THE INTELLECTUAL AND PERSONALITY CHARACTERISTICS OF THE NORTH CAROLINA PRESENTENCE DIAGNOSTIC PROGRAM POPULATION

A THESIS

PRESENTED TO

THE FACULTY OF THE GRADUATE SCHOOL

APPALACHIAN STATE UNIVERSITY

IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF ARTS

IN CLINICAL PSYCHOLOGY

---

by

PATRICIA ANN JOHNSON

MAY 1976

THE INTELLECTUAL AND PERSONALITY CHARACTERISTICS OF THE NORTH CAROLINA PRESENTENCE DIAGNOSTIC PROGRAM POPULATION

by

PATRICIA ANN JOHNSON

Approved by:

William H. Knight
Professor of Psychology
Chairperson of Thesis Committee

Richard H Levin
Professor of Psychology
Member of Thesis Committee

George R. Wesley
Professor of Psychology
Member of Thesis Committee

Joyce G Crouch
Professor of Psychology
Chairperson of Department of Psychology

Richard N. Rupp
Dean of Graduate School

ACKNOWLEDGEMENTS

This research was conducted with the assistance of Mr. James H. Panton whose experimental expertise I greatly admire. Mr. Panton initiated the original idea for the thesis and provided data he personally collected. Mr. Neville Jones made a vital contribution by furnishing the necessary answer sheets and record forms from the files of the Presentence Diagnostic Program. I wish to express my sincere appreciation to both of these North Carolina Department of Corrections officials.

I am grateful to Dr. William Knight, Dr. Richard Levin, and Dr. George Wesley for serving as my thesis committee. Their suggestions and manuscript corrections were extremely valuable.

Finally, I wish to thank my parents, Mr. and Mrs. Charles W. Johnson, Jr. for their financial support and loving encouragement.

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

ABSTRACT

The present study was conducted in order to make generalizations about the North Carolina Presentence Diagnostic Program population. Members of this population were individuals convicted of an offense and referred to the Department of Corrections for a sixty day evaluation. The evaluations were ordered by judges who felt that more information concerning the individual was needed before a fair and adequate sentence could be given.

Test results from the Wechsler Adult Intelligence Scale and Minnesota Multiphasic Personality Inventory were used to make generalizations about the PSD sample in relation to two other samples — the general felon inmate sample and the clinical sample (subjects defined by prison officials as being in need of psychological evaluations). For all statistical calculations, t tests were used.

Mean scores on thirteen MMPI scales from 80 PSD subjects and 2198 general inmate subjects were compared. The PSD subjects had significantly higher ($p < .01$) standard scores on seven scales. When the same thirteen means from the PSD sample were compared to the means from 150 members of the clinical sample, statistical significance was found between the two groups ($p < .01$) on eight scales with significance ($p < .05$) on two more scales.

Mean scores of eleven WAIS subtests from 95 PSD subjects and 162 members of the clinical sample were compared. The PSD sample performed significantly better ($p < .01$) on every subtest. Likewise, the same PSD group proved to have significantly higher ($p < .01$) I.Q. scores than the respective clinical group.

When the mean WAIS I.Q. scores of 95 PSD subjects were compared to the mean Beta I.Q. scores of 7101 general inmate subjects, results were not statistically significant.

Results were used to construct an intellectual and personality profile to describe the Presentence Diagnostic Program population.

CHAPTER I

INTRODUCTION

Modern citizens are beginning to realize that today's prison system can serve a greater function than merely the incarceration of a prisoner. The emerging belief is that prisoners can be rehabilitated to conform to the standards of society. Interest has begun to focus on identifying the crime-related pathologies of those convicted, and trying to implement programs designed to ameliorate them.

An innovation aimed toward this new concept is the Presentence Diagnostic Program begun at North Carolina's Central Prison Mental Health Facility. This program is implemented in cases where a person is convicted of an offense; but the judge decides that he needs additional information concerning the person before he can give a fair or adequate sentence. The offender is referred to the Department of Corrections for a sixty day evaluation. A committee diagnoses the crime-related pathologies of the convicted person, and makes specific recommendations to the sentencing judge so that he may impose a sentence geared toward the individual's needs. In 1967, the North Carolina General Assembly passed G. S. 148-12, 148-49 -- a law enabling the North Carolina Department of Corrections to incorporate a Presentence Diagnostic Program into its operations.

A Presentence Diagnostic evaluation involves the cooperation of many people in the preparation of a criminalysis -- a composite report of all the information that can be gathered on the case. In addition to environmental information and past records of all types, the criminalysis contains opinions of employees in various professional disciplines: the psychiatric staff, the psychological staff, the medical staff, and the custodial staff.

On the basis of this information, a committee attempts to answer two basic questions for the judge: "How **dangerous**, is the offender?" and "What needs to be done to control and correct (habilitate) him?". Frequently the judge will request answers to specific additional questions concerning mental illness or **drug** addiction as a possible factor in the offender's behavior.

Since the Presentence Diagnostic Program was begun in North Carolina in the last years of the 1960's, no research has been attempted to pinpoint personal characteristics that members of this population may have in common. Also, no material has been published that gives any indication of why these individuals are unique in the eyes of judges that recommend them for the program.

The present study was concerned with making generalizations about the North Carolina Presentence Diagnostic population. **Phase** I was a study of personality characteristics, while Phase II was concerned with intellectual functioning. In each of the phases, generalizations were made about the Presentence Diagnostic subjects in relation to two defined prison samples.

The null hypothesis stated that:

1. There would be no significant difference on the personality measures between the Presentence Diagnostic population and each of the other two samples.
2. No significant difference on the intellectual measures would exist between the Presentence Diagnostic population and each of the other two samples.

Previously published research suggested measures to use when studying prison populations as well as results to expect from general inmate samples.

The Minnesota Multiphasic Personality Inventory has been used to

portray mean profiles of general inmate samples. The results found in the North Carolina prison system are listed in tables to follow. After compiling test results from six penal institutions, R. E. Smith stated in his doctoral dissertation that "a marked degree of homogeneity of behavior on the MMPI by inmates from a number of penal institutions was demonstrated" (Smith, 1955). In agreement with the high point codes found within the North Carolina system, Smith discovered scales D and Pd to be the highest points in his mean profiles. Profiles with the high points being Pd and Ma were also frequently recorded. Likewise in Kentucky, a mean profile with high points of Pd and Ma was found when a general inmate population was tested (Kodman & Hopkins, 1970). The configuration of Pd and Hy was associated with acting-out behavior in penal institutions (Davis & Sines, 1971; Persons & Marks, 1971).

The Wechsler Adult Intelligence Scale was seldom used to test general inmate populations due to the time factor involved in its administration. However, this test was chosen in previous research for the study of special smaller samples. For example, the Wechsler Adult Intelligence Scale was administered to a special sample of 243 indicted male murderers. The mean Full Scale I.Q. was found to be 96.2 (Deiker, 1973).

CHAPTER II

METHOD

Subjects

The Presentence Diagnostic sample (hereafter referred to as the PSD sample) in Phase I consisted of all PSD adult male felon subjects from the files of the Central Prison Mental Health Facility whose records contained both a Wechsler Adult Intelligence Scale answer sheet and a Minnesota Multiphasic Personality Inventory profile. Eighty subjects were included in this sample.

One sample used for comparison in Phase I was referred to as the General Inmate sample. It consisted of 2198 male felon inmates incarcerated by the North Carolina Department of Corrections.

The other sample used for comparison in Phase I was called the Clinical sample. Subjects qualifying for the Clinical sample were individuals from the entire male felon inmate population transferred from their respective units to the Mental Health Facility. Like the PSD subjects, subjects from the Clinical sample have been defined as being in need of a psychological evaluation. Both groups have special needs; however the PSD sample was referred from the Courts while the Clinical sample was referred by prison officials and psychologists. Both groups have received similar evaluations at the Mental Health Facility. One hundred fifty subjects were included in the Phase I Clinical sample. They were chosen randomly from appropriate files.

The same description of PSD subjects from Phase I also pertained to PSD subjects in Phase II, with the exception of the number of subjects involved. The PSD sample in Phase II contained 95 subjects.

Seven thousand one hundred and one North Carolina male felon inmates comprised the General Inmate sample for Phase II.

The Clinical sample in Phase II met the same qualifications as the Clinical sample in Phase I. In Phase II, 162 subjects were included.

All subjects in the Clinical and PSD samples in both phases received evaluations within the ten year period 1964-1974.

Apparatus

One measure of intellectual characteristics employed in this study was the Wechsler Adult Intelligence Scale (hereafter referred to as the WAIS). It is an individually administered intelligence test. All items of a given type are grouped into subtests and arranged in increasing order of difficulty within each of the eleven subtests. Six subtests are grouped into a verbal scale and five into a performance scale. Tests results yield three I.Q. scores -- Verbal I.Q., Performance I.Q., and Full Scale I.Q. The subtests are named information, comprehension, arithmetic, similarities, digit span, vocabulary, digit symbol, picture completion, block design, picture arrangement, and object assembly (Wechsler, 1955).

A second intelligence measure used in this study is the Revised Beta Examination (hereafter referred to as the Beta). The Beta is designed for group administration. Its scoring is simple and quick. Because the Beta does not consists of items that must be read, it is suitable for use with illiterate subjects. One I.Q. score is yielded (Kellogg & Morton, 1934).

The personality measure employed in this study was the Minnesota Multiphasic Personality Inventory (hereafter referred to as the MMPI). It is a self-report inventory consisting of 566 true - false items. Ten clinical scales comprise the test: hypochondriasis (Hs), depression (D), hysteria (Hy), psychopathic deviate (Pd), masculinity - femininity (MF), paranoia (Pa), psychasthenia (Pt), schizophrenia (Sc), hypomania (Ma), and social introversion (Si). In addition to the clinical scales, three validity scales were used in this study -- lie (L), validity (F), and correction (K). The thirteen scales comprise an overall personality profile (Hathaway & McKinley, 1948).

Procedure

No psychological tests were administered by the author. All testing was done by prison officials previous to the beginning of this study.

In Phase I, scores from all MMPI answer sheets from the PSD sample were collected by the author from the PSD files. The only MMPI scores collected for the study were from PSD evaluations conducted in the early 1970's. Records from evaluations done as the PSD program first became organized were avoided. Many were not clearly marked as being PSD subjects and could have been confused with other evaluations done at that facility at the same time. Likewise, answer sheets from studies done in the 1970's which were not clearly marked as PSD studies were avoided.

The MMPI means used in Phase I from the General Inmate sample were compiled from profiles in the early 1970's by J. H. Panton from the files of the North Carolina Department of Corrections (Panton, 1974).

The author collected MMPI scores for the Phase I Clinical sample from records of evaluations done in the late 1960's. As in the collection of data for the PSD sample, records from evaluations done as the PSD program first became organized were avoided. Some were not clearly marked, and could have been confused as being PSD studies instead of mental health referrals. Due to changes made in the programs at Central Prison, records of subjects that may have been appropriate for the Clinical sample but whose evaluations were done in the 1970's were not available.

Any MMPI profile was discarded from the study if either the L scale standard score exceeded 70, the F scale standard score was greater than 85, or the K scale standard score was more than 70. This fact explains why both the PSD and Clinical samples vary in size between Phase I and Phase II. It should be noted that approximately one-fifth of the PSD sample MMPI answer sheets were discarded because they did not meet the above validity requirements.

In Phase II, the author collected PSD sample WAIS scores from the folders of the same PSD subjects that were involved in Phase I. Information from the Clinical sample for Phase II was collected from the same files that yielded Phase I data. All incomplete WAIS record forms were discarded, (for example, record forms containing a performance score prorated from four subtests).

No WAIS scores from the General Inmate sample were available for Phase II. Because of the time factor involved, inmates in the general population were not given a WAIS upon their admission into the Department of Corrections. The Beta was administered because of the ease of administration and scoring. Because PSD subjects were not classed as inmates, they have not received the usual admission battery of tests, such as the Beta. Therefore, the only available intellectual data on PSD subjects was based on the WAIS, while the only scores available from the General Inmate population were Beta scores.

Based on research in North Carolina prisons, it was confirmed that there are no statistically significant differences between I.Q.'s as measured by the WAIS and Beta within the prison population. The Beta correlated at r = .75 and above with the WAIS Verbal, Performance, and Full Scale I.Q.'s (Panton, 1960).

A positive WAIS-Beta correlation of .83 was found when vocational rehabilitation clients were tested (Libb & Coleman, 1971). After the Black population was tested, it was concluded that the "Beta holds promise for assessing the intellectual functioning of illiterate and indigent Negroes." High positive correlations were found from Beta-WAIS comparisons done in an evaluation and training center (Rochester & Bodwell, 1971).

Based on these high positive correlations, Beta I.Q. scores were chosen to represent the intellectual functioning of the General Inmate sample in Phase II. The Beta means used in this phase were calculated by J. H. Panton

from scores of tests administered 1966-1970 (Panton, 1971).

In Phase I, PSD mean standard scores from ten clinical scales and three validity scales of the MMPI were first compared to the respective mean scores from the General Inmate sample. The same PSD means were then compared to the corresponding means of the Clinical sample.

In Phase II, the eleven mean WAIS subtest scores from the PSD sample were compared to the mean WAIS subtest scores from the Clinical sample. The three WAIS mean I.Q. scores were then compared to the respective mean scores from the Clinical sample. Finally, the three mean WAIS I.Q. scores were compared to the mean General Inmate sample Beta I.Q.

For all statistical comparisons, the t ratio was used to determine if a significant difference existed between the two sample means. An appropriate formula designed for use with large samples of unequal numbers was chosen.

CHAPTER III

RESULTS

When the PSD mean scores from the thirteen MMPI scales mentioned previously were compared statistically to the respective scores from the General Inmate sample, the PSD sample scored significantly higher on scales F, Pd, MF, Pa, Pt, Se, and Ma ($p < .01$). The null hypothesis, that no personality differences existed between the two samples, was rejected on these scales. No significant difference was found between the samples when scores on the remaining six scales were compared. Table 1 presents the results of these comparisons.

Significant differences were found between the PSD sample and the Clinical sample as the mean scores of the thirteen MMPI scales were compared. The PSD samples scored significantly higher on scales F, D, Hy, Pd, MF, Pa, Pt, and Sc ($p < .01$) and scales Hs and Ma ($p < .05$). No significant difference between means was found on the remaining three scales. Thus, the null hypothesis -- that no personality differences existed between the two samples -- was rejected on ten scales. The information is illustrated in Table 2.

Figure 1 is a graphic representation of the mean MMPI profiles of all three samples -- PSD, Clinical, and General Inmate.

The null hypothesis, that no intellectual differences existed between the two samples, was rejected when the mean WAIS subtest scores from the PSD sample and the same scores from the Clinical sample were statistically compared. The PSD sample scored significantly higher on every subtest ($p < .01$). Test results are presented in Table 3.

TABLE 1

A Comparison of the PSD and General Inmate Samples Based on the Mean Scores of Thirteen MMPI Scales

MMPI Scale	PSD Mean N=80	General Inmate Mean N=2198	t
L	52.5	51.6	0.863
F	62.8	57.6	4.350*
K	52.8	52.7	0.079
Hs	61.9	60.6	0.758
D	65.8	64.1	1.006
Hy	62.0	59.9	1.646
Pd	75.5	72.1	2.651*
MF	61.1	53.8	6.220*
Pa	64.9	59.1	4.538*
Pt	66.0	60.7	3.634*
Sc	70.6	60.6	5.855*
Ma	65.5	59.7	4.560*
Si	53.0	53.6	-0.496

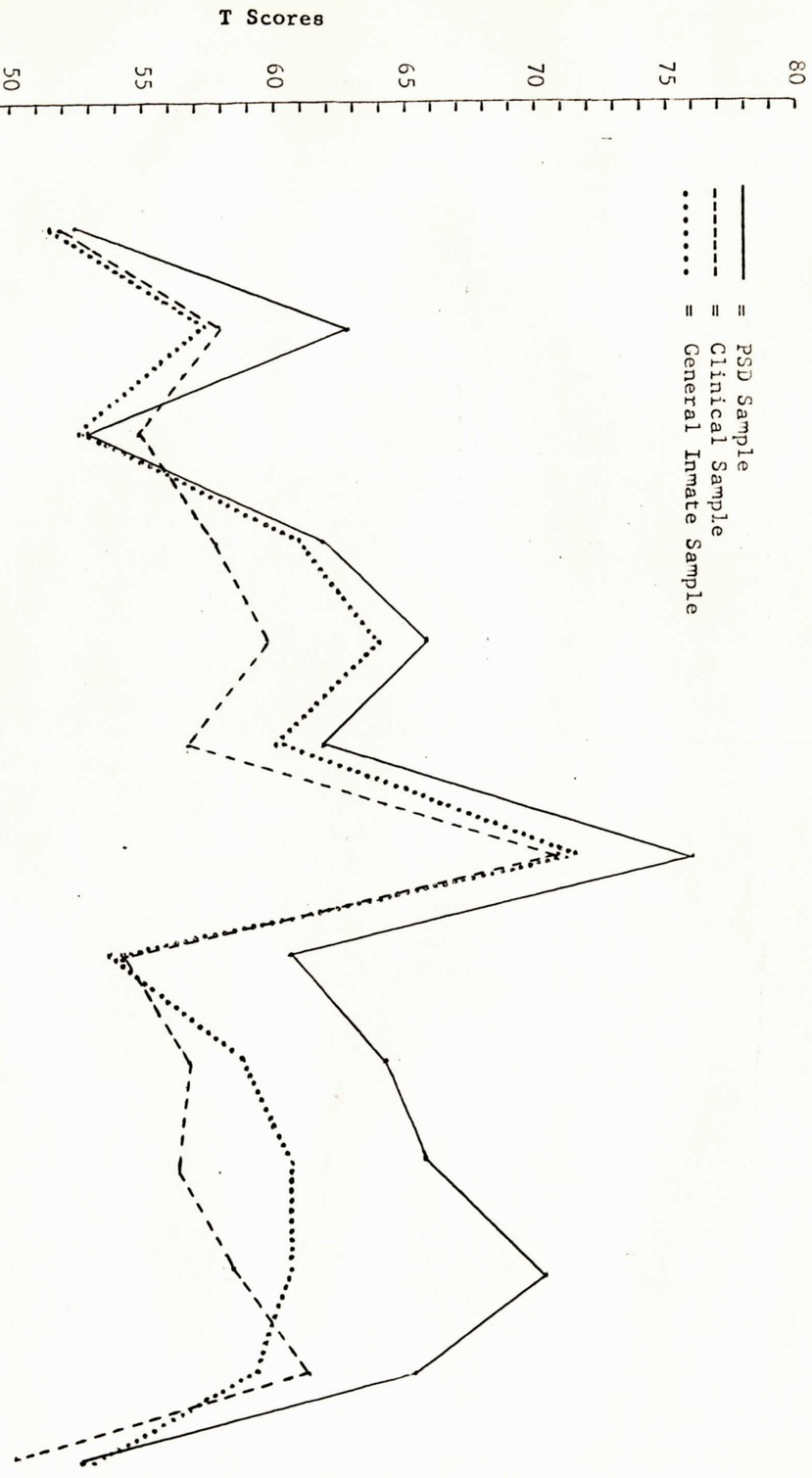
*p<.01

TABLE 2

A Comparison of the PSD and Clinical Samples Based on the Mean Scores of Thirteen MMPI Scales

MMPI Scale	PSD Mean N=80	Clinical Mean N=150	t
L	52.5	51.8	0.536
F	62.8	58.0	3.436*
K	52.8	54.4	-1.312
Hs	61.9	57.7	2.138**
D	65.8	60.4	2.836*
Hy	62.0	57.2	3.219*
Pd	75.5	71.6	2.581*
MF	61.1	54.3	4.984*
Pa	64.9	57.2	4.875*
Pt	66.0	56.4	5.867*
Sc	70.6	58.9	6.029*
Ma	65.5	62.2	2.110**
Si	53.0	50.8	1.671

* p<.01 ** p<.05



A Graphic Representation of the Mean T Scores of the PSD, Clinical, and General Inmate Samples from Thirteen MMPI Scales

Figure 1

TABLE 3

A Comparison of the PSD and Clinical Samples Based on the Mean Scores of Eleven WAIS Subtests

WAIS Subtest	PSD Mean N=95	Clinical Mean N=162	t
Info.	8.42	5.80	7.064*
Comp.	9.64	6.72	6.775*
Arith.	8.53	6.28	5.637*
Sim.	9.85	6.72	6.948*
Dig. Sp.	8.64	7.33	3.103*
Voc.	8.64	5.36	8.229*
Dig. Sym.	8.17	5.24	8.368*
Pic. Comp.	9.85	7.83	5.337*
Bl. Des.	8.94	7.69	2.941*
Pic. Arr.	8.56	7.34	3.033*
Ob. Assem.	9.10	7.36	4.100*

*$p < .01$

The mean WAIS Verbal, Performance, and Full Scales I. Q.'s of the PSD sample were compared statistically to the same three I. Q. scores of the Clinical sample. All three PSD I. Q.'s were significantly higher ($p < .01$) and the null hypothesis was rejected. Table 4 shows that intellectual differences did exist between the two samples.

No significant differences were discovered when the mean WAIS Verbal, Performance, and Full Scale I. Q.'s of the PSD sample were each compared to the mean Beta I. Q. score from the General Inmate sample. The null hypothesis was not rejected. No intellectual differences existed between the PSD and General Inmate samples in regard to mean I. Q. scores. Table 5 illustrates the data.

TABLE 4

A Comparison of the PSD and Clinical Samples Based on Mean WAIS I.Q. Scores

WAIS Score	PSD Mean N=95	Clinical Mean N=162	t
Verbal I.Q.	94.5	80.2	7.110*
Performance I.Q.	94.5	83.2	5.398*
Full Scale I.Q.	94.3	80.5	6.713*

* $p < .01$

TABLE 5

A Comparison of the Mean PSD WAIS I. Q. Scores and the Mean General Inmate Beta I. Q. Score

I. Q. Score	PSD Mean N=95	General Inamte Mean N=7101	t
Verbal I. Q.	94.5	92.2	1.362
Performance I. Q.	94.5	92.2	1.388
Full Scale I. Q.	94.3	92.2	1.216

*p < .01

CHAPTER IV

DISCUSSION

The following statements concerning the interpretation of MMPI scores were based on An MMPI Handbook (Dahlstrom and Welsh, 1965).

The highest two points on the mean PSD MMPI profile were on scales Pd and Sc. Persons with this profile pattern are frequently described by acquaintances as "...odd, peculiar, or queer." When this configuration appears, it can be implied that the individuals are unpredictable, impulsive, nonconforming, and underachieving. The term schizoid personality is often applied to these subjects. One implication made about persons with this profile is that they are likely to be nomads, underworld members, or delinquents. "Crimes committed by persons with this profile are often senseless, poorly executed, and may include some of the most savage and vicious forms of sexual and homicidal assault."

The Clinical sample yielded a mean MMPI profile with high points on scales Pd and Ma. One of the implications of this profile pattern is that the individuals may be irresponsible, superficial in their relationships, free from inhibiting anxieties, and lacking in control, judgment, and ethics.

The high points of the mean General Inmate profile of the MMPI were scales Pd and D. Prominent psychopathic features corresponding to long-standing behavior patterns (such as alcoholism) are often implied from profiles of this type.

It should be noted that the two point codes of Pd and D (General Inmate sample) and Pd and Ma (Clinical sample) were both discovered in previously conducted studies on prison populations.

The two point code of Pd and Sc (PSD sample) was not recorded in research reviewed by the author.

The PSD sample scored significantly higher on the F scale than either the General Inmate or the Clinical samples. Scores on the other two validity scales did not differ significantly among the samples. One of the implications of an elevated F score is that the subject is attempting to feign emotional illness. The high F minus K score on the PSD profile was noted. This configuration is associated with the same hypothesis of feigning emotional illness. Based on these results, the PSD population was considered to be more likely than the other subjects to try to appear inadequate, incompetent, or emotionally unstable.

The PSD means were significantly higher than the General Inmate sample means on scales Pd, MF, Pa, Pt, Sc, and Ma. Based on the elevated Pd score, the PSD sample was expected to be more "amoral and asocial" than the General Inmate sample, and less likely to profit from punishing experiences. The high MF score indicated that the PSD subjects were more inclined than general inmates to display "male sexual inversion" in the values, attitudes, interests, and styles of expression and speech, as well as sexual relationships. More "delusional beliefs" (as suggested by a high Pa score) and a stronger tendency toward "obsessive-compulsive" behavior (one implication of an elevated Pt score) were attributed to the PSD population. In comparison to the General Inmate sample, the PSD subjects showed a greater probability of displaying schizophrenic characteristics (bizarre thoughts and behavior) because of the Sc elevation. "Overactivity, emotional excitement, and flight of ideas" were more probably found in members of the PSD population than members of the General Inmate population. These characteristics were usually associated with subjects having high Ma scale scores.

The PSD sample scored significantly higher than the Clinical sample on the same six scales that proved to be markedly different from the General Inmate population. Therefore, the same statements made in regard to the PSD-General Inmate relationship also pertain to the PSD-Clinical relationship. In addition, the PSD sample was observed to score significantly higher than the Clinical sample on three additional scales - Hs, D, and Hy. Thus, based on the Hy scale elevation, the PSD population was probably more inclined to show an abnormal concern for their bodily functions as opposed to the Clinical sample. As a result of the high D score, PSD subjects showed a greater likelihood of possessing a "pessimistic outlook on life, feelings of hopelessness and worthlessness, slowing of thought and action, and preoccupation with death and suicide." Based on one interpretation of a high Hy score, using physical symptoms as a means of solving different conflicts or avoiding mature responsibilities was more probably a characteristic of the PSD population than of the Clinical population.

MMPI scores that fall between the points of 30 and 70 standard score units are considered to be in the "normal" range on MMPI profiles. Although all scores are meaningful, scores above 70 are considered to be "interpretable" because they indicate an increasing similarity to the "patient" populations used to construct the scales. It should be noted that the PSD sample profile displayed only two scores that fell out of the "normal" range and into the "interpretable" range. The mean scores on the Pd and Sc scales fell very slightly above the 70 standard score level. The PSD population did not present as "abnormal" a profile as one might expect.

When the PSD population was compared to the Clinical population, the PSD subjects received significantly superior scores on all eleven WAIS

subtests. The PSD group was more competent in performing all required intellectual tasks. The PSD population was also significantly more intelligent than the Clinical subjects -- as intelligence was measured in terms of Performance, Verbal, and Full Scale I.Q. scores.

The educational level of each sample was not recorded in this study. Perhaps the PSD subjects received more formal education on the average than the Clinical subjects received. The possible difference in the amount of schooling could have been a factor influencing the consistently superior scores the PSD subjects achieved.

The null hypothesis was not rejected when considering the comparison between mean PSD I.Q. scores and the mean General Inmate Beta I.Q. score. The two populations were comparable intellectually.

The present study was the first attempt to make generalizations about the PSD population as a whole. The effort was made to discover why the PSD subjects were unique in the eyes of the judges that recommended them for PSD evaluations. When intellectual and personality comparisons were made between the PSD sample and each of the other two groups, the PSD sample was unique in terms of numerical scores. Perhaps these test results manifested themselves in personal characteristics that judges noticed in the individuals. Thus the persons were designated as candidates for PSD evaluations.

Within the prison system, it is beneficial for the officials to have as much information as possible concerning a particular group of individuals. With personality and intellectual data, group behavior can be predicted. When officials know the behavior patterns that can be expected from a particular group, proper security can be assured. Likewise, necessary rehabilitative programs can be initiated to meet the distinctive needs of the population.

Personality and intellectual data was discovered in this study by comparing the PSD population with two inmate groups -- both of which were familiar to prison officials. If the PSD sample did not differ from the groups with which prison officials were already acquainted, it could be assumed that established rehabilitative programs and security precautions were adequate. Yet the PSD population was found to be unique in many respects. Behavior patterns associated with the Clinical and General Inmate populations may not be observed in the PSD population. Previously established programs and prior security precautions may prove to be inadequate when treating the new population.

The North Carolina Department of Corrections initiated an original plan when they began the Presentence Diagnostic Program. It now seems that the PSD program involves a group of individuals as distinctive as the program itself.

REFERENCE NOTES

Panton, J. H. Mean Beta I.Q.'s of 7101 felon inmates. Unpublished maunuscript, Raleigh, North Carolina, 1971.

Panton, J. H. Mean MMPI profile of 2198 felon inmates. Unpublished manuscript, Raleigh, North Carolina, 1974.

REFERENCES

Dahlstrom, W. G. & Welsh, G. S. An MMPI Handbook. Minneapolis: The University of Minnesota Press, 1965.

Davis, K. & Sines, J. O. An antisocial behavior pattern associated with a specific MMPI profile. Journal of Consulting and Clinical Psychology, 1971 (April), 36 (2), 229-234.

Deiker, T. E. WAIS characteristics of indicted male murderers. Psychological Reports, 1973 (June), 32 (3), 1066.

Hathaway, S. R. & McKinley, J. C. The Minnesota Multiphasic Personality Inventory. New York City: The Psychological Corporation, 1948.

Kellogg, C.E. & Morton, N. W. Revised Beta Examination. Personnel Journal, 1934, 13, 98-99.

Kodman, F. & Hopkins, R. MMPI profile characteristics of Kentucky prison inmates. Correctional Psychologist, 1970 (July), 4 (1), 7-11.

Libb, J. W. &.Coleman, J. M. Correlations between the WAIS and Revised Beta, Wechsler Memory Scale, and Quick Test in a vocational rehabilitation center. Psychological Reports, 1971 (Dec), 29 (3), 863-865.

Linder, R. M. & Gurvitz, M. Restandardization of the Revised Beta Examination to yield the Wechsler type I.Q. Journal of Applied Psychology, 1946, 30, 649-665.

Panton, J. H. Beta-WAIS comparisons and WAIS subtest configurations within a state prison population. Journal of Clinical Psychology, 1960 (July), 3, 312-317.

Persons, R. & Marks, P. The violent 4-3 MMPI personality type. Journal of Consul. and Clinical Psychology, 1971 (April), 36 (2), 189-196.

Rochester, D. E. & Bodwell, A. Beta-WAIS comparisons for illiterate and indigent male and female Negroes. Measurement and Evaluation in Guidance, 1970, 3 (3), 164-168.

Smith, R. E. Personality configurations of adult male penal populations as revealed by the MMPI. Ph.D. dissertation, University of Minnesota, 1955.

Wechsler, D. The Wechsler Adult Intelligence Scale. New York City: The Psychological Corporation, 1955.

APPENDIX

Laws Governing Diagnostic and Classification Programs

Diagnostic Centers

G. S. 148-12. "Diagnostic and classification programs --(a) The Department of Correction shall, as soon as practicable, establish diagnostic centers to make social, medical, and psychological studies of persons committed to the Department. Full diagnostic studies shall be made before initial classification in cases where such studies have not been made."

Presentence Studies

G. S. 148-12 (b) "Within the limits of its capacity, and in accordance with standards established by the Department, a diagnostic center may, at the request of any sentencing court, make a presentence diagnostic study of any person who has been convicted, is before the court for sentence, and is subject to commitment to the Department. Where necessary for this purpose, the defendant may be received in the center for such period of study as the court may authorize, but may not be held there for more than 60 days unless the court grants an extension of time, which may be granted for an additional period not to exceed 30 days. The total time spent in the center shall not exceed 90 days or the maximum term of imprisonment authorized as punishment for the offense of which the person has been convicted if the maximum is less than 90 days. Time spent in the center for a diagnostic study shall be credited on any sentence of commitment imposed on the person studied. A copy of the diagnostic study report shall be made available to defense counsel before the court pronounces sentence. The defendant shall be afforded fair opportunity to controvert the contents of the report, if he so requests."

G. S. 148-49.3. "Presentence diagnostic studies. -- Upon conviction of a youthful offender of an offense punishable by imprisonment, the court may request the Department of Correction to make a presentence diagnostic study of the offender. Where necessary for this purpose, the Department may admit the offender to an appropriate diagnostic and classification center for such period of study as the court may authorize. Within such period as the court may grant, the Department shall report to the court its findings. The time a youthful offender spends confined for a presentence diagnostic study shall not exceed 90 days or the maximum term of imprisonment authorized as punishment for the offense of which the person has been convicted if the maximum is less than 90 days, and this time shall be credited on any sentence of commitment imposed on the offender. A copy of the diagnostic study report shall be made available to defense counsel before the court pronounces sentence. The defendant shall be afforded an opportunity to controvert the contents of the report if he so requests."