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Using selective MMPI-2 clinical scales to predict the severity of prison infractions for first degree murderers in a maximum security prison

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USING SELECTIVE MMPI-2 CLINICAL SCALES TO PREDICT THE SEVERITY OF PRISON INFRACTIONS FOR FIRST DEGREE MURDERERS IN A MAXIMUM SECURITY PRISON

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Abstract

The MMPI-2 was administered to 56 adult male offenders in a maximum-security prison serving a life sentence for first degree murder. This study evaluated the predictive ability of the MMPI-2 scales 4, 6 and 9 to distinguish among groups of inmates with high and low infraction rates. Results indicated that as the weighted infraction rate (WRI) increased above 9, the T score on scale 4 sharply decreased at the same rate of the increase for 0-9 WRI. Results also supported a relationship where as the T score on scale 9 increased the WIR also increased. Inmates who refused to comply with psychological testing have a lower WIR as compared to the other two sample groups. MMPI-2 scales 4 and 9 have predictive abilities with offenders in regards to the level of infractions.

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Table of Contents

Using Selective MMPI-2 Clinical Scales to Predict the Severity of Prison Infractions for First Degree Murderers in a Maximum Security Prison

The largest number of violent offenders in West Virginia are incarcerated at the Mount Olive Correctional Complex (MOCC), which is West Virginia's only maximum-security prison. Fischer (1999) reported that MOCC currently houses approximately 1,098 inmates. Hess and Weiner (1999) contribute the increase in inmate population to stricter sentencing regulations from the courts and overcrowding in the regional jails. As a result of stricter sentencing there is a higher offender intake rate and a steady increase in the number of long term offenders.

The treatment needs of the long term offender have been overlooked in order to address the needs of the offenders who will be returning to the community (Baugh, 1996; Beck & Greenfeld, 1995; Fox & Zawitz, 1999; Proctor, 1994; Sorenson & Wrinkle, 1998). The majority of inmates housed at MOCC are serving long term sentences. However, statistics show that the long-term offender will eventually be released from prison (Fox & Zawitz, 1999; Greenfeld, 1995). Therefore, the focus of this study will be on the long-term offender.

Offender evaluations can have serious consequences for the correctional staff and the inmate (Gallagher, Somwaru, Briggs & Ben-Porath, 1992). Several researchers (Carson, 1985; Disney, 1998; Latessa, 1999; Proctor, 1994) agree that classification should be an ongoing process that is beneficial in the assignments of inmates to programs and services. MOCC currently uses the MMPI-2 for classification purposes at the time of intake and upon placement into

the punitive segregation units. The MMPI-2 results can help identify inmates with psychopathology and psychological distress (Gallagher, Ben-Porath & Briggs, 1997). Several researchers (Dahlstrom, Welsh & Dahlstrom, 1975; Disney, 1998) have reported a pattern of significant elevations on scales 2, 4 and 9 in studies with prison populations. The MMPI-2 code type 4-9 is the most commonly found profile with offenders (Hess & Weiner, 1999). Cronbach (1990) proposed interpretations for significant elevations on scale 4 and scale 9 as an indicator of having argumentative hostility and impulsive actions.

This study evaluated the predictive ability of the Minnesota Multiphasic Personality Inventory-2 scales 4, 6 and 9 to distinguish among groups of long-term offenders with high and low infraction rates. The first hypothesis is that in comparing valid protocols, the inmates with high infraction rates will have a higher T score on scales 4, 6 and 9 as compared to inmates with low infraction rates. The second hypothesis is that inmates with low infraction rates will have a higher T score on the F validity scale. The third hypothesis is the invalid protocol sample group will have lower weighted infraction rates as compared to the refusal sample group.

Research suggests the long-term offenders will have a decreasing infraction rate after the initial period of adjustment (Zamble, 1992). According to some researchers (Carey, Garske, & Ginsberg, 1986; Cooper & Werner, 1990; Hanson, Moss, Hosford & Johnson, 1983) the best predictor of institutional adjustment is age. Age has been found to have a negative correlation with infraction rates. Past violent behavior prior to incarceration has a positive

correlation with adjustment problems and high infraction rates (Hanson et al., 1983; Morris & Miller, 1987). Several researchers (Buchanan & Whitlow, 1987; Cooper & Werner, 1990) disagree with the support for the relationship between past violent behavior and adjustment problems.

Method

Subjects

The sampling frame consisted of all inmates incarcerated at MOCC from October 1998 through March 1999 serving a life sentence for first-degree murder. One hundred and fifty five inmates met the sample criteria of serving a life sentence for first degree murder with a minimum time served of eight years. Forty-four subjects were excluded due to having invalid MMPI-2 protocols and 55 subjects refused to comply with testing. The sample groups were divided into three groups according to the results of the MMPI-2. The name for each sample group includes the valid protocol sample, the invalid protocol sample and the refusal sample. These sample groups describe the testing results.

The valid protocol sample included 56 adult male first-degree murder offenders with 38% serving a life sentence with parole eligibility and 62% serving a life sentence without parole. Eighty six percent of the subjects were Caucasian and 14% were African-American. The largest portion of the subjects were divorced (43%) with the remainder of the subjects being single (32%); married (16%); and widowed (9%). The mean age was 43 with a range of 28-67 years of age and approximately 15 years of incarceration for the current offense. Thirty-six percent of the subjects had a ninth grade education; 46% had a 12th grade

education and 18% had post high school education. The mean age at the time of the control effective sentence date was 28 years old. Refer to Appendix B – Table I for frequencies on the above listed data.

The invalid protocol sample included 44 adult male first-degree murder offenders with 34% serving a life sentence with parole eligibility and 66% serving a life sentence without parole. Ninety three percent of the subjects were Caucasian and 7% were African-American. The largest portion of subjects were single (43%) with the remainder of the subjects being divorced (41%); married (14%) ; and widowed (2%). The mean age was 45 with a range of 28-60 years of age and approximately 15 years of incarceration for the current offense. The mean level of education was the 12th grade. The mean age at the time of the control effective sentence date was 29 years old. Refer to Appendix B – Table I for frequencies on the above listed data.

The refusal sample group included 55 adult male first-degree murder offenders with 25.5% serving a life sentence with parole eligibility and 74.5% serving a life sentence without parole. Eighty two percent of the subjects were Caucasian; 15% were African-American; and 4% were Hispanic. The largest portion of the subjects were single (95%) with the remainder of the subjects being divorced (3.6%); and married (1.8%). The mean age was 45 with a range of 28-71 years of age and approximately 14 years of incarceration for the current offense. The mean level of education was the 10th grade. The mean age at the time of the control effective sentence date was 30 years old. Refer to Appendix B – Table I for frequencies on the above listed data.

Procedures

T-scores for the MMPI-2 validity scales L, F, and K were reviewed. The cut off values were placed at L=30-65, F=30-80 and K=30-65 in order to determine protocol validity. Protocols with >25 unanswered items were excluded from the study. Any profile having eight out of ten elevated T-scores on the clinical scales were also excluded from the study. T-scores on clinical scales 4, 6, and 9 were compared to the number of prison infractions for individual subjects. Prison infractions were weighted with class 1=3, 2=2 and 3=1 in order to account for the severity level of disciplinary actions.

Instruments

The MMPI-2 and disciplinary records were utilized for the purpose of this study. The MMPI-2 is currently being used at MOCC as a part of the diagnostic and classification system. Parker, Hanson & Hunsley, (1988) conducted a meta-analysis and determined an average internal consistency coefficient of .87 across a number of samples. MMPI studies conducted between 1970 and 1981 suggested a .46 validity coefficient. Parker, et al. concluded that the MMPI had acceptable validity. Due to the continuity from the MMPI to the MMPI-2, researchers (Butcher & Graham, 1994; Butcher & Williams, 1992) suggest the validity studies of both versions are acceptable and relevant to an evaluation of the validity of the MMPI-2.

The MMPI-2 was group administered to the subjects housed in main-line population and individually administered to inmates housed in the segregation units. All testing was conducted between January 1998 and January 1999. The

MMPI-2 Adult Interpretive System (Greene, Brown and PAR Staff, 1990) was used for scoring all protocols.

The disciplinary record for each subject was reviewed. Infractions were categorized into three levels. Level 1 consisted of serious violations with examples of riot, escape, hostage taking, possession of a weapon and use of drugs/alcohol. Level 2 violations include refusing an order, insubordination and insolence, and creating a disturbance. Level 3 violations are less severe and include misuse of food, and refusing to attend school. A comprehensive list of violations separated by levels can be reviewed in Appendix B. An individual compilation of infractions was obtained beginning on each subject's control effective sentence date through January 1999.

Results

The analysis began with an examination of the patterns of rule infractions for the three identified groups of subjects with valid protocols, invalid protocols and refusals. Class 1, 2 and 3 infractions were weighted with class 1=9, class 2=3, and class 3=1. After the weights were applied the totals for each subject were computed. The weighted infraction rate was plotted against each subject's T score on scale 4 in the valid protocol sample group. The same steps were taken with scales 6 and 9.

Results indicated that as the Weighted Infraction Rate (WIR) increased from zero to nine, the scale 4 score increased from a T score of 50 to a T score of 85. Once the WIR increased higher than 9, the T score decreased at the same rate.

The WIR of nine is a significant number in comparison to the graph for Scale 9. These results are provided in Appendix C – Figure 1.

Results for the WIR plotted against the scale 6 T score indicate there is not a significant relationship between the WIR and the scale 6 T score. Refer to Appendix C – Figure 2 for an illustration of the relationship between scale 6 and the WIR.

Results for the WIR plotted against the scale 9 T score indicated that as the WIR increased from zero to 40 the T score increased from the lower 40's to the upper 60's. As the WIR increased from zero to five the graph was nearly unpredictable. As the WIR increased from 5 to 9 the graph became more predictable and from nine to approximately 23 the trend was very predictable. The WIR of nine is a significant number in comparison to the other graphs presented in these results. Additional data is needed in order for these results to be further supported. A graph of the results for the relationship between WIR and scale 9 are available in Appendix C – Figure 3.

Results for the WIR plotted against the F validity scale T score do not indicate a relationship between the valid group and invalid group in reference to the WIR. Refer to Appendix C – Figure 4 for a graph illustrating the lack of support for the relationship between the WIR and the F scale.

Testing compliance does not appear to have any significant value in regards to the WIR. Figure 5 in Appendix C shows the rate of infractions to be lower for the refusal sample group.

The age at the Control Effective Sentence Date (CESD) was plotted against the WIR. Results do indicate that as the age at the CESD increased above 25 the WIR decreased. This research supports age 25 as being a significant age turning point to show a dramatic decrease in the WIR. Appendix C – Figure 6 illustrates the relationship between the CESD and the WIR.

Discussion

It is interesting to note 94% of the refusal group sample was single whereas the highest percentage of the valid protocol sample was divorced at 43%. Among the three groups the average age was 45 years old with an average time served of 15 years. The valid protocol sample had the highest mean WIR at 13 per year. The majority of sample subjects were Caucasian. Refer to Appendix B – Table 1 for specific data describing the characteristics of the sample groups.

The first hypothesis predicted the WIR and scale 4 T scale score would increase at the same rate. The results partially support this hypothesis up to a T score of 85. As the WIR increased above 9, the T score sharply decreased at the same rate of the increase for 0-9 WIR. The lack of samples above18 limits the interpretation and therefore no conclusions can be determined for the subjects with a WRI above 18. Refer to Appendix C -Figure 1 for an illustration of the data.

The first hypothesis also suggested a positive correlation between the WIR and the scale 6 T score. The graph in Appendix C – Figure 2 clearly shows no relationship between these two variables. These results are consistent with the

findings of other researchers (Dahlstrom et. al., 1975; Disney, 1998) that scale 6 is not a significant predictor to use in correctional settings.

The third component of this hypothesis suggested a positive relationship between the WIR and the scale 9 T score. Results support a relationship where as the T score increased the WIR also increased. Refer to Appendix C – Figure 3 for an illustration of the relationship between the WIR and scale 9 T score. Scale 4 and scale 9 both have predictive abilities with offenders. However, caution needs to be taken due to the compound functions in scale 4 and the linear functions of scale 9 as the results indicated. Scale 9 was the more flexible of the two scales and the predictions for Scale 9 will be more easily calculated if the WIR is above 5. Scale 4 can be a useful predictor if data is available regarding the WIR. The WIR value can be entered onto the graph and will show the predicted T score for scale 4. Scale 9 can be used as a predictor if either one of the values for the WIR or the scale 9 raw score is available. The data value that is available can be entered onto the graph and the predicted value of the absent data will be plotted on the graph.

Hypothesis 2 suggested that inmates with low infraction rates would have a higher T score on the F - validity scale. This prediction was supported yet limited due to the low number of high infraction rate inmates. A WIR of 8-23 seems to be fairly predictable but again, caution should be taken with extreme scores due to the lack of sample data. Appendix C – Figure 4 illustrates the relationship between the F – scale and infraction rates.

Hypothesis 3 predicted the invalid protocol sample group would have a higher WIR when compared to the refusal sample group. The refusal group had a lower WIR at a significant level of >5 WIR compared to the other two sample groups. This suggested the subjects in the refusal group were not concerned about complying with testing. Refer to Appendix C – Figure 5 illustrates the relationship between the WIR and testing compliance. After taking a closer look at the subjects in each sample group these results do make sense. Having a low WRI indicates these subjects do not get into trouble very often. Therefore the subjects can afford to refuse to comply with certain requests, such as psychological testing.

The results of this study were very interesting. Further research on long-term offenders can offer valuable information for correctional staff. It would be interesting to have a follow up study to include these subjects along with intake offenders serving a life sentence for first-degree murder. The main difference between the two sample groups would be new intake status as opposed to having a minimum of eight years time served. The raw scores for the F-scale and clinical scales 4 and 9 would be predicted to show very different results than offered in the results from this study.

The national trend in corrections has shown offenders to be younger and more violent. In working with offenders over the past three years I have noticed a lot of young inmates being received in the segregation unit from other facilities. The younger inmates are coming from the regional jails with a minimum of five infractions. Many of these infractions are for assaults on correctional staff.

Compare this with the inmates who have served a minimum of fifteen years with zero infractions. It would be interesting to note the different trends in research to support this topic.

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Appendix A

Review of the Literature

Literature Review

The treatment needs of the long-term offenders have been overlooked in order to address the treatment needs of the offenders who will be returning to the community (Sorenson & Wrinkle, 1998). Statistics show that the long-term offender will eventually be released from prison (Fox & Zawitz, 1999; Greenfeld, 1995). Therefore, both groups are one in the same. The Focus of this literature review will be on the needs of the long-term offenders who have a minimum prison sentence of ten years to life. The historical trend of treatment for the long-term offender has been to lock them up and forget about them because we will never see them on the street again. The reality of this is that some long-term offenders do eventually make parole and do return back to our communities (Hess & Weiner, 1999). Some long-term offenders may never be granted parole or may not even be eligible to see the parole board (Zamble, 1992). However, they are a part of the prison community that can help provide a stable atmosphere if their treatment needs are identified and addressed.

Dangerous and disruptive inmates pose an enormous management difficulty for the prison system (Beck & Greenfield, 1995; Buchanan & Whitlow, 1987). Prison officials have the responsibility to protect staff and inmates (Voorhis & Spencer, 1999). Inmates tend to deal with the stress of incarceration in one of two ways. The first way is to oppose the rules and regulations of the system. This is merely a follow up to their behavior in the community and results in segregation from the mainline population of inmates. A second way is to comply with programming and rehabilitation. This is the group of inmates who attempt to

comply with all rules and regulations. These inmates are involved in education and vocational programs, and employment. Fernandez and Neiman (1999) found that inmates who committed a disciplinary violation within 30 days of incarceration show a rate of 7.3 infractions as compared to 1.8 infractions for inmates who commit their first violation more than 150 days after intake. Violation rates were shown to be higher at the beginning of prison terms and lowest towards the end of their sentence.

The Bureau of Justice Statistics (Greenfeld, 1995) reported seven in ten prisoners with a life sentence expect to be released. Among released prisoners, the average length of sentence was eight years with the approximate time served of about three and a half years, or just below half of their total maximum sentence. West Virginia reported a 5.8% increase in the number of first time releases for violent offenders over the course of 1992-1994. Fernandez and Neiman (1998) listed West Virginia as having 2,469 total inmates with 13% of them being classified for placement in a maximum-security prison.

Fox and Zawitz (1999) reported offending rates for teenagers and young adults dramatically increased in the late 1980's and early 1990's but has recently begun to decline. The rate of 25 years old and older offenders has steadily declined over the past two decades. Statistics confirm that the crime of homicide is being committed by juveniles at a higher rate today as compared to ten years ago (Levinson & Greene, 1999). Edwards (n. d.) reported that data on the age of defendants in homicide cases ten years ago averaged between 20-25 years of age. Today, the defendants of homicide are approximately 15-20 years old.

Levinson & Greene (1999) reported juveniles accounted for thirteen percent of all violent crimes. When this percentage was broken down, 8 percent was attributed to murderers. Therefore, it is possible that defendants may serve their maximum sentence and still be eligible to see the parole board while they are still at the prime age of thirty (Dalkin & Skett, 1999).

These statistics indicate a need to adequately classify inmates and initiate a treatment regime. Latessa (1999) and other researchers (Carson, 1985; Disney, 1998) believe that classification is an ongoing process. An inmate may be classified as the worst inmate in the institution. However, self-improvement can be achieved after he/she has participated in therapeutic groups and educational classes with the additive of maturation. Voorhis and Spencer (1999) reported correctional staff needs to plan for differences in inmates when addressing treatment needs. One noted observation was that inmates adjust to incarceration on different time schedules (Carey, Garske & Ginsberg, 1986; Cooper & Werner, 1990; Hanson, Mosse, Hosford & Johnson, 1983). Fernandez and Neiman (1999) suggested that as inmates adjust to the prison environment their violation rate will decline. Irwin (1981) suggested that an inmate's behavior is positively correlated with the individual's experiences prior to incarceration. According to Sorenson & Wrinkle (1998), juveniles tend to be more involved in disciplinary actions as compared to older inmates and they have a higher incident rate of segregation placement.

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is widely used in correctional settings (Ben-Porath, Graham, Hall, Hirschman & Zaragoza,

1995; Disney, 1998; Gallagher, Somwaru, Briggs & Ben-Porath, 1992; Steadman & Cocozza, 1993; Wetter, Baer, Berry, Smith, & Larsen, 1992). However, there is little research as to the utility of the MMPI-2 validity scales in correctional settings to detect distortions in self-presentation (Gallagher & Ben Porath, 1997).

A major use of the MMPI-2 in the correctional setting is to assist the correctional staff in matching resources to inmates (Disney, 1998; Graham, 1990; Graham, 1993). Reclassification is important in determining the amount of influence treatment has had on an inmate (Latessa, 1999). Several researchers (Dahlstrom, Welsh & Dahlstrom, 1975; Disney, 1998) have reported a pattern of significant elevations on scales 4, 2, and 9 in studies with prison populations.

Current research (Noukki, 1995; Shondrick, Ben-Porath & Stafford, 1992) has suggested that approximately one third of the MMPI-2 profiles in a forensic setting will turn out invalid. Through a review of the current literature regarding the interpretation of the MMPI-2, there were some discrepancies regarding cut off scores for a valid protocol.

The standard validity and clinical scales can be scored from the first 370 items in the booklet (Butcher & Graham, 1994). However, if the protocol is interpreted with only the first 370 items completed, the test interpreter should note how many items were not answered. The unanswered items are monitored on the "?" or Cannot Say Scale (CNS). Omissions of items on this scale are usually dependent on the individual's response set (Duckworth & Anderson, 1986). The clinician should note the theme of the unanswered items and give the individual a chance to respond as to why the items were not answered.

Duckworth and Anderson (1986) reported the usual number of omitted items is between 0 and 6, with a mode of zero and a median of one. If more than six items are omitted, the clinician should observe whether or not a pattern exists. If a pattern does exist, this may indicate an area the individual may need to address in treatment. The inmate may be more open to self-disclosure through the exploration of the omitted items with the inmate (Pauley, 1998). Graham (1993) as well as other researchers (Butcher & Williams,1992; Dahlstrom, Lachar & Dahlstrom, 1986; and Meyer & Deitsch, 1996) agree that if thirty or more items are unanswered the protocol is invalid and should not be interpreted. If ten items are unanswered the protocol can be interpreted with caution. A high CNS could indicate a low reading level. If reading level is okay then the clinician needs to look for gross impairment in decision making skills required in order to answer inventory questions. If the CNS is less than thirty, the next step is to look at the validity scales.

The first validity scale is the L scale. According to Butcher & Williams (1992) and Graham (1990) a T score of equal to or greater than 65 on the L scale deems the protocol invalid. Meyer & Deitsch (1996) are quoted at sixty-five as a cut off for validity on the L scale. According to Meyer the groups most likely to score high (T>65) on the L scale are saints, priests, ministers, rabbis', and inmates. Graham (1993) reported a low L scale score indicates the individual responded frankly to items in a self-confident manner. These individuals are generally perceptive, self reliant and socially responsive.

The next validity scale is the F scale or Infrequency scale. According to Butcher (1990), clinicians do not generally concern themselves with profile invalidity until the F scale score reaches a T score of 90, depending on the individuals placement. In some settings, such as incarceration, it is appropriate to interpret with caution profiles with an F score of T=90-109. Dahlstrom et. al. (1986) tends to agree with a higher cut off of validity for the F scale by setting his cut off score at T= >113 to be invalid. Other researchers (Graham, 1990; Meyer & Deitsch, 1996) set their cut off at a lower level of T= <80 in order to be valid.

According to Graham (1993), the F scale serves three important functions. The first function is to work as an index to identify test taking attitude and deviant test taking response sets. The second function is if the profile invalidity can be ruled out, the F scale is a reliable indicator of the degree of psychopathology with higher scores indicating a cue to greater pathology. The third function is for the F scale to be used to help generate inferences about the individuals other extra-test behaviors and characteristics.

Butcher & Williams (1992) presented guidelines for interpretation of the F scale which vary slightly from what Graham (1993) proposed. Graham (1993) and Butcher & Williams (1992) agreed to use less than 50 to indicate normal response or little symptom expression. Butcher & Williams (1992) set the next range at T= 51-59 to being accessible and open to talking about problems. Whereas Graham (1993) set this level at T=50-65 to indicate the individual endorsed certain problem areas. Butcher & Williams (1992) overlapped Graham's (1993) level at T= 60-79 to indicate the profile is likely to be valid but

may have exaggerated some symptoms and the individual may be presenting a wide range of psychological problems. According to Butcher & Williams (1992) the next level is T=80-89 borderline validity which indicates the use of symptoms to gain sympathy and an exaggeration of complaints. Graham (1993) set the level of suggested malingering, plea for help, resistant to test taking and faking bad at the T=80-99 whereas Butcher & Williams (1992) was more liberal and set the level at T=90-109 for a possible indicator of an invalid protocol. Any score above the above mentioned scores should be deemed invalid and the protocol should not be interpreted.

The next validity scale is the K scale, which modifies the clinical scales 1, 4, 7, 8, 9 (Aiken, 1989; Green, 1991; Gough, 1950; Lachar, 1974). These five scales are adjusted by adding a K-correction, based on the K score to help compensate for test defensiveness. Butcher & Graham (1994) presented interpretation guidelines for the K scale. The guidelines for interpreting the K scale include using a T score that is greater than or equal to 65 which indicates defensiveness. This is common in settings where individuals are motivated to present themselves favorably. According to Meyer and Deitch (1996) a high K score (T=60-70) is associated with an attempt to deny psychopathology and vulnerability. These individuals are not willing to admit psychological or physical limitations. Limited insight of their own behavior is common, along with having resistance to any type of intervention. According to Graham (1993) high scorers may be trying to maintain an appearance of adequacy and control. A false response set elevates the K scale.

Graham (1993) reported that available data suggest the relationship between education level and K scale is minimal and that the same interpretation can be made of the K scale scores regardless of the person's educational level. Dahlstrom et. al.(1986) agreed to the lack of research to support the K-correction and states the results of the available studies concerning the K-correction have been mixed at best. Graham (1993) does recommend using the K-correction on a routine basis regardless of the limited research support for this correction and appropriateness of this scale with various populations.

Numerous studies have shown scale 4 to be the predominantly elevated scale for offender populations (Graham, 1993; Noukki, 1995). Scale 4 is used to indicate the level of rebelliousness (Aiken, 1989; Butcher, 1990). As evidenced by this literature review, there have been multiple studies involving the MMPI and offenders. However, there is an ongoing need for updated material to assist with classification and prediction of potentially violent and aggressive offenders. The recent trend of crimes being committed by youthful offenders has shifted the prison environment to a more violent, unpredictable and difficult to manage inmate population.

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Appendix B

Tables

Table 1

Frequencies and Descriptive Statistics for the Valid Protocol Sample, Invalid Protocol Sample and the Refusal Group

Variable	Valid Protocols	Invalid Protocols	Refusal Group
Race			
White	86%	93%	82%
African American	14%	7%	14%
Hispanic	n/a	n/a	4%
Sentence			
Life With Parole	38%	34%	25%
Life With-Out Parole	62%	75%	75%
Marital Status			
Single	32%	43%	94%
Married	16%	14%	2%
Divorced	43%	41%	4%
Widowed	9%	2%	n/a
Age at Intake	28	29	30
Range of Ages	28 – 67	28 – 60	28 – 71
Age (Mean)	43	45	45
Education (Mean)	11	12	10
Years Incarcerated	16	15	14
Disciplinary Infractions	13	11	10

Table 2

Class I Rule Violations

These are the most serious infractions that cause a threat to the safety and security of the facility to include public safety and felonies

1) Escape
2) Assault and/or Battery
3) Rape
4) Riot
5) Fires
6) Hostage Taking
7) Possession of Weapons
8) Introduction of Weapons
9) Extortion or Bribery
10) Tampering with Locks/Equipment
11) Trafficking
12) Demonstrations
13) Cumulative Class II Offenses
14) Theft or Destruction of Property Valued Over $100.00
15) Obstructing an Employee/Visitor
16) Felony
17) Use and Possession of Drugs/Intoxicants
18) Refusing Drug/Alcohol Screening

Table 3

Class II Rule Violations

Offenses that disrupt the normal operations of the facility, community security or violate federal, state and/or local laws.

1) Refusing an Order
2) Threats
3) Refusal to Attend Class or Work
4) Missing or Confusing Count
5) Bucking Line
6) Entering Another's Cell/Living Area
7) Unauthorized Presence
8) Fighting
9) Sexual Acts
10) Self-Mutilation
11) Contraband
12) Possession of Money
13) Failure to Tender Monies/Paychecks
14) Failure of Property Valued Under $100.00
15) Destruction of Property Valued Under $100.00
16) Forgery
17) Fraudulent Representation
18) Trading or Selling
19) Gambling

Table 3

Class II Rule Violations Continued

20) Misuse of Telephone

21) Misuse of Correspondence Regulations

22) Failure to Proceed or Return

23) Failure to Report Arrests or Accidents

24) Contempt of Magistrate Court

25) Perjury

26) Accessory

27) Cumulative Class III Violations

28) Unauthorized Operation of a Motor Vehicle

29) Unauthorized Entering into a Contract

30) Creating a Disturbance

31) Furlough Condition Violation

32) Insubordination/Insolence

33) Illegal Offender Store

34) Misdemeanor

35) Attempted Extortion or Bribery

36) Physical Contact

Table 4

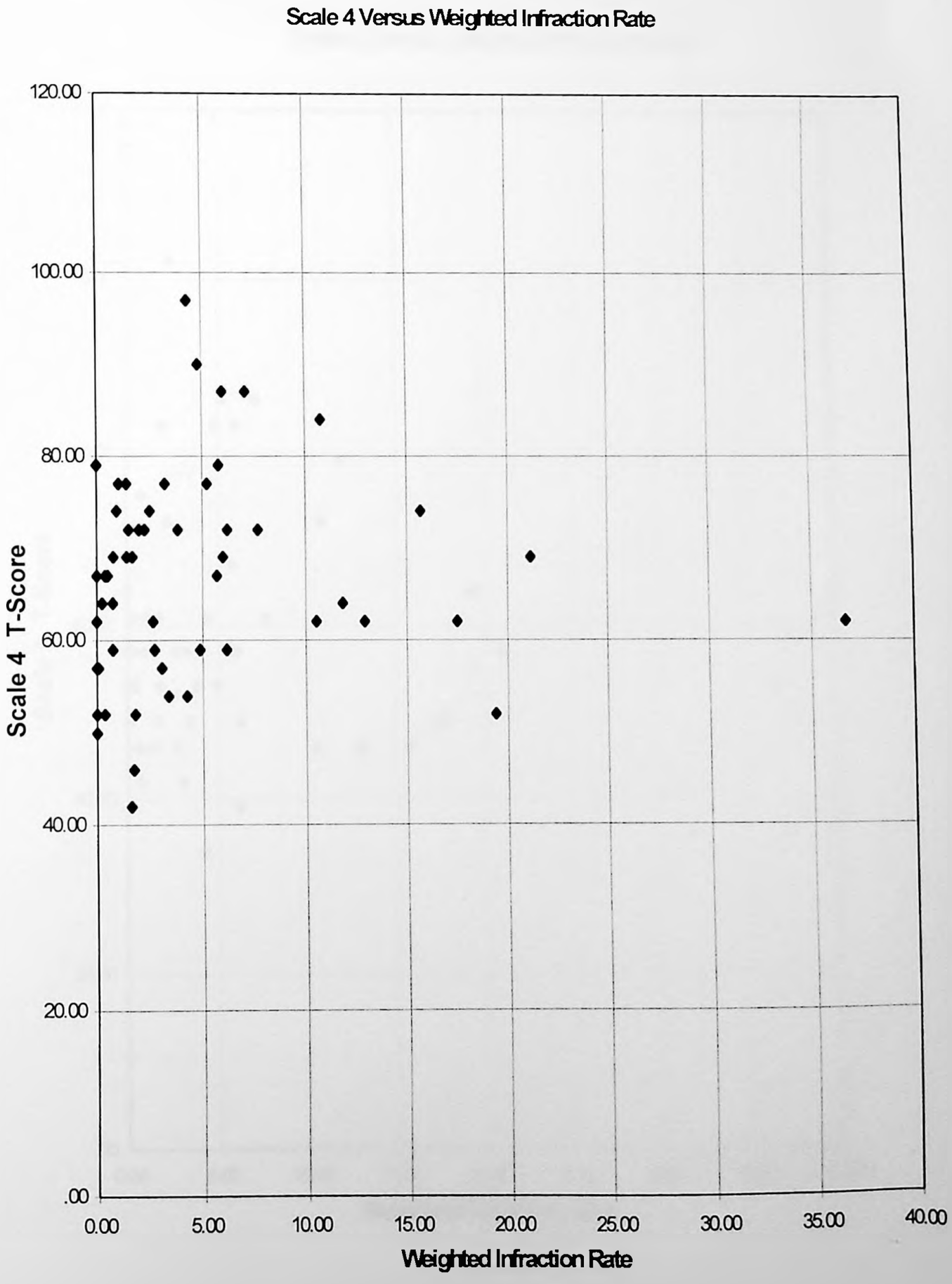
Class III Rule Violations

The offenses that disturb the smooth operation and routine of the facility but are not so severe to deserve interference with parole eligibility.

1) Feigning Illness
2) Littering
3) Sanitation/Hygiene
4) Improper Use of Food
5) Attentiveness
6) Improper Use of Equipment
7) Smoking
8) Unauthorized Communication
9) Posted Procedures
10) Accessory

Appendix C

Figures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80.00
60.00
40.00
20.00
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Scale 4 T-Score
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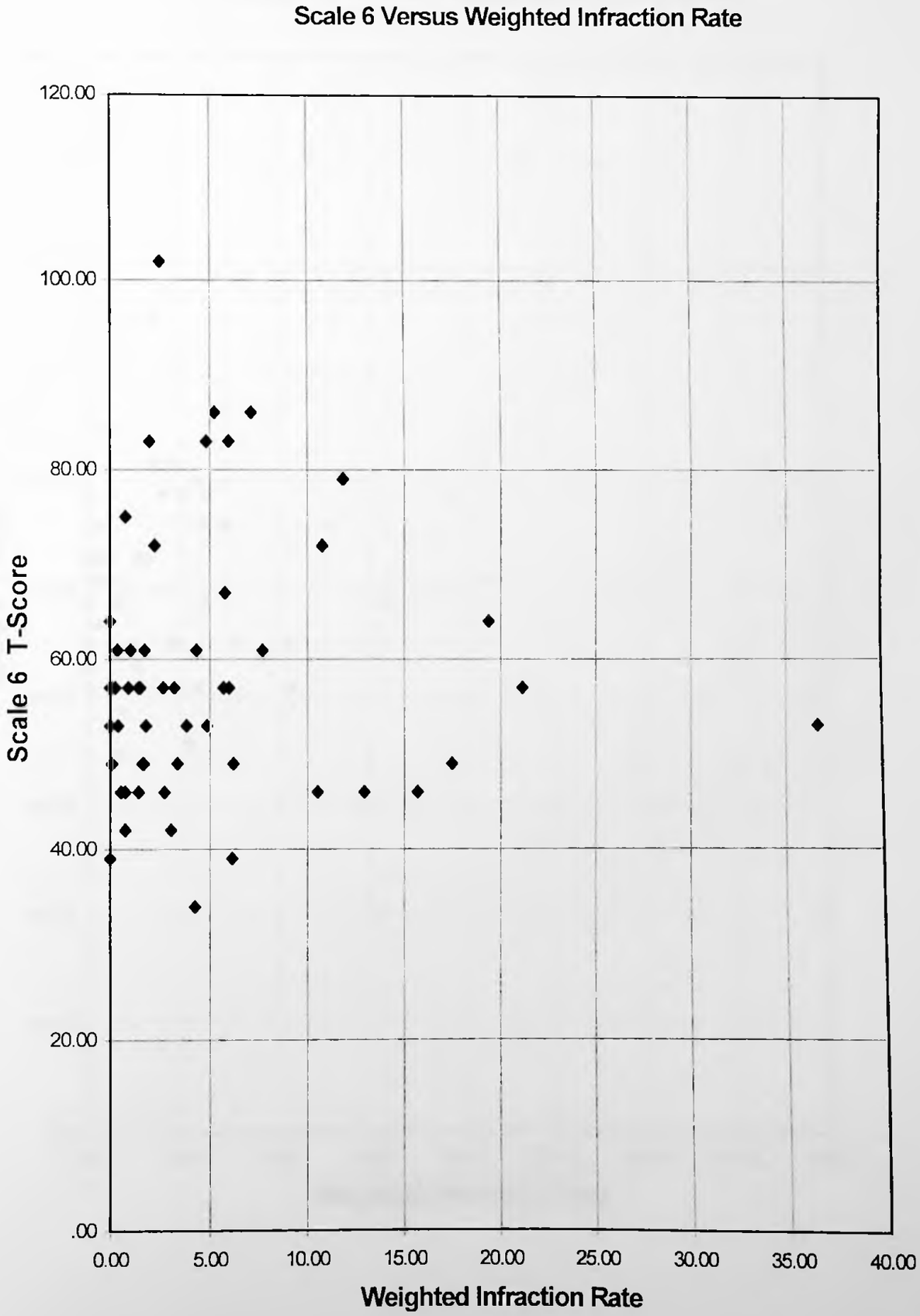
10.00
15.00
20.00
25.00
30.00
35.00
40.00
Weighted Infraction Rate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Scale 6 T-Score
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30.00
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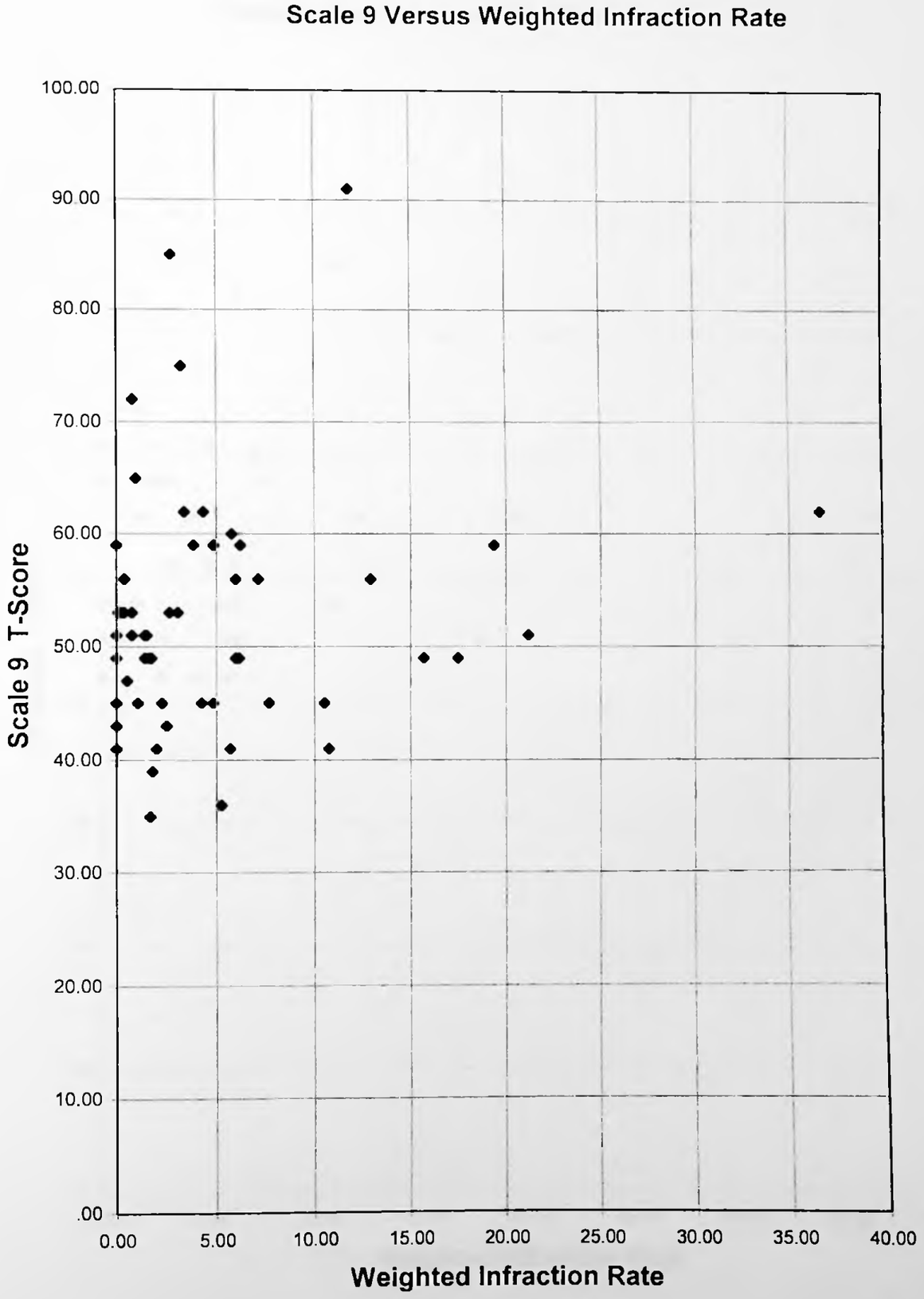
40.00
Weighted Infraction Rate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Scale 9 T-Score
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80.00
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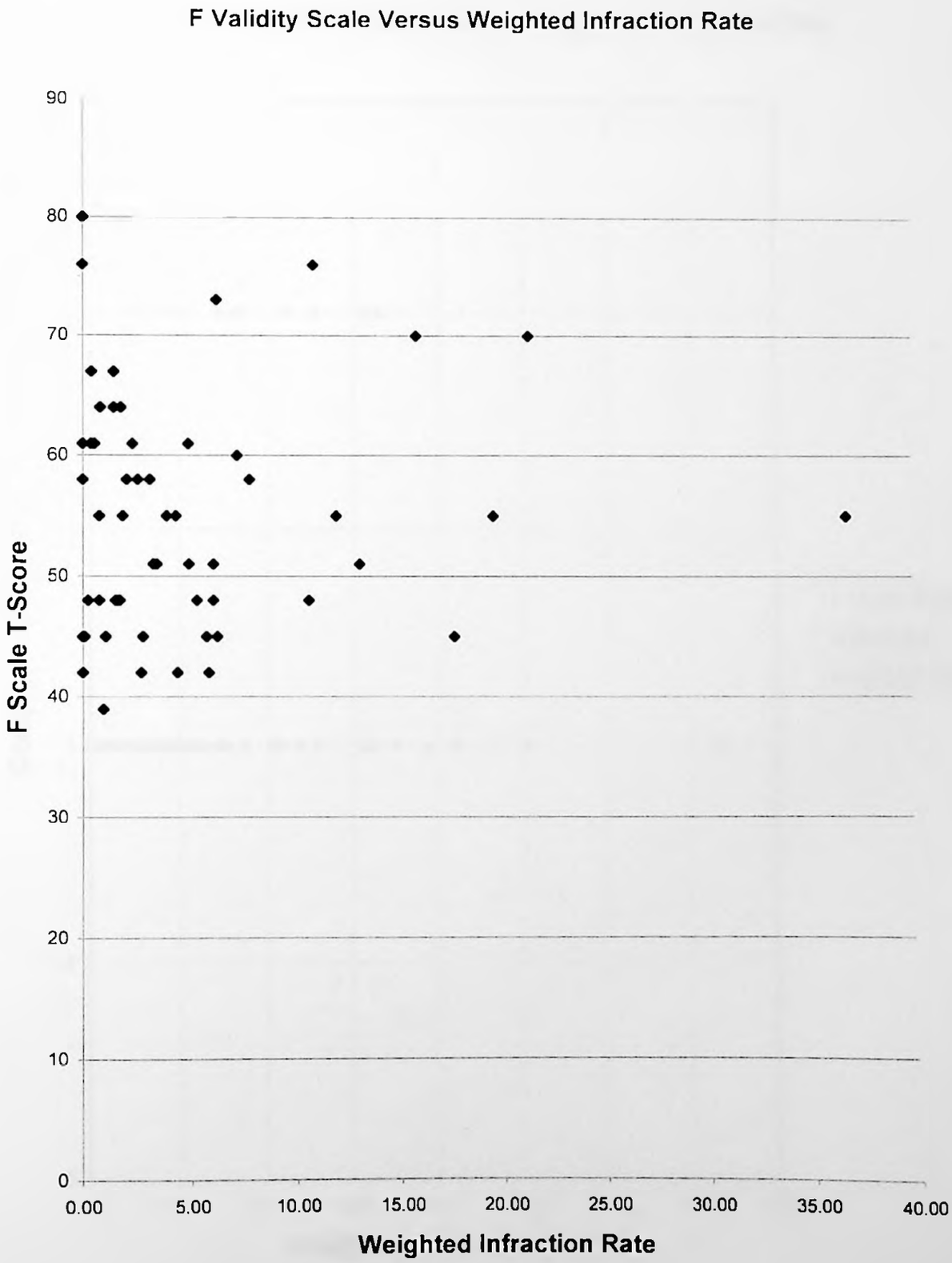
50.00
40.00
30.00
20.00
10.00
.00
0.00
5.00
10.00
15.00
20.00
25.00
30.00
35.00
40.00
Weighted Infraction Rate


F Validity Scale Versus Weighted Infraction Rate
F Scale T-Score
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80
70
60
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30
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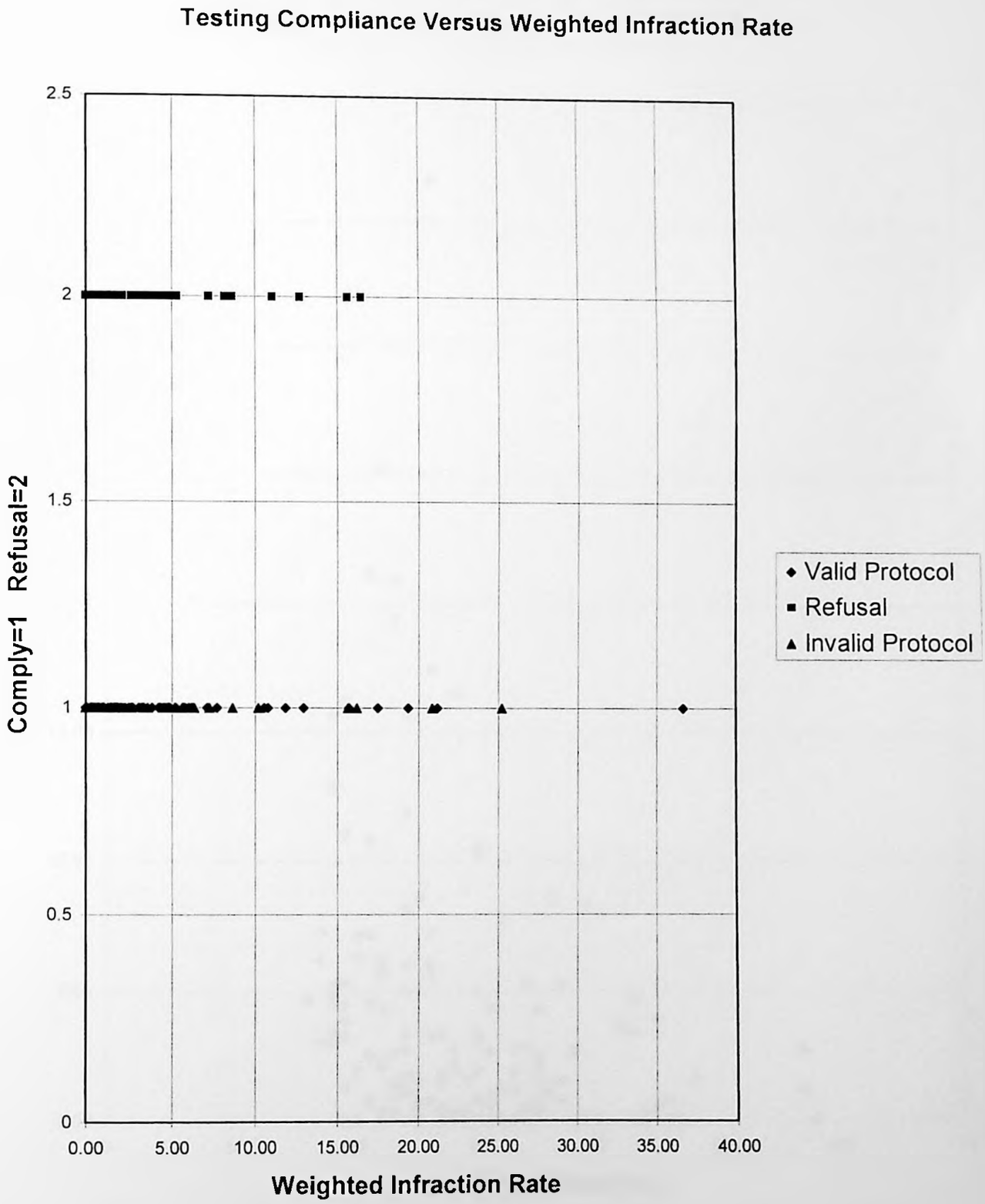
25.00
30.00
35.00
40.00
Weighted Infraction Rate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1.5
1
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0
0.00
5.00
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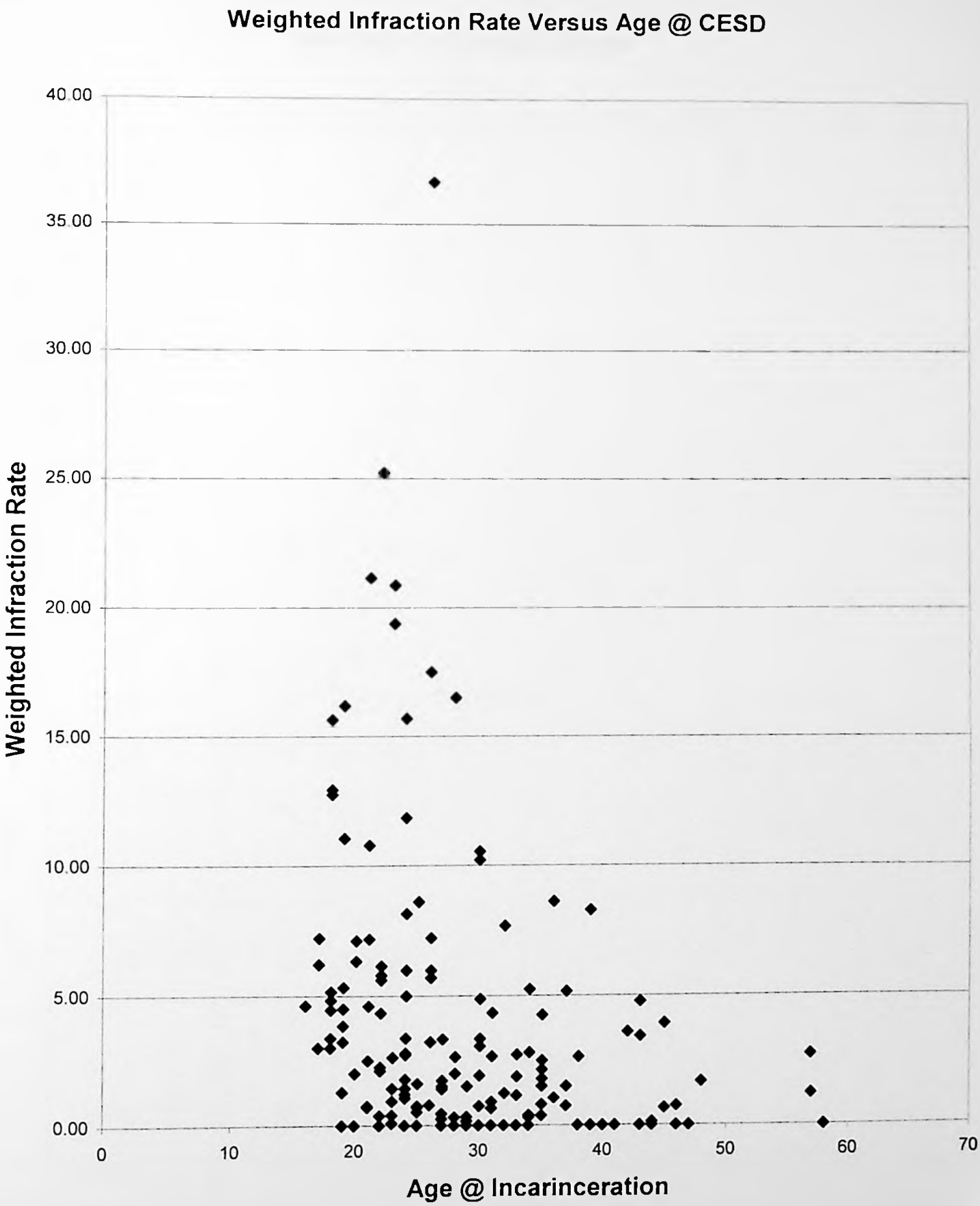
30.00
35.00
40.00
Weighted Infraction Rate
Valid Protocol
Refusal
Invalid Protocol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15.00
10.00
5.00
0.00
0
10
20
30
40
50
60
70
Age @ Incarinceration

Appendix D

Raw Data for Sample Groups

Raw Data for the Valid Protocol Sample Group

Race	DOB	Educ	Stat	CESD	#DA	L30-65	F30-80	K30-65	4	6	9
W	11/55	12	D	4/1/90	6	52	64	45	77	86	36
W	11/55	13	W	1/1/89	2	48	51	47	52	53	39
W	9/38	12	D	3/1/75	6	43	48	47	77	61	45
W	7/59	9	S	2/1/87	2	52	45	62	72	57	51
W	2/50	8	M	12/1/75	2	61	48	64	67	46	47
W	10/63	14	D	4/1/86	0	52	45	64	52	53	43
W	8/40	12	D	4/1/75	1	48	51	60	67	53	56
W	6/62	12	D	6/1/90	0	56	48	43	79	64	49
W	6/68	14	D	12/1/90	4	56	61	49	72	72	45
W	2/48	11	S	12/1/78	0	39	58	47	62	53	59
W	8/56	9	M	6/1/81	39	52	67	54	74	46	49
W	2/60	7	M	7/1/79	0	48	55	39	67	64	41
W	10/52	13	S	6/1/79	5	56	76	35	69	75	72
W	3/51	12	M	11/1/89	0	61	61	47	50	53	49
B	12/58	12	S	5/1/82	3	56	76	45	74	57	65
B	12/42	12	D	7/1/81	9	48	48	43	62	57	53
W	3/44	12	D	4/1/74	2	61	51	45	59	42	51
W	2/59	12	W	10/1/86	1	61	42	70	64	57	53
W	5/46	10	D	9/1/78	0	52	45	64	57	57	51
W	7/62	13	S	6/1/89	62	65	48	56	62	53	62
W	4/62	8	M	10/1/85	44	61	42	49	52	64	59
W	12/58	9	D	1/1/81	14	56	64	56	97	61	62
W	4/43	14	D	2/1/76	39	43	45	60	72	61	45
W	5/54	7	D	4/1/79	45	52	80	30	64	79	91

W	7/65	16	D	4/1/90	12	48	58	49	69	57	56
W	8/56	12	W	7/1/90	0	56	55	41	62	53	45
W	3/31	8	D	9/1/60	0	56	39	56	52	39	51
W	7/57	9	S	10/1/82	4	52	45	56	64	46	53
W	1/56	12	S	6/1/79	5	56	42	58	77	46	51
W	1/66	8	S	10/1/85	6	43	55	43	77	57	75
W	8/60	12	M	12/1/85	5	61	45	51	42	49	49
W	4/64	9	S	12/1/90	6	52	70	54	87	83	49
W	12/61	9	S	1/1/84	21	60	60	61	79	67	60
W	12/67	13	S	6/1/89	25	48	55	49	84	72	41
W	5/52	12	S	8/1/78	18	65	58	47	67	57	41
W	3/61	9	S	5/1/80	15	65	48	49	72	53	59
W	5/59	10	D	7/1/80	55	43	58	37	69	57	51
W	8/37	9	S	1/1/61	1	43	61	35	57	49	53
W	10/51	12	W	12/1/86	7	56	48	49	54	34	45
W	10/60	12	D	7/1/89	4	61	73	37	72	83	41
W	7/55	9	S	12/1/85	27	39	51	43	62	46	45
B	7/58	16	D	4/1/82	13	61	45	51	57	42	53
B	5/62	10	M	12/1/80	23	61	70	43	90	83	45
W	5/64	11	S	12/1/82	29	65	42	64	62	46	56
B	11/66	10	D	9/1/84	17	65	61	56	72	49	59
B	9/54	9	M	7/1/79	9	48	67	43	69	57	49
W	7/54	9	D	7/1/90	1	56	55	51	52	61	53
W	11/56	10	S	2/1/75	15	48	61	51	54	49	62
W	9/52	10	W	12/1/79	7	56	45	49	46	61	49
B	6/70	12	D	10/1/90	15	61	51	60	87	86	56
W	2/60	6	D	11/1/86	26	65	55	56	62	49	49
W	5/45	6	D	12/1/67	41	56	42	54	59	39	49

W	8/63	9	S	12/1/87	8	43	58	43	59	46	85
W	1/42	10	D	2/1/90	3	52	55	51	69	49	35
W	7/52	16	D	6/1/88	7	65	64	45	74	11 2	43
B	5/60	12	M	9/1/90	11	52	48	37	59	53	59

Raw Data for the Invalid Protocol Sample Group

Race	DOB	Educ	Stat	CESD	# DA	L30-65	F30-80	K30-65	4	6	9
W	7/60	12	M	9/1/83	58	65	55	70	67	49	51
W	5/52	12	D	5/1/85	0	70	45	62	42	53	49
W	5/51	14	S	2/1/94	4	61	48	70	74	61	49
W	12/53	10	D	3/1/83	0	87	101	51	77	49	51
W	5/47	15	M	11/1/81	0	70	39	62	62	39	43
W	2/59	9	S	10/1/89	0	74	48	66	67	49	47
W	11/46	16	S	5/1/86	0	56	39	68	64	64	53
W	12/42	13	D	11/1/80	15	70	55	68	67	57	71
W	4/57	12	D	3/1/88	16	83	45	75	82	57	49
W	1/49	12	D	11/1/80	0	78	42	64	62	53	62
B	8/53	12	S	3/1/88	1	83	48	66	69	57	43
W	8/48	16	D	3/1/73	0	56	36	70	50	49	39
W	12/43	8	M	4/1/75	3	70	42	62	57	42	45
W	2/53	6	S	9/1/81	4	48	92	30	52	79	72
W	12/58	10	S	3/1/81	6	61	48	68	64	64	39
W	6/47	12	M	7/1/77	0	43	101	45	59	64	81
W	6/57	11	S	7/1/81	0	39	104	35	54	75	56
W	1/51	10	D	1/1/84	0	70	61	79	92	57	43
W	7/43	12	D	11/1/87	0	65	120	35	77	72	59
W	4/51	13	D	6/1/79	2	56	55	70	69	68	41
W	11/64	11	D	2/1/90	0	70	58	56	69	64	56
W	7/65	11	S	3/1/86	6	91	67	77	82	72	47
W	4/38	14	W	5/1/81	15	56	120	49	69	83	56
W	3/42	8	D	3/1/80	9	52	92	37	87	75	59
B	1/49	15	D	7/1/82	8	70	39	70	62	57	51

B	4/67	10	S	10/1/90	7	78	64	51	69	64	45
W	4/54	14	D	9/1/86	3	43	45	66	74	57	62
W	12/42	16	D	5/1/68	3	74	85	37	48	64	69
W	1/71	11	S	8/1/89	23	78	82	68	62	68	49
W	3/54	12	S	12/1/90	11	52	116	41	87	105	49
W	9/51	10	S	2/1/73	4	78	120	62	84	94	59
W	8/69	12	S	11/1/90	2	61	116	39	82	86	59
W	10/43	12	D	4/1/90	2	78	55	60	77	64	47
W	8/60	9	M	8/1/81	28	56	107	43	79	105	78
W	11/58	14	M	6/1/80	11	87	39	75	64	61	51
W	12/64	12	S	6/1/84	10	70	51	72	77	72	49
W	11/70	10	S	9/1/87	13	91	58	72	52	53	43
W	12/51	12	D	2/1/82	9	52	48	68	57	57	47
W	2/68	9	S	10/1/90	15	74	82	54	84	94	45
W	6/59	12	D	7/1/85	15	61	45	66	82	49	62
W	9/53	9	S	12/1/75	96	52	95	30	67	68	88
W	5/47	7	S	12/1/71	9	61	89	47	77	57	43
W	2/46	14	D	7/1/85	0	56	45	75	72	61	47
W	1/58	18	S	10/1/77	55	61	39	70	57	53	78

Raw Data for the Refusal Sample Group

Race	DOB	Educ	Stat	CESD	# of DA
W	6/31	8	S	10/1/75	1
W	5/47	12	S	9/1/78	4
W	3/45	9	S	5/1/88	0
W	5/50	12	S	12/1/90	0
W	7/31	6	S	2/1/89	5
W	3/42	11	S	3/1/73	8
W	12/60	12	S	2/1/84	2
B	10/50	11	S	9/1/78	2
B	1/39	12	S	8/1/86	0
W	5/31	13	S	10/1/89	0
W	8/54	8	S	11/1/82	0
W	3/42	12	S	7/1/77	11
W	9/51	7	S	11/1/71	0
W	6/41	12	S	4/1/83	0
W	12/38	12	S	2/1/85	0
W	11/58	8	S	4/1/83	4
W	10/44	12	S	11/1/66	4
W	11/51	12	S	1/1/81	1
W	6/66	10	S	10/1/90	3
W	12/52	8	S	1/1/86	5
B	6/48	12	S	12/1/83	2
H	7/69	4	S	12/1/67	5
W	8/63	7	S	8/1/81	27
W	1/40	12	S	1/1/86	9
W	11/56	12	S	4/1/81	2

W	10/61	12	S	11/1/90	4
W	6/64	12	S	6/1/90	11
W	11/57	9	S	6/1/89	6
W	11/57	8	S	7/1/89	7
B	10/48	10	S	2/1/83	11
W	5/69	6	S	2/1/87	6
W	11/52	12	S	6/1/90	2
B	6/57	10	S	7/1/75	75
H	12/70	8	S	11/1/89	35
W	10/53	12	S	5/1/87	6
W	8/61	12	S	3/1/80	15
W	7/62	12	S	8/1/83	20
W	12/44	12	S	2/1/90	2
W	8/60	9	S	2/1/90	1
W	5/62	11	S	7/1/89	4
W	2/56	12	S	10/1/80	21
W	3/31	7	S	8/1/88	4
W	8/56	12	S	6/1/76	43
W	6/67	12	S	10/1/88	8
B	9/64	11	S	7/1/89	7
W	12/55	12	S	12/1/83	3
W	11/69	8	S	10/1/89	10
B	11/64	12	S	7/1/84	6
B	4/42	12	DV	2/1/82	33
W	8/59	6	S	3/1/84	11
W	8/53	11	M	9/1/88	2
W	10/64	8	S	10/1/83	15
W	5/27	1	DV	10/1/70	19

W	9/57	12	S	6/1/86	50
W	11/58	12	S	1/1/85	12

Appendix E

Thesis Defense - Power Point Slide Presentation

THESIS DEFENSE

POLICE LINE DO NOT CROSS POLICE LINE DO NOT CROSS POLI

MargaRita Pauley, M.A.
Marshall University
May 3, 1999

Using Selective MMPI-2 Clinical Scales To Predict The Severity Of Prison Infractions For First Degree Murderers In A Maximum Security Prison

Let's Talk About It!

- Why Did I Choose This Topic?
- What Does The Research Say?
- What Did The Hypothesis Predict?

Research Details

- How Were The Subjects Identified?
- What Procedures Were Used?
- What Instruments Were Used?
- What Do The Results Indicate?

Life In Prison.....

- Experience Working With Inmates
- Interested In The Differences Between Segregation IM's And Main-Line IM's

Long-Term Offenders -- An Overview Of The Research

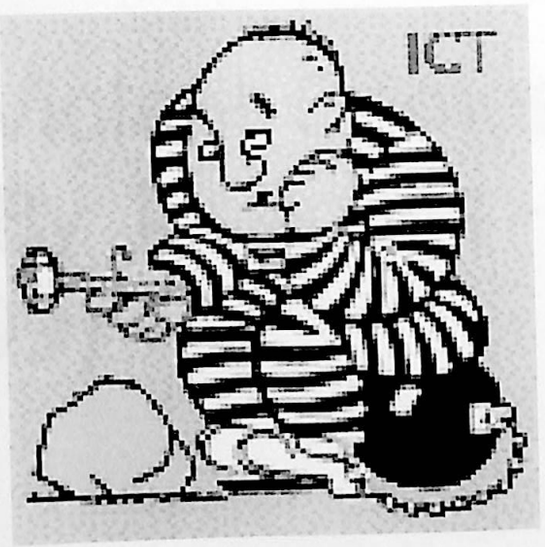
- 13% Of WV's Total Inmates Are Classified For Maximum Security Placement --(Fernandez & Neiman, 1998)

Long-Term Offenders -- An Overview Of The Research

- Ten Years Ago Defendants Of Homicide Were Approximately 20-25 Years Old -- (Edwards, nd)

Long-Term Offenders -- An Overview Of The Research

- Today, Defendants Of Homicide Are 15-20 Years Old --(Edwards, nd)



Long-Term Offenders -- An Overview Of The Research

- 13% Of All Violent Crimes Are Committed By Juveniles --(Levinson & Greene, 1999)

Long-Term Offenders -- An Overview Of The Research

- 8% Of Juvenile Crimes Are Attributed To Murder --(Levinson & Greene, 1999)

Long-Term Offenders -- An Overview Of The Research

- 7 In 10 Inmates Serving A Life Sentence Expect To Be RELEASED -- (Greenfeld, 1995)

Long-Term Offenders -- An Overview Of The Research

- The Most Common MMPI-2 Code Type For Offenders Is 4-9 -- (Hess & Weiner, 1999)

Long-Term Offenders -- An Overview of The Research

- Significant Elevations On Scales 4 And 9 Are Indicators Of Argumentative, Hostile And Impulsive Actions -- (Cronbach, 1990)

Long-Term Offenders -- An Overview Of The Research

- The Best Predictor Of Institutional Adjustment Is Age -- (Cooper & Werner, 1990)

Long-Term Offenders -- An Overview Of The Research

- Past Violent Behavior Prior To Incarceration Has A Positive Correlation With Adjustment Problems and High Infraction Rates -- (Morris & Miller, 1987)

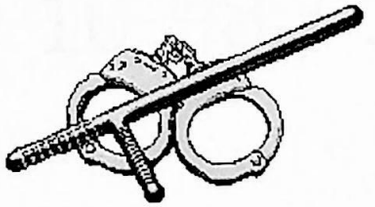
Hypothesis Suggested.....

- Inmates With High Infraction Rates Will Have Higher T Scores On Scales 4, 6, And 9 As Compared To Inmates With Low Infraction Rates.

Hypothesis Suggested.....

- Inmates With Low Infraction Rates Will Have A Higher T Score On The F Validity Scale.

Hypothesis Suggested.....



- The "Invalid Protocol Sample Group" Will Have Lower Weighted Infraction Rates As Compared To The "Refusal Sample Group".

Criteria For Inclusion

- Inmates At MOCC From 10-98 / 3-99
- Serving A Life Sentence For 1º Murder
- Incarcerated A Minimum Of 8 Years

- 155 Inmates Met The Criteria

Sample Group Identification

- 56 Inmates Had "Valid" Protocols

- 44 Inmates Had "Invalid" Protocols
- 55 Inmates "Refused" To Comply With Testing

Procedures

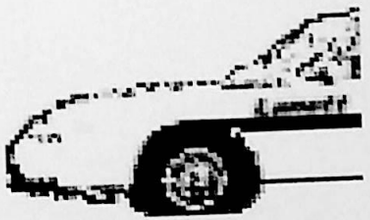
- Validity Scales
  - L=30-65
  - F=30-80
  - K=30-65

- Protocols With >25 Omitted Items 8 Out Of 10 Clinical Scales Elevated

Procedures

- **Weighted Infraction Rates:**
  - **Class 1=9**
  - **Class 2=6** ÷ **# of Years**
  - **Class 3=1** **Incarcerated**

- **Average # Of Disciplinary Infractions Per Year**



Instruments

- MMPI-2
  - Internal Consistency Coefficient Of .87
  - Validity Coefficient Of .46

Results

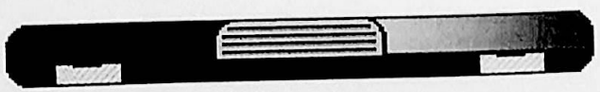
- As The WIR Increased From 0-9, Scale 4 T Score Increased From 50 To 85

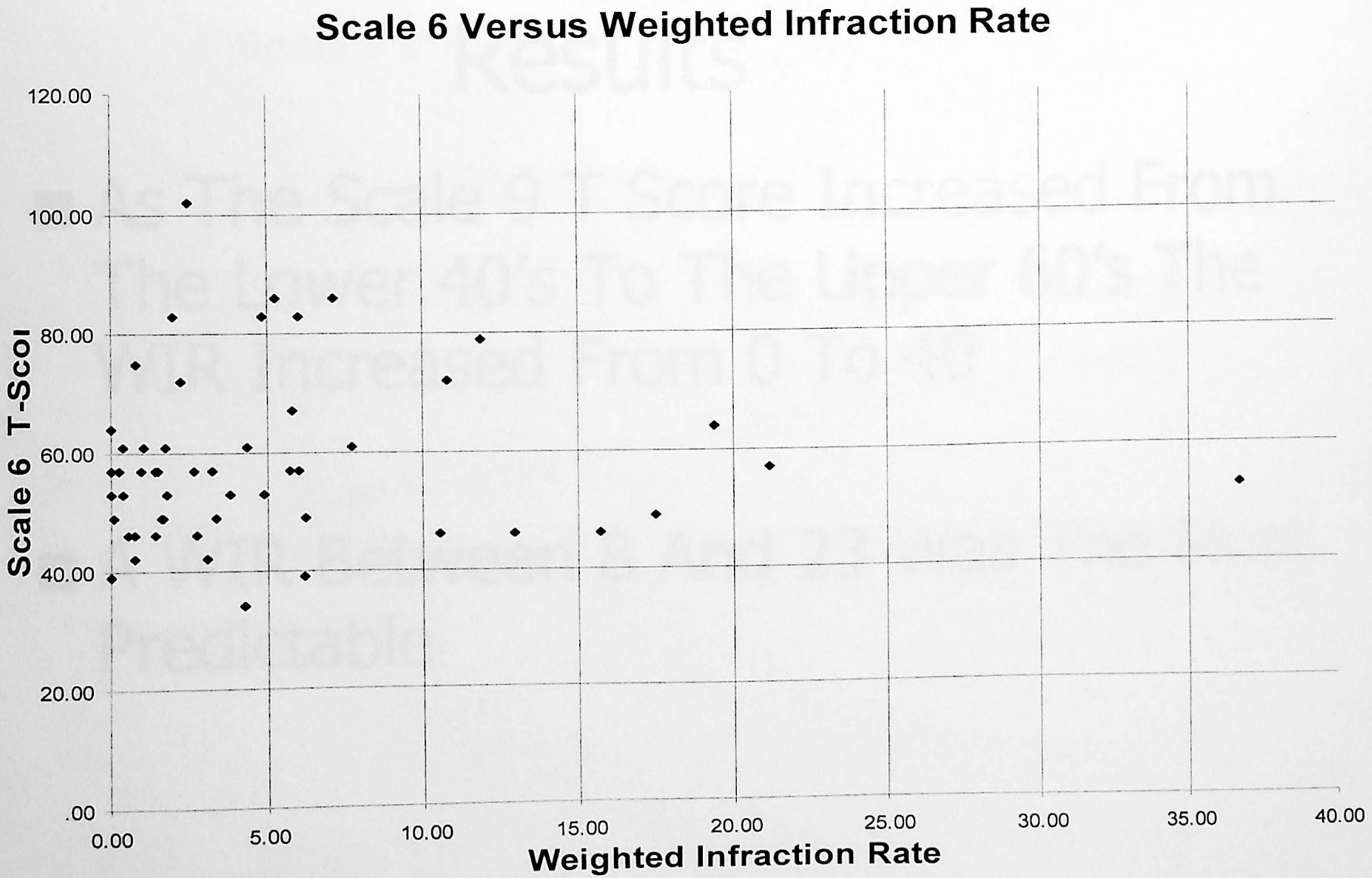
- Once The WIR Increased Higher Than 9, The T Score Decreased At The Same Rate


Scale 4 Versus Weighted Infraction Rate
120.00
100.00
80.00
60.00
40.00
20.00
.00
Scale 4 T-Score
0.00
5.00
10.00
15.00
20.00
25.00
30.00
35.00
40.00
Weighted Infraction Rate

Results

- Scale 6 Did Not Show A Significant Relationship With Weighted Infraction Rates



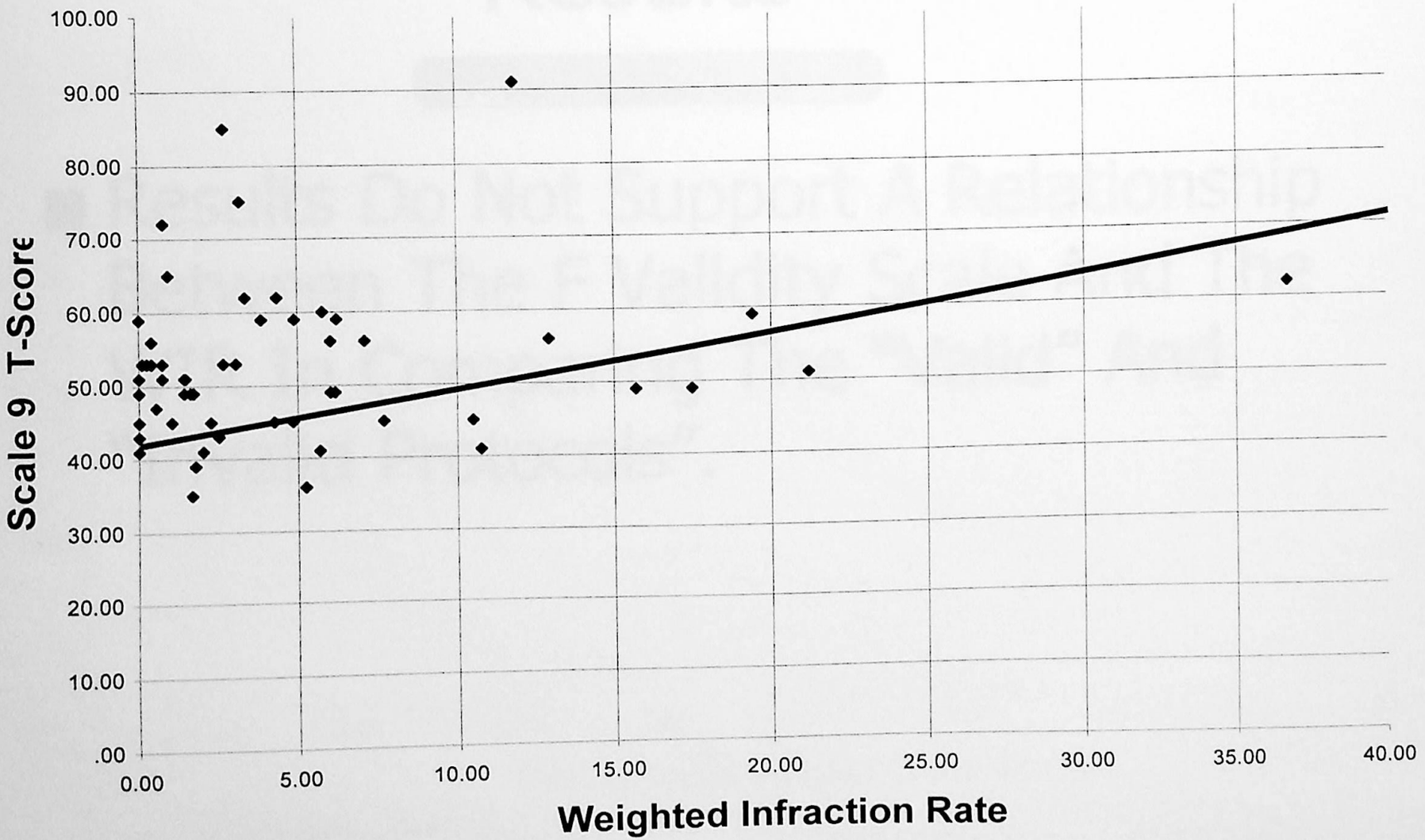

Scale 6 Versus Weighted Infraction Rate
Scale 6 T-Scor
120.00
100.00
80.00
60.00
40.00
20.00
.00
0.00
5.00
10.00
15.00
20.00
25.00
30.00
35.00
40.00
Weighted Infraction Rate

Results

- As The Scale 9 T Score Increased From The Lower 40's To The Upper 60's The WIR Increased From 0 To 40

- A WIR Between 8 And 23 Was The Most Predictable

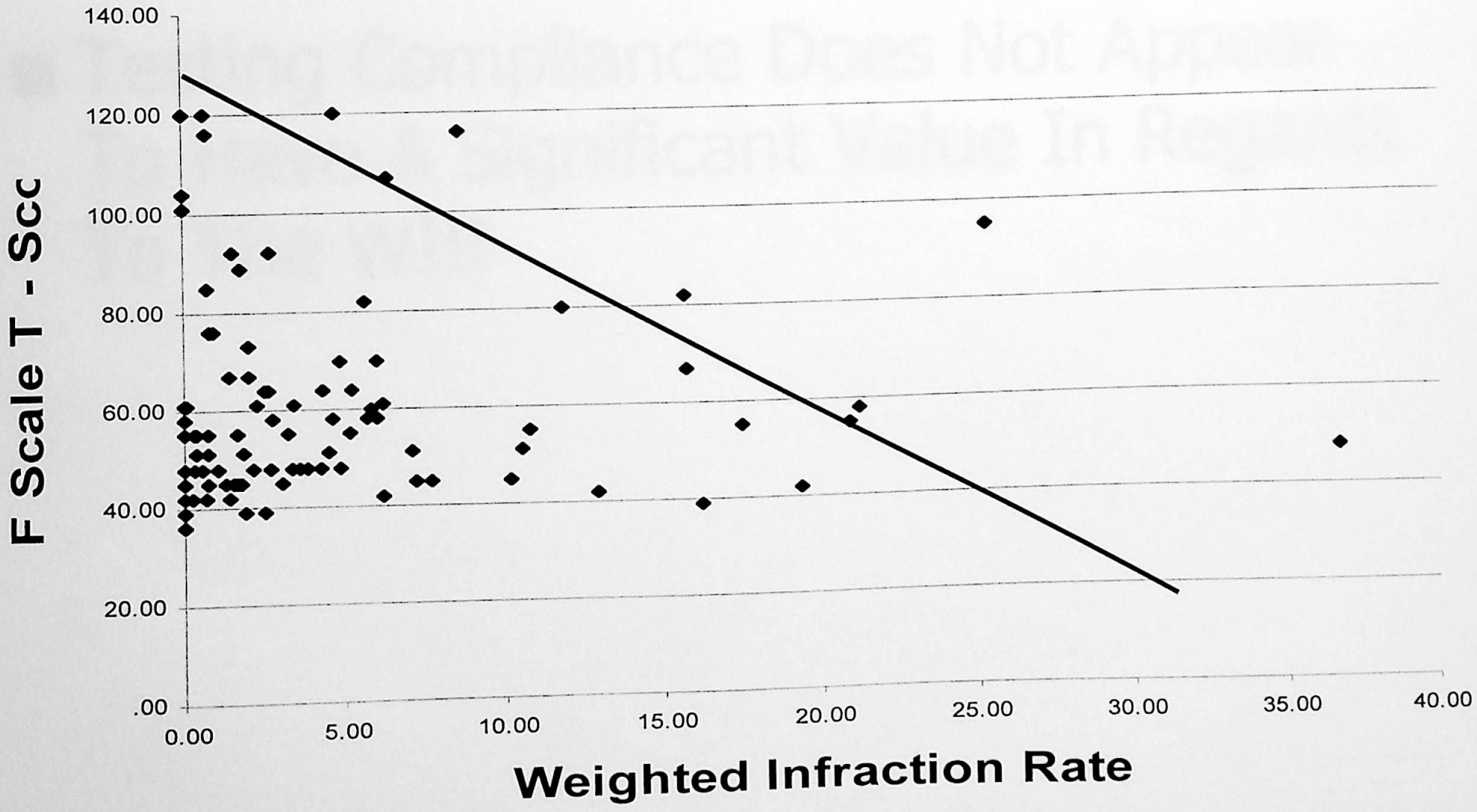
Scale 9 Versus Weighted Infraction Rate



Results

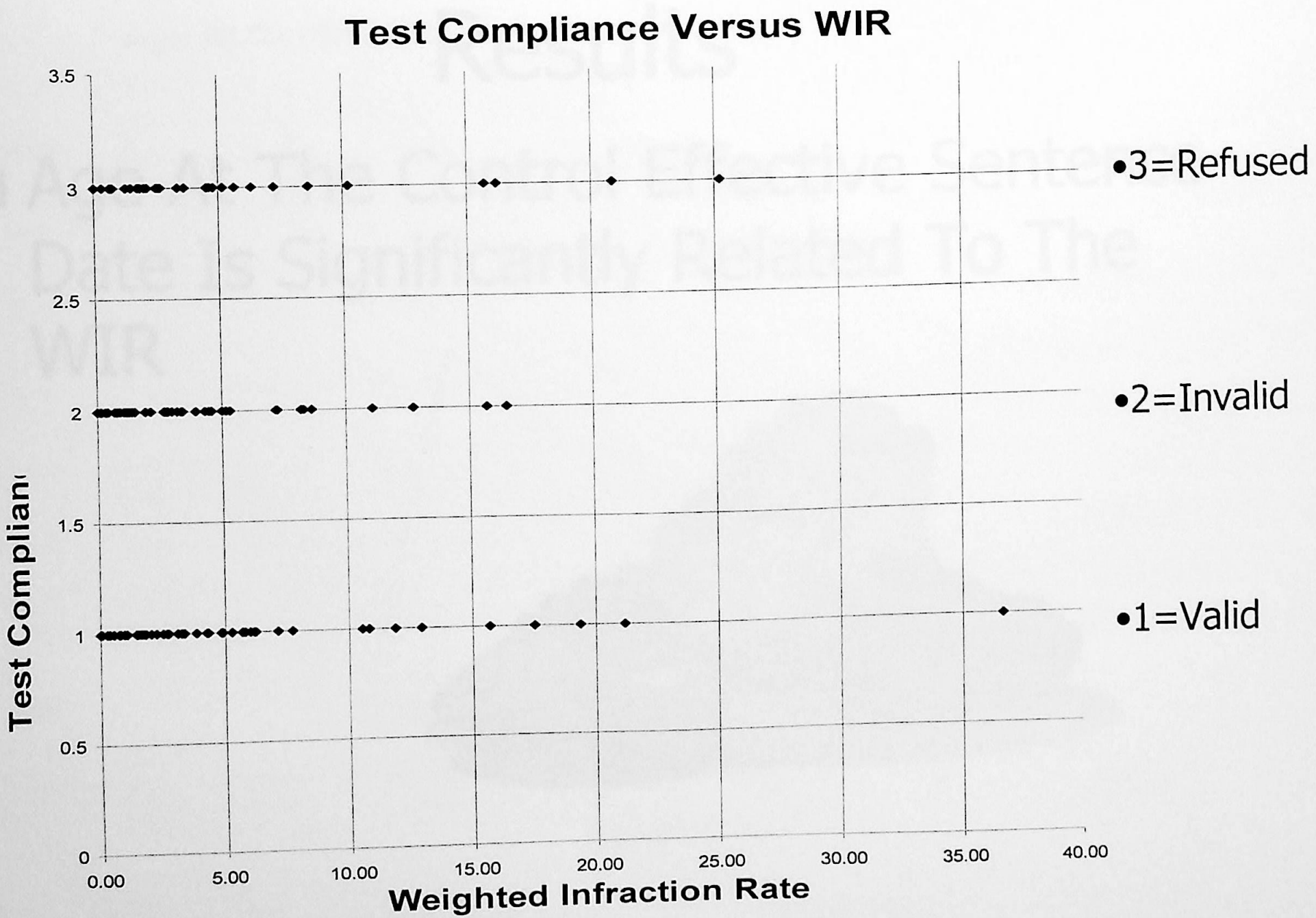
- Results Do Not Support A Relationship Between The F Validity Scale And The WIR In Comparing The "Valid" And "Invalid Protocols".

F Scale Versus WIR



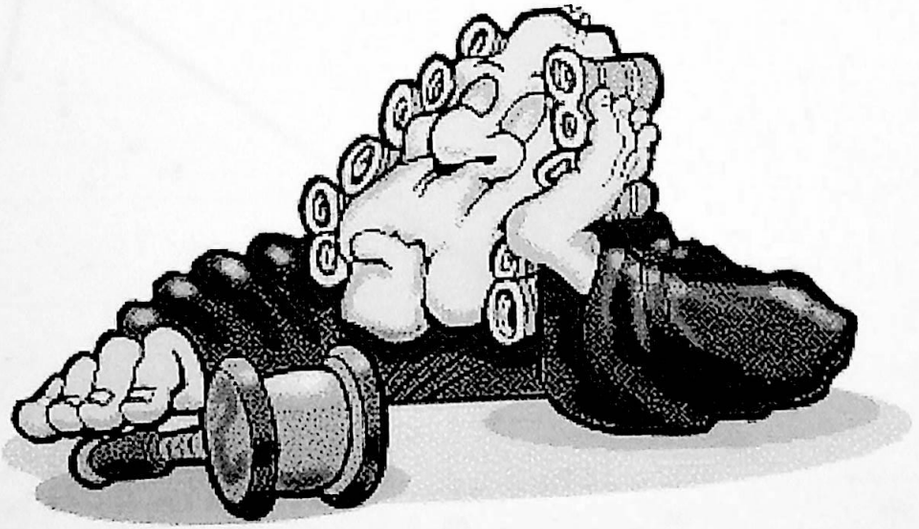
Results

- Testing Compliance Does Not Appear To Have A Significant Value In Regards To The WIR

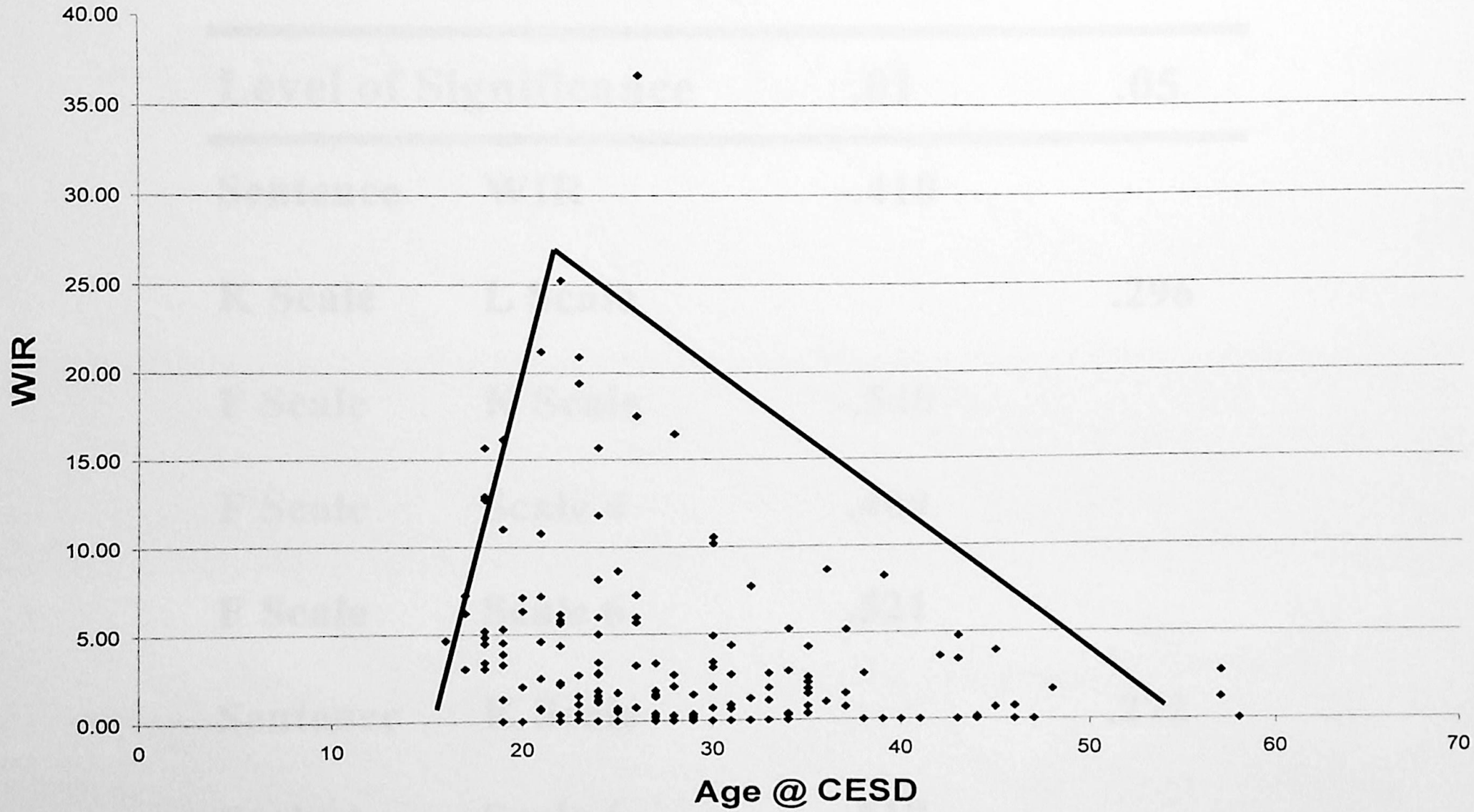

Test Compliance Versus WIR
Test Compliance
3.5
3
2.5
2
1.5
1
0.5
0
0.00
5.00
10.00
15.00
20.00
25.00
30.00
35.00
40.00
Weighted Infraction Rate
•3=Refused
•2=Invalid
•1=Valid

Results

- Age At The Control Effective Sentence Date Is Significantly Related To The WIR



Age At Control Effective Sentence Date Versus Weighted Infraction Rate



Correlation Table (2-Tailed)

Level of Significance		.01	.05
Sentence	WIR	-.410	
K Scale	L Scale		.296
F Scale	K Scale	-.540	
F Scale	Scale 4	.409	
F Scale	Scale 6	.521	
Sentence	K Scale		.272
Scale 4	Scale 6	.519	

–Questions or Comments?

THANK YOU!