual Level

1. Characteristics of present group. The mean CL for the total group was .77 for the 44 boys who took the Paragraph Completion Test. Exactly half, 22 boys, were in the Sub I group; 14 were in Stage I and 8 were in Stage II. Table 5 presents the mean CLQ scores for the three stage groups.

Table 5

CLQ Scores for Three CL Groups

CL Group (Paragraph completion)	N	CLQ Mean Score		
		Sub I	Stage I	Stage II
Sub I	20	6.50	5.75	7.85
Stage I	14	2.93	7.36	8.20
Stage II	8	4.62	7.00	10.00
Total	42	4.95	6.52	8.38

As Table 5 indicates, the CLQ scores parallel CL classification by Paragraph Completion Test, in that, if one reads down the columns, the highest score in each of the three subscales occurs in the expected (circled) position.

2. Comparison of CL with other groups. The CL mean score of .77 is very similar to the score of .79 reported by Hunt and Dopyera (1966) for a group of center-city junior high school boys in Syracuse, New York. The large proportion of Sub I boys is in accord with the findings of Hunt and Hardt (1965) on the greater incidence of Sub I boys in a delinquent population.

C. Relation Between Interpersonal Maturity Level and Conceptual Level

Table 6 presents the relation between Interpersonal Maturity Level and Conceptual Level.

Table 6

Relation Between Interpersonal Maturity Level and Conceptual LevelInterpersonal Maturity Level

CL	<u>I<sub>2</sub></u>			<u>I<sub>3</sub></u>			<u>I<sub>4</sub></u>			Total
	Aa	Ap	Cfm	Cfc	Mp	Na	Nx	Se	Cl	
Sub I	2	3	7	4	4	0	0	1	1	22
Stage I	0	1	4	3	2	2	1	1	0	14
Stage II	0	0	1	0	0	2	4	0	0	8
Total	2	3	12	8	6	4	5	2	1	44

As Table 6 indicates, I<sub>2</sub> and Sub I are related as are I<sub>4</sub> and Stage II, as would be expected (Warren, 1966, p. 20); however, the I<sub>3</sub> group splits between the expected Stage I classification and Sub I. These findings are congruent with those reported by France (1968).

D. Estimate of Required Treatment Resources

Estimates regarding the treatment resources required must be somewhat qualified because of the small number of boys in the present sample. However, certain conclusions can be tentatively drawn. If one uses the proportions in Table 4 as the basis for estimating treatment needs, the first conclusion is that the proportion of different treatment needs of the Onondaga sample is generally similar to those youngsters of Sacramento and Stockton, California (CTP sample) and those at Preston School for Boys in California.

If one considers the results literally, then the conclusion is that the treatment resources should be apportioned accordingly with ten per cent  $I_2$ -relevant; sixty per cent relevant to  $I_3$ , and thirty per cent  $I_4$ -relevant. Some flavor of these specific prescriptions has been indicated in Table 1 and by the summaries in Appendix A.

To be more specific, let us consider the prescription for a particular subtype, that of the Cfm subtype, which occurs most frequently (13/53 or 25 per cent) in the Onondaga sample. Warren (1965) has spelled out the specific prescription for the Cfm subtype in detail as follows:

"Project goals for this type of delinquent include: (1) reducing the child's basic pessimism about the adult world as a place in which he will find nurturance and acceptance, so that he may participate in a dependency relationship with an adult; (2) working through the dependency relationship to a point where the child begins to change his self-image as a worthless person and to move in an autonomous direction; (3) increasing his predictive ability and role-playing capacities so that he will be more able to perceive the ingredients of social interaction situations and to cope with these; (4) redefining the self in terms of increased adequacy to function, in terms of an increased ability to relate to others, and in terms of capacity for self evaluation. These goals are in the direction of an internalization of standards and imply movement toward integration Level 4.

These goals with the Cfm are achieved through a variety of interventions in the child's home, school and community environments, as well as through Project-sponsored activity groups, treatment groups, individual treatment and tutoring. Whether a child is placed in his own home or in a foster home, the aim is a re-definition of the youngster's pessimism about the adult world and a reinforcement of his feelings of self-worth. With active Project support, the child is encouraged to achieve in school or job and to make use of social agency programs in the community. The major treatment effort initially, however, takes place in the Project's Treatment Center. The child is involved in an activity group and a discussion group with other Cfm's in the Project. We tend to favor homogeneous treatment groups for all delinquent subtypes; the value of this can easily be seen in a group of Cfm's where, for the first time, the 'low man on the totem pole' finds himself in a group of other 'low men on the totem pole.' In this setting of 'low threat,' the child can get

support from the group and begin to involve himself in satisfying activities. At the same time, the child learns to relate to an adult (his treatment Agent) who will not use his power to overwhelm and destroy the child. The treatment Agent and his caseload of Cfm's take on some of the characteristics of a family group, with the Agent representing a strong and loving parent (a combination previously unknown to the child) and a group of siblings who are not more adequate nor better loved than he. In interaction with other subtypes of delinquents in the Treatment Center, the Cfm's stick closely together as a group - protecting each other, daring together what they would not dare individually, functioning with more adequate youngsters with the strength of their group behind them. Learning in the group takes many forms - for example, planning and following through on group activities and role-playing threatening social situations.

As suggested in the description of goals, working through the relationship with the particular adult assigned to the child is a major aspect of the treatment. The early part of this relationship may revolve around the issues of control. The Agent presents a clear-cut structure which at first may take the form of rules, prohibitions, rewards and punishments. As quickly as possible in terms of the youngster's anxiety level, the structure may become somewhat more abstract in a way that includes the child's 'knowing where he stands' and learning behavioral principles regarding how to be noticed, how to be liked, how to be approved of, etc. Individual work with the child by the treatment Agent becomes increasingly important as the Agent becomes a person who can be trusted, learned from, imitated, and eventually identified with. As the treatment Agent actively helps the child struggle through the crises presented by placement problems, school or job problems, the relationship becomes one in which the child can observe the way another person feels, what he is like as a person, how and why he acts and feels the way he does. In this setting, a child may be able to learn the ways and means of entering the adult world as a socialized person."  
(Warren, 1965, pp. 7-9)

Elaboration of this Cfm treatment prescription illustrates, among other things, that the form of treatment prescribed is not simply a placement recommendation, but rather a treatment philosophy with a sequence of subgoals, recommendations about treatment worker attitudes, prescribed peer experiences, etc. all geared specifically to this type of youngster. The complexity of the treatment prescription illustrates the difficulty in using the model to "match"

youngsters who need treatment with currently available treatment resources. We can state that about one-fourth of the boys need treatment prescribed for a Cfm subtype; however, it is another, much more difficult matter, to determine among current resources, which one might fill this bill. Most of the CTP applications have begun with the development of new treatment resources relevant for each subtype as specified by the CTP model, and there is no question about its demonstrated effectiveness under these relatively ideal conditions.

However, it is less clear, how one can best use a part of the model with already existing resources. One can, for example, attempt to classify currently available resources into their potential relevance for different subtypes, but because the treatment philosophy is likely to vary within a particular agency from worker to worker, it will be very difficult to make such a classification. Although, one cannot simply review present agencies according to their brochures and make such a classification, there should be some possibility for using the precision in treatment planning provided by the CTP model, even though one cannot initiate the model in its entirety, and we will consider these implications in the next section.

VII. Discussion

A. Implications for Pilot Treatment Center

The present study has demonstrated the capability for assessing youngsters according to Interpersonal Maturity Level. The next question is: Given information about a group of youngsters of whom, say, ten per cent are I<sub>2</sub>'s; sixty per cent I<sub>3</sub>'s; and thirty per cent I<sub>4</sub>'s, how can this information about the youngsters be used

to implement some portion of a differential treatment program? Although we have indicated the difficulty in surveying current resources according to treatment philosophy, such a survey should probably be undertaken as the first step in the next phase.

Possibly, the pilot treatment center should then be developed with an eye toward serving the largest proportion of youngsters, e.g. Cfm, with others being referred elsewhere. Or it may be most feasible to provide treatment in the pilot project for the Cfc-Mp subtypes since, as Dr. Warren has observed, the treatment resources required by these types of youngsters are usually the least likely to be already available among existing agencies. That the treatment for the Cfm subtype is different from that for the Cfc-Mp subtypes was indicated in Table 1.

Once the treatment resources are surveyed, it may be that the CTP model would not be the most relevant differential treatment model to apply. For example, if the classification of a youngster is followed only by a single option, e.g. to place him in an occupational training program or not, then some other form of classification (Warren, 1966) might be more appropriate. Put another way, the model of differential treatment must be geared to the particular objectives and specific treatment procedures available.

If the pilot treatment project is based entirely or in part upon the CTP model, it would seem very worthwhile to utilize the newly available facilities of the Center for Training in Differential Treatment (Warren, 1966) at Sacramento, California. Workshops are available in treatment for specific subtypes, e.g. Cfc-Mp, and would be indispensable for treatment staff if the CTP model is adopted.

One other comment is in order regarding classification.

Although we have been successful in developing the capability for I-level assessment, this classification procedure, like any other one requiring cooperative participation on the part of the youngster, may prove increasingly difficult with non-adjudicated youngsters as they become aware of new legal interpretations which underline their right not to participate in such procedures.

#### B. Implications for Training Police Officers

The implication of a differential treatment model for the work of a police officer depends upon the options and decisions which he can or does make. Therefore, just as described in the previous section, the first step is to survey, as has been done in the "Review of Police Procedures" Project, those points at which an option about differential handling occurs. Once these options have been identified, then the utility of classification systems can be evaluated according to its relevance to these decisions. In most cases, the system of classification will be considerably more simple than the nine CTP subtypes.

As someone has observed, a system of differential treatment is frequently simply an attempt to organize what an effective teacher, treatment worker, or police officer uses: the knowledge of what works best for different types of youngsters. Viewed in this light, the second step in implementing training might be to find out what implicit system of classification the officer now uses in making decisions. Perhaps he uses a system of whether or not the youngster has been in trouble or not, or perhaps whether he is aggressive or not. Everyone uses a system of classification in interacting with

others whether or not he is aware of it, and if the goal is to teach the person a new system of classification, his understanding must begin with the way he now views the youngsters.

Therefore, the training program should be designed to be relevant to the decisions made by the police officer, and the classification system should be presented in relation to the officer's present frame of reference for classifying youngsters. There would be little value, and considerable confusion produced, in trying to teach the police officer all of the various CTP subtypes. Another point to consider in the training is that whatever classification system is presented it will have to be one which permits the officer himself to make the classification; therefore, the system will probably have to be based on the youngster's behavior.

Although the emphasis throughout this report has been on classifying youngsters into the system of differential treatment, Dr. Warren has pointed out that an even more important objective for prevention and early work with youngsters is to keep them out of the system, i.e. not needing treatment.

#### VIII. Summary and Conclusions

1. Members of the project staff have developed the capability for I-level classification which can be used in subsequent work as needed.
2. The present sample of boys from Onondaga County showed a distribution of I-level which was generally similar to that observed in the Community Treatment Project (CTP) in Sacramento, California, and the Preston School for Boys, California.
3. The present sample of boys was very similar in Conceptual Level to similar samples, and since half of the boys were in one category (Sub-I), and since the Conceptual Systems Change Model is more

- relevant to educational planning, this classification system was regarded as less useful than the CTP model for the present problem.
4. Specification of treatment resources needed was generally described in terms of the CTP model, and it would seem important to survey current treatment resources specifically in terms of their appropriateness for various subtypes on the CTP model, even though such classification is difficult.
  5. If the pilot project will involve only a very simple option, e.g. in or out of one specific program, then a simple form of classification relevant to the option should be used rather than a fairly complex system such as the I-level classification.
  6. The results of the "Review of Police Procedures" Project should be considered in terms of the points at which the police officer makes a decision about a youngster, and any training in classification for police officers made relevant to these decisions.
  7. If the CTP model is used in either the pilot treatment or training aspects of the next phase, the possibility of using the new Center for Training in Differential Treatment in Sacramento should be considered.

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Appendices

- A. Different Treatment Prescriptions for Different I-levels.
- B. Modified Interview Schedule used in present study.
- C. Paragraph Completion Test.
- D. Jesness Inventory.
- E. Conceptual Level Questionnaire.
- F. Preston Sentence Completion Test.

A large part of the treatment in all three stages takes place in guided group interaction sessions with other middle-maturity youths. This group procedure emphasizes current interpersonal interactions and utilizes peer pressures to control behavior and change attitudes. It also provides the youth with a laboratory for learning how to size up others and to respond appropriately.

Middle-maturity delinquents in the project are placed in their own homes, if the parents are able, with encouragement and reeducation, to impose clear external controls. As a minimum, the parents are required to report all violations of the rules to the community agent. If the parents cannot meet even this requirement, the youth is placed for temporary care in a foster home. Meanwhile, the agent may continue to work with his parents, teaching them to set behavioral limits. Formal family group therapy, sometimes used in the project, has not succeeded in changing patterns of communication and interaction in families of middle-maturity delinquents. However, the treatment has sometimes helped the youth to perceive more realistically his parents' inability to be concerned about him.

#### Treatment for I<sub>1</sub> Level

The treatment goals which have been formulated for these high-maturity cases include: identifying the conflict which led to the delinquency and helping the youth toward a solution; helping the youth with his identity problem and strengthening his internalized value system; and creating a situation for maximum use of potentialities.

The treatment approach used differs from approaches used with the delinquents of lower maturity primarily in being internally oriented. The agent's role is to establish quickly a close personal relationship between himself and the youth. Although external controls are sometimes necessary, they are defined as a means of establishing a genuine treatment contract with the youngster. The agent's demands for nondelinquency may range from being firm and forceful to being relatively nondirective, but they are never arbitrary.

Group therapy (rather than guided group interaction) is used as a means of helping the high maturity delinquents to develop insight into their problems and to improve relationships with others. In some cases the treatment group is a peer group; in others the youth and his family. Family group therapy has been most successful in cases in which the delinquency has been a method of drawing attention away from a conflict within the family constellation. With other cases the central problem may be family-related but cannot be resolved through family therapy either because a crucial family member is absent or will not participate."

## Appendix B

### Modified Interview Schedule

#### Introduction

Explain that interview is for research purposes only; that it will have no influence on the boy's case or his treatment. Assure that everything said in the interview will be kept completely confidential.

Reason for research: We want to learn about the kids who get into trouble--their side of the story--what they think about things, since nobody ever asks about that.

#### Offense

Precipitating events and circumstances. Look for the boy's perception of causality and reasons for delinquency. Ask how he feels about this particular event and why. Ask about previous difficulty with the law. Look for evidence of internal structure and degree of self-responsibility for the offense.

#### Peers

Does the boy have friends? How many? Does he belong to a group? What kind? Activities? Probe for characteristics of the group, its stability, this boy's position in that group. Ask whether the group (s) has leaders; how are they chosen?

Ask the boy about characteristics of some of his friends; what are they like? Does he have many acquaintances, one or two close friends, etc.?

#### Parents

Ask the boy to describe each parent, how he gets along with them, what happens when he disagrees with each one and how they treat him. Probe for any long term difficulties with parents and how the boy views this trouble. Ask how he would change each parent if he could. Find out how parents reacted to his current offense. Ask about other children in the family, etc.

#### School

Ask the boy how he likes school and reasons why. Find out how he perceives principal-teachers. Possibly ask him to describe one teacher he likes and one he dislikes, and reasons why. Get his perceptions about rules at school. Does he ever get into trouble at school? What kind? Why?

Self

Ask the boy how a friend might describe him; how a teacher would. How does he feel about these descriptions. Ask him to describe himself (if he can). Have the boy tell you about a recent problem he's had and how he handled it. Ask about daydreams, plans for the future and what he would do if pushed around. Ask him if he has changed in the last 2-3 years - how; if he expects to change in the future - how?

Police

Does he have much contact with the police - what are they like? How do they act towards him? - towards others? How does he keep from being arrested if stopped?

People

What kind of people does he like - what kind bug him? Why?

Appendix CParagraph Completion (Conceptual Level) Test

1. Rules...
2. When I am criticized...
3. Parents...
4. When someone tells me what to do...
5. When I am not sure...

Appendix D

Jesness Inventory

This test can be ordered from:

Consulting Psychologists Press  
577 College Avenue  
Palo Alto, California

Appendix E

Conceptual Level Questionnaire

NAME \_\_\_\_\_

SEX: B \_\_\_\_\_ G \_\_\_\_\_

AGE: \_\_\_\_\_ Birthday \_\_\_\_\_  
YR MO DAYGRADE \_\_\_\_\_ H.R. \_\_\_\_\_  
\_\_\_\_\_

C L Q

These questions are to help us know you better. There are no right or wrong answers. Other tests tell us what you can do best, but this one is to find out how you feel about some things.

- DIRECTIONS:**
- (1) Read each of the following statements carefully.
  - (2) Decide which of the choices fits you best.
  - (3) Mark your choice in the booklet.
  - (4) Please be honest. Work as fast as you can and still do a good job. There is no time limit.
  - (5) If you are not sure you understand these directions, ask the person who gave this to you before you start.

## Section I: Questions 1-24

If a statement fits you, Circle TRUE next to the question. If it does not fit you, Circle FALSE. Answer each one. Give the answer which describes your reaction.

- |      |       |   |
|------|-------|---|
| True | False | 1. I never get angry if I have to stop in the middle of something I'm doing to eat dinner, or go to school. |
| True | False | 2. When I make a mistake, I always admit I am wrong.  |
| True | False | 3. I have never felt like saying unkind things to a person.   |
| True | False | 4. I never let someone else get blamed for what I did wrong.  |
| True | False | 5. I never shout when I feel angry.   |
| True | False | 6. Sometimes I wish that my parents didn't check up on me so closely.                                       |
| True | False | 7. I never say anything that would make a person feel bad.  |
| True | False | 8. I am always polite, even to people who are not very nice.  |
| True | False | 9. I sometimes want to own things just because my friends have them.  |
| True | False | 10. I always listen to my parents.  |
| True | False | 11. Sometimes I wish I could just "mess around" instead of having to go to school.                          |
| True | False | 12. Sometimes I dislike helping my parents even though I know they need my help around the house.           |
| True | False | 13. I have never been tempted to break a rule or a law.   |
| True | False | 14. I sometimes feel angry when I don't get my way.   |
| True | False | 15. I always help an injured animal.  |
| True | False | 16. Sometimes I want to do things my parents think I am too young to do.                                    |
| True | False | 17. I am always glad to cooperate with others.  |
| True | False | 18. I always do the right things.   |
| True | False | 19. Sometimes I don't like to obey my parents.  |

- True False 20. Sometimes I don't like it when another person asks me to do things for him.
- True False 21. I think it is easier to pay attention to a game or a noise than to the teacher in class.
- True False 22. I feel that teachers punish me too much and over the wrong thing.
- True False 23. If someone tries to boss me around, I argue it out with them rather than keep out of their way.
- True False 24. Most teachers are too strict.

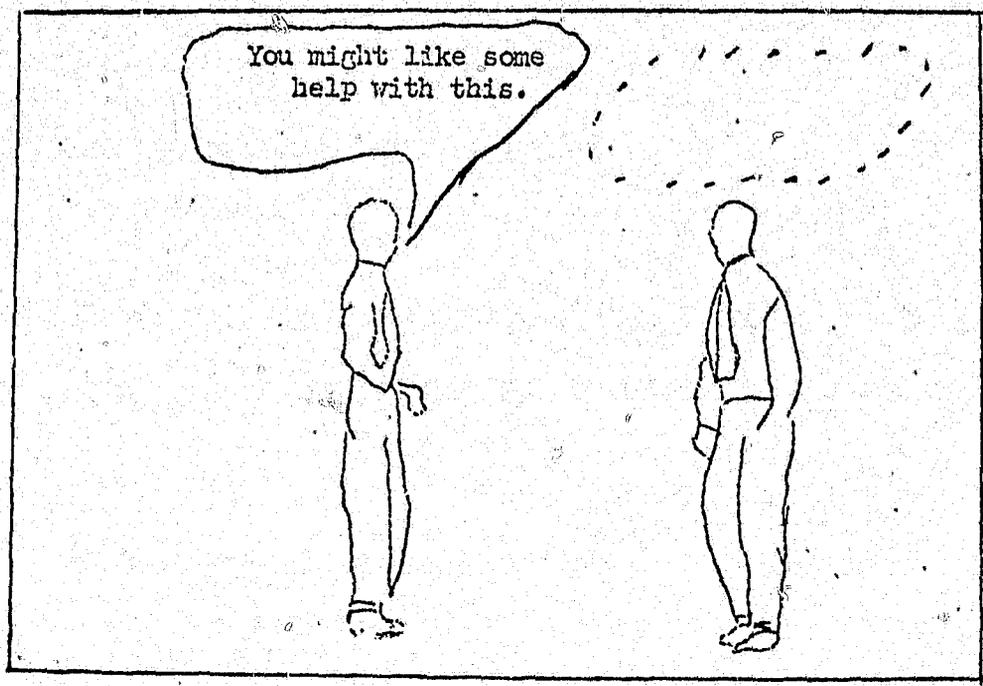
## Section II: Questions 25-34

Choose the statement which fits you best and underline it.

25. Would you rather go to a school or go on a long car trip
26. If people want you to do something you don't want to do, do you get angry or just go along
27. In your work do you often forget or do you feel sure you can remember things
28. Are your parents always ready to hear you talk or are they sometimes too busy
29. Do you think you are always polite or are you perhaps a little too noisy
30. On days when there is nothing special to do, do you just do what comes or plan what you will do for the day
31. Do you obey the rules all the time or only when someone is looking
32. Would you rather read funny books or do arithmetic
33. When you visit a new building do you like to have someone show you around or do you like to find your own way
34. When you are in a hurry, do you still put your clothes away or just leave them

Section III: Questions 35-45

Suppose you are the person in the picture who is being spoken to. What would you think if someone you know said this to you.



35. What would you think if this happened to you? (check one)

- He should say what he thinks.
- or
- He should mind his own business.

36. What would you think? (check one)

- I don't need any help.
- or
- I can use some help.

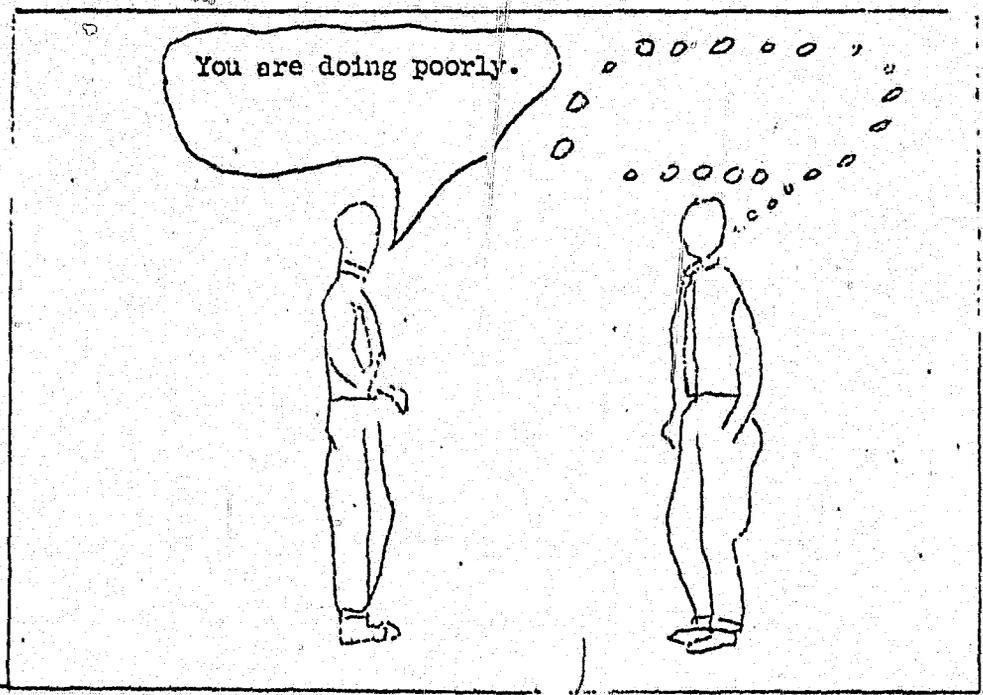
37. What would you think? (check one)

- I hope he leaves.
- or
- I hope he stays.

38. What would you think? (check one)

- I don't like it.
- or
- I like it.

Suppose you are the person in the picture who is being spoken to. What would you think if someone you know said this to you.



39. What would you think? (check one)

- I hope he leaves.
- or
- I hope he stays.

40. What would you think? (check one)

- He should say what he thinks.
- or
- He should mind his own business.

41. What would you think? (check one)

- I don't need any help.
- or
- I can use some help.



Appendix F

Preston Sentence Completion Test

I like...

I feel satisfied when...

When I am on my own...

I hate...

If I could...

I feel bad when...

Cops...

When I take something...

Paragraph Completion (Jesness)

What has your life been like?

What sort of person are you?

Why did you get in trouble?

**END**