

A DESCRIPTIVE STUDY
INVESTIGATING DIAGNOSTIC AND PREDICTIVE USE
OF THE
HEIMLER SCALE OF SOCIAL FUNCTIONING

by
JOHN BROOKS THOMAS
B.A. University of Toronto, 1949

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Name: John Brooks Thomas

Degree: Master of Arts (Education)


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Examining Committee:

Chairman: Lee Thayer

 T.J. Mallinson
Senior Supervisor

M. Patricia Hindley

 Fred J. Brown

Robert W. Macdonald
External Examiner
Associate Professor
University of Washington, Seattle

Date Approved: May 10th. 1974.

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Author: _____

(signature)

JOHN B. THOMAS

(name)

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(date)

ABSTRACT

The Heimler Scale of Social Functioning (HSSF) refers to a combined personality assessment instrument and somewhat unique treatment method. This recent innovation takes its name from its originator, Eugene Heimler.

In this descriptive study, an exploratory attempt is made to use the HSSF as a diagnostic and predictive instrument in a special setting. The HSSF was administered as a questionnaire, on a pencil and paper basis, to a total of 35 volunteers in four groups. The subjects were inmates of four federal penitentiaries in British Columbia, all of whom anticipated parole application interviews within a few weeks of the beginning of this study. Interpretation results were compared with parole officer assessments and National Parole Board decisions.

Upon completion of blind interpretations of the questionnaires, a correspondence rating form for comparing parole officer and HSSF assessments was developed in consultation with National Parole Service staff. The rating form is social functioning oriented, focussing on behaviour descriptive data and personal and community resources considered significant for potential success in the community, if released on parole. A second correspondence rating was obtained three months later as a cross-check against limita-

tions in design of the first rating form and possible subjectivity in assessments.

In the HSSF interpretations an attempt was made to identify the kinds of offense committed, whether against property, persons, or involving violence. Recommendations were made as to parolability and as to the need for special residential (psychiatric or other) treatment. It was found that the HSSF provides information on almost all factors considered significant by parole officers, including personality profile, family situation, financial resources and money management, health, use of alcohol or other drugs, general attitude and behavioural patterns and potential for violence.

Results were compared on five separate bases:

- 1) National Parole Board decisions, HSSF parole recommendations and actual outcomes; 2) correspondence between parole officer and HSSF assessments, using an itemized rating form; 3) correspondence between parole officer overall perceptions of subjects and the HSSF profiles; 4) HSSF identification of potential for violence and acute despair; and 5) HSSF short form interpretation as a quick guide to parolability and as a signal of potential for violence and acute despair.

Acknowledging the limited time frame of the study (twenty months), the HSSF appears to have some potential for usefulness as an aid to predicting success on parole. The comparative assessment ratings conducted with parole

officers, however, were inconclusive. It was quite evident that weaknesses in design of the rating forms and an element of subjectivity in assessments affected this part of the study.

The most marked divergence in parole officer and HSSF assessments occurred on the question regarding health, with approximately 70 per cent disagreement. This is not surprising in view of the writer's preliminary attempt to use the HSSF to identify metabolic dysfunction as related to faulty blood-sugar regulation. Identification of this condition is particularly significant to this study as the incidence of faulty blood-sugar regulation is considered to be much higher than normal in delinquent and alcoholic populations and likely also in the case of other drug addictions. Regrettably the required clinical tests could not be arranged to check the HSSF data so discussion of this aspect of the study is confined to an appendix.

The HSSF showed interesting possibilities for identifying potential for violence and acute despair. Finally, this preliminary study suggests it may be possible to establish modified HSSF norms as rough guidelines for working with prison populations, thus extending HSSF use as a discriminatory device.

Permission to conduct this study was granted by the Office of the Solicitor-General on the understanding that the subjects would be guaranteed confidentiality.

To Bett, Kathy, Ken, Lynn, Hugh and Davey, my sharpest critics and strongest supporters. They endured much.

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TABLE OF CONTENTS

	PAGE
CHAPTER ONE	
INTRODUCTION	1
General Background	1
General Statement of the Problem	3
Significance of the Study	5
Sponsorship	6
Footnotes to Chapter One	8
CHAPTER TWO	
THE HEIMLER SCALE OF SOCIAL FUNCTIONING	10
Early Development of the HSSF	12
Heimler's Background Experience & Philosophy.	13
Theoretical Basis	15
Central Constructs	16
HSSF Interpretation	19
HSSF Interpretation & the Study Population ..	21
Footnotes to Chapter Two	23
CHAPTER THREE	
REVIEW OF THE LITERATURE	26
I. The HSSF as a Discriminating Device	26
II. HSSF in Diagnosis & as a Measure of Change	28
(a) Canada Manpower B.E.S.T. Program	28

	PAGE
(b) Hemodialysis Patients & their Spouses ..	31
(c) Anti-convulsant Research Treatment Program	32
(d) Thurston County Rehabilitation Project .	33
(e) Prison Inmate Intake & Release Assess- ment	35
III. Preliminary Validation Studies	36
(a) Bender and Cooper	36
(b) Comparing the HSSF and the MMPI	38
(c) The HSSF as a Treatment Method	40
Summary	42
Footnotes to Chapter Three	44

CHAPTER FOUR

METHOD AND PROCEDURE	46
I. Administration of the Scale	46
II. HSSF Interpretation of Sample Population.	48
III. Further Treatment of Data	50
IV. Null Hypotheses	51
V. A Discussion of the Basis of Parole Officer Assessment & the Method of Using the HSSF	52
VI. Ordering the Data	52
VII. Discussion of Data used for Parole Assessments	54
(a) Behaviour Description	54
(b) Personal Resources	60
(c) Community Resources	67

	PAGE
Footnotes to Chapter Four	71

CHAPTER FIVE

DISCUSSION AND RESULTS	74
I. Limitations of the Study.....	74
II. Results	78
(a) The HSSF as a Discriminating Device ...	78
(b) A Comparison of National Parole Board Decisions HSSF Recommendations & Actual Performance	88
(c) The Client Assessment Rating Form	93
(d) Comparing HSSF Profiles & Parole Officer Perceptions as a Cross-Check ..	96
(e) HSSF Identification of Potential for Violence and Acute Despair	98
Footnotes to Chapter Five	103

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS	106
I. National Parole Board Decisions & HSSF Recommendations	106
II. Comparison of Parole Officer & HSSF Assessments	106
III. HSSF and the Identification of Potential for Violence and/or Acute Despair	106
IV. HSSF "Top-Box" as a Rapid Guide to Stability & hence Parolability	107
Recommendations	108

	PAGE
APPENDIX A. THE HEIMLER SCALE OF SOCIAL FUNCTIONING ..	110
APPENDIX B. INFORMATION WHICH CAN BE GLEANED FROM THE HSSF FACESHEET	118
APPENDIX C. COMPARISON OF HSSF AND PSYCHOLOGICAL ASSESSMENTS	
(a) HSSF Blind Interpretation	132
(b) Psychological Report	133
(c) Summary of Comparison	135
APPENDIX D. HSSF INTERPRETATION FROM B.E.S.T. PROGRAM	
(a) HSSF Facesheet	138
(b) HSSF Interpretation	139
APPENDIX E. DEVELOPMENT OF FIRST CORRESPONDENCE RATING FORM	
(a) HSSF Facesheet (Population Sample) ...	142
(b) Full-Scale HSSF Interpretation (Step 1)	144
(c) Abridged HSSF Interpretation (Step 2)	146
(d) Comparison HSSF with N.P.S. Data (Step 3)	148
(e) Client Assessment Rating Form (Step 4)	153
(f) Key to Comparison	154
(g) Criteria for Rating Correspondence (Step 5)	157
APPENDIX F. SECOND CORRESPONDENCE RATING FORM	159
APPENDIX G. METABOLIC DYSFUNCTION & ABERRANT BEHAVIOUR: IDENTIFICATION ON THE HSSF	162
Footnotes to Appendix G	170

LIST OF FIGURES

FIGURE NO.		PAGE
I	Hypoglycemia Curves	168

LIST OF TABLES

TABLE NO.		PAGE
I	HSSF measure of Change in B.E.S.T. Program...	29
II.	A Comparison of Summary (Top-Box) Scores of the Study Population and a Self-supporting (Catholic Church) Group	79
III.	Distribution of B.P.S. in Study Population ..	81
IV.	Ratio of Frustration to Satisfaction	82
V.	HSSF Summary Scores and Mood Swing	83
VI.	Theoretically Eligible HSSF Summary Scores HSSF Recommendations, National Parole Board Decisions and Actual Outcomes	85
VII.	Actual Outcomes for the Ten Subjects Regarding Whom HSSF and N.P.B. Differed	92
VIII.	HSSF Correspondence and/or Accuracy with NPB Decisions and Actual Outcomes	93
IX.	Correspondence between HSSF and N.P.S. on Client Assessment Rating Form	95
X.	Potential for Violence and/or Acute Despair (HSSF) and Institutional Placement	101
XI.	Major Symptoms of 300 Cases of Relative Hypoglycemia	166

CHAPTER ONE

INTRODUCTION

General Background

Although there are many well recognized psychological tests and individual and group methods of therapeutic treatment, to the author's knowledge, in no case has any of these assessment instruments been integrated with a treatment method to form a recognized therapeutic model. Results with the Heimler Scale of Social Functioning (HSSF) to date suggest that such a model may now have evolved, be readily identified and taught as such and easily used by various groups in the helping professions as well as in private practice.

Named after its originator, Eugene Heimler, the HSSF and its use in assessment and treatment has developed over the past twenty years into a coherent theory and methodology. The initial philosophical basis grew out of Heimler's early life experiences, particularly in the concentration camps of Hitler's Germany. The theoretical and practical framework grew out of his experience with chronic unemployed in London as a psychiatric social worker from 1953 on, during which time the Scale of Social Functioning was first formulated.

Heimler is the first to acknowledge there is nothing

original in the content or theory. Its uniqueness lies rather in the way it is ordered into a therapeutic model for assessment and treatment. In other words, while it is claimed that the HSSF provides an accurate personality profile and an indication of the client's level of social functioning, greater emphasis is placed on its ability to provide a rationale and frame of reference for the client to be his own examiner. Thus in treatment the same HSSF becomes a shared instrument in a process which encourages a peer relationship with the therapist such that the client becomes responsible for his own self-discovery and focus for change. It is suggested that this is in contrast to the traditional use of a diagnostic instrument whose interpretation is private to the examiner, thus tending to maintain the transfer phenomenon in an authority-oriented relationship.

Heimler's rationale is existentialist in outlook. One's present is in fact the dynamic interaction of his past and present ongoing life experience. In the HSSF model this is expressed as a polarity of satisfaction and frustration in which the ability to tap and redirect both positive and negative energy bound up in satisfactions and frustrations reflects one's level of social functioning. In the process one alters what he is now, his perception of the past, and his outlook on the future. The HSSF is thus seen as a growth rather than pathology-oriented model.¹

It is this general frame of reference which origin-

ally prompted the writer's interest in the HSSF, leading subsequently to the present study. The HSSF appeared to honour the client as a person and to sensitively assist and even oblige him to take responsibility for himself through a process by which he might achieve greater personal integration on his own terms.²

General Statement of the Problem

Heimler and others first attempted to determine whether subjective reporting of satisfaction and frustration levels on the HSSF would reflect objective levels of social functioning. That is, whether one was coping satisfactorily with his current support system, such as is provided by work, friends and family, or whether one needed additional support of some kind or degree, even to institutional placement. Thus claims are made for using the HSSF as a discriminatory device. Results so far are encouraging, but still not fully validated.

Subsequently attempts were made to determine whether the HSSF as a questionnaire, interpreted blind, has validity when compared to standardized objective psychological tests. Results are mixed. Profiles so produced have been compared to established psychological assessments with good levels of correspondence. Unfortunately a second, independent HSSF interpreter has not been used as a control for subjectivity in HSSF interpretation. Finally, the HSSF

method as used in treatment has been compared to other methods of therapy, but with inconclusive results.

Strictly speaking, the HSSF has not been fully validated in any of these ways. Any suggestion of superiority over other instruments or methods has certainly not been established. It may be argued, however, that by reason of its design, its primary use in treatment, and its method of interpretation through progressive summarization of patterns of answers, it need not necessarily lend itself to methods of validation traditionally used with standardized psychological tests.

Initially the HSSF evolved out of Heimler's very intense and rather profound life experience. Its formal development has retained this theoretical basis. In the meantime more extensive validation studies (some now in progress at the University of Washington, Seattle), may lead to further refinement of and/or clarity as to the limits of its usefulness.

On the basis of others' rather sanguine reports of their use of the HSSF and of his own experience with the method, the writer has attempted to add to the total experience accumulated so far. Regrettably this study also falls short of the requirements of a test of validity. Its limitations are discussed in Chapter Five. What it does offer, however, is 1) a preliminary descriptive comparison of HSSF blind interpretations and behaviour predictions with inde-

pendent professional assessments of 35 subjects in relation to specific behaviour outcomes, 2) some additional experience in using the HSSF as a discriminatory device for levels of social functioning, and 3) in the writer's view, in the sense of a foot note, some support for raising the question whether the HSSF might also signal metabolic dysfunction with some significant degree of accuracy.

Significance of the Study

The HSSF can be used with clients who have as little as Grade Seven or Eight educational background and with any age level from adolescence on. The Scale provides the client with a very quick global view of his situation in everyday life terms and a functional rationale for focusing his energies to improve his situation. It has been claimed that in practice, use of the HSSF can significantly reduce diagnostic interviewing time,³ providing an abbreviated and extremely meaningful social history through which one can quickly spotlight the degree of crisis state and focus on problem areas for treatment.

It is claimed that it can be used to measure progress in overcoming problem situations, as indicated by increased measures of satisfaction and/or reduced levels of frustration in given areas. It is also suggested that by providing a consistent model and language for assessment and treatment, case conferences, case load transfers, research, staff

training and supervision may be facilitated in an agency setting.

In this study, if it is found that the HSSF can quickly identify levels of social functioning in an inmate population as a supplemental guide to treatment needs, the kind of support system available and/or needed, and readiness for increased social responsibility, then it may indicate its potential usefulness in this area. If, in addition, it is later found that its rationale and frame of reference make sense to inmates on their own terms, its usefulness is potentially even greater.

Sponsorship

This thesis was conducted at Simon Fraser University, Department of Behavioural Sciences and Communication Studies, in accordance with the rules and regulations of the Faculty of Graduate Studies. It was made possible through the courtesy of the Chief of Correctional Research, Department of the Solicitor-General, Ottawa, Canada.

Under the supervision of the Western Regional Research Committee of the Canadian Penitentiary Service and the National Parole Service, formal agreement was made to protect the confidentiality of research subjects, to abide by the terms of the Official Secrets Act, and to provide the Solicitor General's Department with a copy of this thesis, being the full report of the research project.

The subjects in the research were 35 inmates of four Federal Penitentiary Institutions located in British Columbia. After a full explanation of the purposes and methods of the study, they chose to participate on a voluntary basis on the guarantee of complete anonymity and the understanding that the study would in no way be related to their treatment in or out of the Institution, nor to their interest in parole.

FOOTNOTES - CHAPTER ONE

¹A few years ago the writer had occasion to question the wisdom of using a battery of objective and projective tests, used largely to identify "illness", when attempting to select resourceful, adaptable, patient and astute young people who would not be too insecure, nor too tightly bound in their own ethnocentrism to function sensitively in another culture. Hence the appeal of the growth-oriented HSSF, purported to involve one in affirming his identity and marshalling his energies towards greater self-fulfillment, while providing him (and the interviewer) with a "bird's eye view" of his strengths and weaknesses and a focus on goals that have meaning to him.

²One of the first questions which preoccupied the writer when introduced to the HSSF pertained to cultural value systems. Would the HSSF tend to reinforce a limited or outmoded life-style? Strictly speaking only the middle question of the Synthesis section ("Do you feel that your life has meaning?") directly invites exploration of more fundamental issues and this only at the client's option.

Further, using the HSSF for assessment purposes in this study inevitably raises the question of transfer value. The writer acknowledges this is dealt with only superficially, although, surprisingly, the standard norms or a close approximation to them seemed to suggest successful transfer from prison to street. It should be noted this is a rather special application of the HSSF. In most cases it is used by clients seeking improvement in their current setting or transition within their general cultural milieu. Transition may be conservative or radical, but on the client's own terms regardless.

Again, while upholding the Biblical exhortation to be "my Brother's Keeper", Heimler stresses that no interpretation should be intruded by the interviewer. The interviewer should at no time assume responsibility for another's goals, value system or place in life. Insofar as the notion of satisfactions interacting with frustrations in the context of one's overall view of his life is considered universal experience, to that extent the HSSF should have some application.

Heimler accepts that at the extreme end of the continuum there are those who appear unable to cope without massive, even institutional support, and for whom, therefore, whatever individual or social reasons may account for their situation, the HSSF may not be a useful instrument or method. To what extent social evolution, redesign, changes in the laws, or other interventions may result in more creative integration of currently marginal individuals and groups (in the interests of social justice or other prevailing socio-cultural myths) is an open question. In other words, at any point in time, marginality may be seen more as a function of the society than of the individual.

Increasing affluence results in shifts in assumptions, preoccupations, conscious value systems and laws. When survival and safety needs are taken for granted in an everyday sense one may understandably dismiss or overlook the "first laws" of human individual and social behaviour. Applicability of the HSSF may in fact be limited to individuals and groups who experience fairly well-equalized opportunity for self-realization as a result of the higher expectations which are afforded in such settings. For our purposes, these questions take us beyond the intent of this study. Complete universality is not a necessary condition for the study of the HSSF. (See also Footnote 10, Chapter 2 and Chapter 5, Use of Control Groups.)

³In his "Report on the Heimler Project" with the Santa Clara County Welfare Department, California, Peter H. Taylor reports that the average social worker on his staff could gather as much data in one and a half hours with the HSSF as he would normally gather in approximately ten hours. For his highly experienced staff the difference was not as great.

CHAPTER TWO

THE HEIMLER SCALE OF SOCIAL FUNCTIONING (HSSF)

The term "Scale of Social Functioning" refers to a personal inventory questionnaire designed in a growth rather than a pathology oriented model for assessing one's current level of functioning in society. The questionnaire and interview (treatment) method evolved over some years through direct experience with clients. This instrument and method of treatment is particularly interesting for several reasons. It is unusual in that a short interpretation of the data of the Scale is immediately shared with the client who, in fact, may keep the questionnaire. It is innovative in that its rationale and format involve the client as his own examiner in a framework which allows him to make sense out of what may have seemed chaos in his life and leads him to discover his own way to redirect his energies to improve his lot. Heimler stresses his belief that the individual has the resources within himself to discover and realize his own potential without external programming.

Existential in its orientation, it is postulated that a focus on on-going individual experience in terms of satisfactions and frustrations in five main areas of life will correspond to an individual's objective social functioning. Satisfaction is interpreted as the individual's subjective perception as to how well he is utilizing his abilities in

the five areas, while frustration represents his inability to transform his potentials into satisfactory life experiences. It is assumed that one constantly experiences satisfaction and frustration. The significant thing for social functioning is the levels of satisfaction experienced and their relation to levels of frustration. A third section of the Scale, called the Synthesis, represents an overall view of one's life, bringing the past, present and future together.

The five areas measured, common to everyone while unique to each individual, are work, finances, friendship, family (original and acquired) and intrapersonal experience. There are five questions in the Synthesis section, and five in each of the five main areas of Satisfaction and of Frustration referred to, giving a basic 55 questions in the Scale. The questions in the five areas of Satisfaction were developed as a result of Heimler's work with chronic unemployed in Britain. The questions on the Frustration and Synthesis sections were developed out of theoretical considerations in combination with clinical and personal life experience. The Scale is reproduced in full as Appendix **A**.

Through giving Yes answers a value of 4, Uncertainty responses 2, and No answers 0, each of the Positive (Satisfaction) and Negative (Frustration) sections of the Scale has a range of value from 0 - 100. The same range of score value is achieved with the Synthesis section through self-ratings of 1 - 20 on each of the five questions. It is these scores,

when totalled and compared, that Heimler postulated would provide a subjective assessment closely corresponding to the individual's actual level of social functioning. Thus, when shared in a treatment setting, a client can take a "reading" on his current life-space at a glance and focus on areas of low satisfaction for improvement.

Early Development of the HSSF

Heimler first formulated the Positive Index (measures of satisfaction in life) as an outgrowth of his work with chronic unemployed in the London Borough of Hendon. The Hendon experiment began in 1953 when the National Assistance Board referred 82 men to Heimler. The subjects had been unemployed for over two years in a period of good employment. He randomly selected half as an experimental group and of this 41, 20 had returned to full employment within a year and were still employed eight years later.¹ By 1956 further referrals increased the sample to 300, with similar results.

This cumulative experience led Heimler to attempt to identify significant factors in life experience which reflected success or failure in social functioning. On the basis of some 1200 social histories taken between 1961 and 1965,² he devised the Positive Index of the questionnaire composing questions out of statements repeatedly found meaningful in the social history interviews. Various sample populations were checked in an attempt to establish norms by

which the HSSF could be used to discriminate levels of social functioning. As the Negative Index and Synthesis sections were developed, the testing for norms was extended.

These early studies suggested that a Basic Satisfaction Score (B.P.S.) of sixty or more,³ with a Frustration level approximately one-quarter to one-third of this, and a Synthesis score not more than eight points above or below the Positive Mean indicated that the individual was functioning adequately with his current support system. Given the same relationship to the other scores, a B.P.S. of 36 - 60 indicates a need for additional professional or other support, and a B.P.S. of 0 - 35, the need for massive support through institutional care or supervision. The remarkably low satisfaction and high frustration scores of some of the subjects in this study thus reflects their inability to cope in society, even in prison, let alone on the street.

Heimler's Background Experience and Philosophy

Eugene Heimler spent part of the Second World War in concentration camps in Germany.⁴ This was an experience of intolerable frustration, rejection and meaninglessness. Those not exterminated either committed suicide, escaped into insanity or, as in the case of Heimler and some others, developed some form of meaningful detached awareness. Heimler found himself becoming an observer of himself acting in these extreme conditions, utilizing past experience as support in acute distress and finding satisfaction in viewing

current experience as potentially useful for the future.⁵ Out of this grew his concept of the inner capacity to re-direct psychic energy from preoccupation with frustration towards increasing satisfaction.

In this sense, Social Functioning is an expression of Heimler's personal philosophy of life. Preoccupied with questions about the freedom, responsibility and dignity of man while in Buchenwald, Heimler arrived at a position not unlike Bettelheim's⁶ two levels of autonomy, individual and social, and "learnt that I had to answer ultimately to no one but myself."⁷ Only through this assertion of one's own autonomy is one truly free to recognize another in the "I - Thou" relationship of Martin Buber. Thus Heimler's humanism was affirmed in Buchenwald - "essentially as Mankind, we are one . . . (that) I am not in any way superior, that I am not different from others, that I am but a link in the great chain . . ."⁸ Stated another way, significant to using the HSSF, all men are capable of every conceivable human behaviour.

In the intensity of that inhuman situation, the full dignity of man became for Heimler more than a social contract of freedom and responsibility; it acquired a recognition of the essential spirituality of man:

. . . in my own small way, I was part of creation: and I sensed within myself something of that vast power that was responsible for me. And whenever I succeeded in bringing curiosity, interest, a smile or sometimes tears into the eyes of these wretched children and felt proud of myself for it, I also thought that in my very self-praise I was praising that

Infinite power which had granted me the opportunity of playing a positive role in this inferno. 9

Thus we see a fundamental precept of Heimler's position, that man must find meaning in his life to survive adversity and to live with a sense of satisfaction.

Theoretical Basis

This philosophical position is reflected in Heimler's theoretical framework. He stresses his belief that the individual has the resources within himself to discover and realize his own potential, needing only a language, framework and process as a model through which to work.¹⁰ He stresses the paramount importance of a peer relationship in any therapeutic encounter. The interviewer at no time interprets the other's meaning for him, or presumes to know it, let alone know what the client should do with his life from that point on.¹¹

The peer relationship is an expression of trust, mutual respect and the kind of faith expressed in his philosophical writings. Hence it becomes the basis for his interviewing method - a Rogerian use of mirroring and paraphrasing - designed to minimize the transference phenomenon in therapy and encourage the client to develop his own capacity for a detached awareness; to become his own examiner and thus, ultimately, master of his own fate.¹²

Together with various colleagues¹³ Heimler developed

a series of interview techniques and interventions including a full Scale interview. These entail a skillful use of mirroring within a process which guides the client through a creative confrontation with the painful, frustrating or self-defeating (i.e. the abnormal, pathological or symptomatic) parts of self towards a progressively greater integration. A cumulative summarizing of his perceptions of his own life experience leads ultimately to a cogent, often poetic statement of his life space and thence to a focus for creative action which will increase his satisfaction.

Central Constructs

With the exception of the two significant departures implied in his humanistic and existential outlook,¹⁴ Heimler's psychodynamic theory is essentially Freudian. The concept of psychic energy is for Freud the libido, experienced as a dynamic polarity between positive and negative (satisfaction and frustration) in constant interaction, Freud's pleasure/pain principle. Experience is temporal, the present both affecting and affected by past experience and influencing one's view of the future. Again, increasing one's satisfaction in any one area of life has a positive effect on other areas so that past and future look brighter than before. Conversely, if frustration accumulates beyond one's control, its debilitating effects may reflect what Freud would call the death wish or death instinct.

Heimler postulates there are three levels or stages of human development identifiable in the time frame of the life-span. The first of these is "the unconscious biological level with the Primordial unconscious embedded in it".¹⁵ The second is the conscious level. At the unconscious level pleasure and pain, satisfaction and frustration, interact like food and hunger in the infant. For survival, the human organism can only allow that amount of pain into conscious awareness that can be dealt with without being overwhelmed by it. The excess is expressed only in fantasies, unconscious (uncontrolled), or rationalized actions. Thus, for Heimler, all behaviour is purposive, often an expression of unconscious motivation. The would-be tough guy, for example, is more likely to say he got into a fight because the other fellow started it, or needed to be put in his place, than to admit it was because of his own unconscious feelings of inadequacy. To the extent that positive or pleasant experience is consolidated over negative or painful experience, "a well-defended and assured L.1 can allow L.2, or consciousness, to develop".¹⁶ Conversely, if pain predominates, L.2 is submerged in L.1, growth is stunted and, in the extreme, a psychotic split results.

Conscious awareness of self develops through awareness of others' existence apart from self and through sufficient consistency in experience; e.g. in the sequence of hunger and food. Pleasure and pain can then be consciously experienced

as like and dislike, love and hate, satisfaction and frustration. Thus the beginnings of consciousness coincide with the beginnings of ego formation. By adolescence, hopefully, one has had sufficient experience of satisfaction and has thus developed sufficient ego strength to find meaning in both pleasure and pain and to have developed ways of reconciling their polarizing effects creatively. Rodway notes that "This unifying effort lessens the projection of good and bad to the outside world, so that it is experienced within the individual as well as outside".¹⁷

Heimler has no special term for what he identifies as the third level of development. It appears to be similar to what Maslow¹⁸ terms the level of self-actualization, or what Jung¹⁹ calls individuation. By this time, in mature adulthood, the self has acquired a sense of perspective and meaning such that it "becomes increasingly the skilled user of all that is in fulfillment of the purpose which sent the person on his journey in the first place." L.3 draws increasingly on the stores of information in the unconsciousness incorporated in L.1, seeing its true significance in a more widely discovered environment, together with its own collected experiences.²⁰ Thus, through a sometimes painful process, one arrives at the level of awareness of the disciplined self-examiner, the level at which otherwise overwhelming frustration can be endured and redirected into creative action, "the end of our self-separation as actor and observer".²¹

Heimler speaks of the economics of psychic energy, stressing the importance of experiencing satisfaction in the different areas of life experience. If energy is not reasonably distributed in all five areas, frustration will run high and eclipse creative functioning. With sufficient awareness one can choose areas in which to direct energy through actions selected for their personal significance towards increasing satisfaction. Thus the HSSF is a vehicle by which the self becomes the observer of his own social self and simultaneously measures his own inner reality.

Heimler believes that psychic energy varies quantitatively between individuals. He postulates that the level of scores on the HSSF are an indication of one's level of psychic energy. Qualities such as aggression will be manifest as high satisfaction if socially acceptable channels of expression are being utilized. If an individual has not found acceptable channels, aggression will show up symptomatically in high levels of frustration.

For purposes of this study, these postulates and theoretical concepts are accepted as the premises on which the HSSF developed.

HSSF Interpretation

HSSF interpretation is done in two ways. A short form of interpretation, called a Facesheet Summary, is done by examining the summary of total scores in what is called the

"Top-Box". The use of these scores to discriminate levels of social functioning is mentioned on page 13. A quick glance at the total scores suggests the amount of satisfaction and frustration experienced at the time. The ratio between these is easily calculated and suggests the level(s) of frustration experienced in relation to satisfaction.

"Ideal" scores are noted on page 13. Should one register even more frustration than satisfaction, this would be expressed as more than 100% frustration ratio. A comparison of the Satisfaction and Synthesis figures suggests whether the subject sees his present and his overall life as similar or whether he is markedly optimistic or pessimistic for the future. By distinguishing totals of "Yes" from "Perhaps" answers, the degree of rigidity or uncertainty is suggested and hence an indication of the nature and extent of mood swing is surmised. This swing is then reflected in the constancy or variation in level of frustration experienced. In addition, a rapid check of responses in the various sections for outstandingly low or high scores or marked anomalies is related to the initial impressions obtained from the Top-Box. Appendix B outlines this method of interpretation more fully.

A longer, more detailed method is known as the full-length or full-scale interpretation. This consists of a systematic, cumulative summarization of all HSSF answers, providing a concise, comprehensive personality profile. A more thorough method, the full-length interpretation identi-

fies subtler contradictions, denial, or avoidance which may be overlooked in the shorter form. See Appendix C (a), (b) and (c) for a sample HSSF full interpretation and its comparison with a full psychological assessment.²² In effect, a highly experienced HSSF interpreter can bridge the two methods of interpretation and provide a rather accurate assessment through scanning the Facesheet Summary.

HSSF Interpretation and the Study Population

Certain differences in the situation of this population sample may require special interpretation. As penitentiary inmates they are experiencing a total institutional support system which removes certain satisfactions of normal living and some frustrations as well. Lower than usual work and financial satisfaction are two examples which suggest that actual readiness for parole might be reflected in a lower Basic Positive Score than otherwise. A high B.P.S. might suggest one prefers the level of structure and support which prison life provides.

As noted earlier, certain key patterns serve to spot strengths, and others, gross denial or contradictions. For example, what might appear to be a good support system for the outside - high satisfaction in friendships, marital and intrapersonal life - is sharply contradicted if the subject reports he is devoid of satisfaction in his primary family. To top it off, his marital experience at the time is mostly

fantasy, its frictions forgotten for the time.

Certain key questions serve as a quick check against what may appear to be ideal summary scores. The first of these is to multiply Synthesis question one (Have you achieved your ambition in life?) by five and compare it to the Positive Mean and the Synthesis scores. If it is substantially lower, it indicates a significant contradiction in functioning. Two further checks against apparent stability are whether the subject feels his childhood was a good preparation for adult life and whether he feels driven to cause harm to himself and/or others. Positive and negative responses to these, respectively, would tend to signal a significant denial in a penitentiary inmate.

An exhaustive treatment of HSSF interpretation is out of the question here. The foregoing should serve as a general guide to its use. The following chapter, reviewing various studies, will provide a sharper focus and background for its application in this project.

FOOTNOTES - CHAPTER TWO

THE HEIMLER SCALE OF SOCIAL FUNCTIONING

¹Eugene Heimler, Mental Illness and Social Work, (Middlesex, England: Penguin Books, 1967), Chapter 7, "The Hendon Experiment", pp. 107-129, and "Psychiatric Social Work with National Assistance Board Cases" (1955, The Medical Officer, 94).

Of the other 21 in the experimental group, two died during the project, three were referred to mental hospitals, three moved out of the area and the other thirteen remained unemployed throughout the eight years. In the control group, on a two-year follow-up, Heimler found only two, or five per cent, employed.

The writer has not identified other projects with chronic unemployed which were sufficiently comparable or adequately researched to determine to what extent Heimler's success may simply reflect the Hawthorne effect. Heimler did work intensively with the clients and their families, thus providing a significant support system.

²Eugene Heimler, "The Hounslow Project" (Unpublished).

³More recent studies indicate a B.P.S. approximating seventy is a more accurate guide. This is further discussed in Chapter Three on uses of the HSSF. It will also be noted that other information in the Scale score summaries should be taken into account.

⁴Eugene Heimler, Night of the Mist (New York: Vanguard Press, 1960).

⁵For example, Heimler often visualized himself writing of his experiences. Anticipation of putting learnings to use later is a source of satisfaction.

⁶B. Bettelheim, The Empty Fortress (New York: The Free Press; London: Collier-MacMillan Ltd., 1967), pp.35-36. Bettelheim discusses an infant's struggle to sense his own power and individuality as a private and ultimately a social being, the second condition contingent on the first.

⁷Eugene Heimler, Night of the Mist, p. 160.

⁸Ibid., p. 161.

Footnotes, Chapter Two (Cont'd)

⁹Ibid., p. 173.

¹⁰Eugene Heimler, "The Emotional Significance of Work" (The Medical Officer, 16 August 1957), p.96. Heimler acknowledges that those severely ill with some form of psychosis need hospital care as a structure or framework. The same can apply to those with serious behaviour disorders where prison often provides the structure, a protection for society, if not always a therapeutic community.

¹¹This raises the age-old question in relation to learning theory, in which the behaviourist presumably attempts to program his subject, having pre-determined what the subject should learn. How permanent the explicit learning, and what is learned implicitly in terms of the learner's autonomy perhaps identifies a paradox. Elsewhere, however, Heimler acknowledges that man is also determined by his environment, "how a man acts can alter what he is." Like Carl Rogers, Heimler's stance is based on an essential faith in the innate goodness of man. Yet it is evident that to become locked into the either/or trap of the purist, whether behaviourist or existential humanist, will not satisfy the paradox.

¹²Eugene Heimler, An Introduction to a Concept of Social Functioning in the Practice of Social Work (Working Paper) Hounslow, 1968.

¹³From conversations with MacDonald and Roach of Seattle, who tell a fascinating story of the evolution of these methods through their formative stages.

¹⁴As a humanist and existentialist, Heimler does not subscribe either to Freud's pessimistic belief that man's instincts must be curbed, nor to the theory that growth comes through an endless psychoanalytic search of the past. Rather through dealing with one's current experience of painful frustration, he maintains one can release and redirect his energy through integrating this experience with its polarity in the positive goal sought. Obviously the therapist's skill must be sufficient to assist the client in facing whatever pain in the unconscious is absorbing his conscious level of thought and energy.

¹⁵Eugene Heimler, "Social Functioning Theory and Practice" (unpublished lecture notes, Heimler and Savill, 1970).

Footnotes, Chapter Two (Cont'd)

¹⁶Ibid.

¹⁷P. Rodway, "Comparative Efficacy of the HSSF in Treatment." (Unpublished Ph.D. Thesis, University of Calgary, Alberta, 1973).

¹⁸H. Maslow, Motivation and Personality (New York: Harper and Row, 1965).

¹⁹C.G. Jung, The Development of Personality (New York: Pantheon, 1954).

²⁰E. Heimler, "Social Functioning Theory and Practice" (Unpublished Lecture Notes, Heimler and Savill, 1970).

²¹Ibid.

²²Roach has now interpreted in excess of two thousand Scales, yet he is the first to acknowledge that validation is far from complete and individual interpretations are never perfect. He notes there are approximately 84 key patterns.

CHAPTER THREE
REVIEW OF THE LITERATURE

I. The HSSF as a Discriminating Device

As noted previously, early studies were attempts to identify ranges of summary scores which would delineate objective levels of social functioning. The first of these was carried out by Davis and Heimler¹ in which their total sample of 338 consisted of seven different groups.

The initial group consisted of ten who had grown up in a special foster care group home. These were matched with a control group for age, sex and occupation and both were compared with three groups from family service, probation and mental health agencies, and two groups not requiring professional support.

Individuals in the four groups not requiring agency or other assistance over and above their everyday support system averaged a B.P.S. of 65.6 to 73.5. The group of those who had grown up in the foster home were the lowest of these (65) which was accounted for by lower scores in primary family and friendship sections. Of the three agency groups, the probation service sample had the lowest average B.P.S., 38.9. The other two were 39.4 and 45.1.

McWilliams,² who participated in the study, made further observations on the possible significance of the

difference between the B.P.S. and G.P.S. (Gross Positive Score - i.e., adding the "perhaps" answers to the B.P.S.)

A large difference between lower and upper scores is of considerable significance, and particularly is this so in the low-score group. A wide differential in this group, 16/30 for example, is invariably indicative of serious immaturity. If the score moves from the non-functioning to the functioning area, the following conclusions may be drawn depending on the spread of the score: (i) if the score is 40/64, grave emotional problems of a chronic neurotic nature are indicated; (ii) if the score is 50/90, manic depressive tendencies are indicated, or the influence of drugs or alcohol. If the range of the score is very small in the non-functioning area or if a range in this area is absent, e.g. 26/26 or 26/28, then schizophrenic features are indicated, or a serious obsessional condition. In the functioning area, however, a narrow range of score is of less significance, although it is indicative of a certain rigidity of personality.

Similar survey studies were conducted in Seattle.

The Region IX Rehabilitation Institute of the University of Washington study³ also sampled populations using, and others not using, community agency support. The results for the ten groups (total 269) were similar to those of Davis and Heimler. Another group of fifty was surveyed by Murphy and Rodewald.⁴ These were members of a church group who volunteered for the study. As a total group their scores averaged 74.58 (B.P.S.), 17.93 (G.N.S.) or 24% of frustration compared to satisfaction, and 81.96 on their Synthesis scores.

More detail is available on the Murphy and Rodewald study. Twenty-nine of the fifty Scales indicated substantial use of denial, sixteen excessive levels of frustration and

six some need of additional support. Only five Scales showed the expected ratio between positive and negative scores and sixteen a marked difference between their Positive Mean and Synthesis scores. Seven couples sometimes entertained suicidal thoughts. Twenty Scales showed marked uncertainty (wide swing between basic and gross scores) on the Positive Index and another twenty on the Negative Index. Assuming this was a fairly typical sample of the general population, i.e. functioning without professional support, it does raise some questions as to the validity of the norms as an indicator of social functioning in individual cases.

II. HSSF in Diagnosis and as a Measure of Change

Several studies have been undertaken with various special groups to identify problems in social functioning, to compare HSSF diagnoses with recognized psychological assessments and to check for progress in rehabilitation groups.

(a) Canada Manpower B.E.S.T. Program⁵

In this project 135 men from 18 to 57 years of age answered the HSSF at the beginning and end of a six-week training program. On the basis of Manpower counsellor referral to the program, 15.5% were already identified to have some physical disability, 42.9% to have some degree of emotional problem. Interpretations of the HSSF were done blind and the course instructors were advised of those individuals whose Scales suggested they were at high risk. Case

conferences held mid-way in the training program revealed that the HSSF pinpointed major problem areas of the men, providing information regular interviewing usually failed to give and, in some instances, accurately showed greater frustration, depression and insecurity than staff had realized. Results of the HSSF at the end of the training course were consistent with the consensus of opinion of staff who worked intensively with the men in groups of twenty.

It was found that the HSSF registered a greater than chance level of change in the men during their six week course. The Sign Test, a simple measure of direction, was used with a one-tailed (direction only) Test of Significance. See Table I.

TABLE I

HSSF Measure of Change in B.E.S.T. program

Change Between Pre and Post-Program Scale Scores	Level of Significance
Increase in level of Total Satisfaction Scores	.0495
Decrease in level of Total Frustration Scores	.0228
Decrease in level of Persecution Scores	.0082
Decrease in level of Depression Scores	.0028

A subtle factor to deal with in interpretations is that a subject may show less satisfaction and greater frustration as a sign of progress. This situation could occur if, in fact, he is increasing his own personal awareness and

thereby reducing the amount of denial he had been practising. A higher than previous Synthesis score would be predicted in such a case, indicating greater overall optimism, a positive transition.

As to general distribution, 49% of the group who completed initial Scales (a few had declined) had Satisfaction scores of 60 or over, however 85% of these had Frustration scores in excess of 30% of their Satisfaction scores, 58% of these showed over 40% Frustration, and 26% from 50 - 79% as much Frustration as Satisfaction, indicating an inordinate amount of emotional energy tied up in some form of anxiety.

Five of the initial intake scores indicated a Satisfaction level of 35 or less and high Frustration scores. Of the five subjects, one had to be admitted to Crease Clinic and two committed suicide. One of the two suicides was recent, the subject having been imprisoned on a life sentence for a knifing murder he committed not long after the B.E.S.T. program. His HSSF interpretation is included as Appendix 4, under a fictitious name.

Some subjects who scored just above 35 in Satisfaction level and with high Frustration scores somehow managed to function although not necessarily to their own or anyone else's very great satisfaction, and only that through a great deal of professional support in the program - attention they had not likely ever had before. From personal conversation

with the HSSF staff, it was learned that those who made progress in the training program (about 54%) were those whose HSSF indicated sufficient or close to sufficient Satisfaction levels for adequate functioning and less than overwhelming levels of Frustration. Regrettably this was not systematically checked in the program, nor has any follow-up been carried out.

(b) Hemodialysis Patients and Their Spouses

Holcomb and Macdonald⁶ studied 23 home maintenance hemodialysis patients and their spouses. The HSSF was used to identify the nature and frequency of problems in the group. The authors acknowledge that validation of the HSSF is incomplete so that subjective measures may not reflect an objective appraisal of their actual social functioning.

The Scale served to pinpoint differences in responses which tend to confirm the subjectivity of the Scale, yet suggest how it can be used as an objective functional check. For example, regardless of income level, the proportion of patients and spouses who felt financially secure was the same. Further, when the patient was wage earner, 22% of the patients did not feel financially secure. When the spouse was wage earner, 17% of the patients felt insecure financially. In both cases, 31% of the spouses did not feel financially secure. Similarly, only 5 of 23 patients reported feeling a general, vague sense of insecurity, where-

as 12 of 23 spouses did. At the same time about one-third of the patient group acknowledged occasions when they wished, or perhaps wished, they were dead whereas only one-eighth of the spouse group indicated such wishes. Those who had wished they were dead also showed lower achieved ambition, feelings of extreme depression at times and were the only four who reported feeling that circumstances were against them. The authors suggest that, from these obvious inconsistencies, it appears that certain use of denial as an emotional defense may be an important coping mechanism.

This kind of closely worked interpretation of the HSSF suggests how patterns of responses tend to give a clear picture of a client's experience and how he would respond to increased stress in his life situation.

(c) Anti-convulsant Research Treatment Program⁷

A preliminary study of 26 adult out-patients in an anti-convulsant research treatment program in which the HSSF was used has given some interesting results. This double-blind study is designed to assess the use of a new drug for epilepsy.

Group-averaged HSSF scores showed a B.P.S. of 64%, a Negative Mean of 34 indicating a frustration level of 49.2% in relation to Satisfaction (in contrast to the expected range of one-fifth to one-third) and a Synthesis of 65 compared to a Positive Mean of 69.

Predictably these subjects showed low satisfaction

in work. Financially they were in crisis and they felt they had achieved only 20% of their ambition in life. Speculatively, 25% were seen as suicidal. The authors found their results consistent with certain findings in other studies. For example, the subjects reported "complete certainty and total satisfaction with friendships, while they had modest and most uncertain satisfaction in terms of marriage and sexuality." Again, the evident sense of persecution, heavy feelings of depression and vague sense of insecurity was consistent with other studies of such patients.

Other benefits of the use of the HSSF reported by the authors were that it was one of the few evaluation procedures which gave the patient immediate feedback on his own perceptions so that he could monitor or inventory his own feelings about his life. It was also found useful in alerting staff to critical situations, thereby enhancing the effect of intervention.

(d) Thurston County Rehabilitation Project

The HSSF was used in a State of Washington (Thurston County) Rehabilitation Project⁸ to inventory and evaluate Public Assistance recipients for work potential. The HSSF was selected as part of the research design on the basis of 1) its ability to measure change; 2) its numerical scoring of diagnostic results being more comparable than the usual psychiatric classifications; 3) the possibility of it identifying client patterns and/or characteristics which could

indicate rehabilitation potential.

In one aspect of the Project, HSSF interpretations for 51 clients, done blind, were compared with 51 full psychological and 5 psychiatric assessments of the same clients. Reviewed independently and together by three trained professionals from outside the Project, they rated correspondence of diagnosis on a five point scale from low to high. Results of the comparison were: low (correspondence) nine; medium low, two; medium, fourteen; medium high, ten; high, twenty. This gave a medium to high degree of diagnostic correlation between the psychological, psychiatric and blind HSSF interpretations for 80% of the cases. (Example, Appendix C).

The project team screened out approximately one-third of the population on the basis of established criteria, such as, needed at home, serious illness, etc. This largely precluded the possibility of validating the predictive value of the HSSF. The HSSF ratings of those accepted for service (experimental group) and of control groups were closely similar and suggested these clients were emotionally and financially "just getting by." They were on the borderline of the risk band (B.P.S. 60), saw their present overall life as much the same and carried a high degree of frustration.

Using the HSSF as a measure of change, a comparison of initial and terminal Scales for experimental and control groups (46 clients) definitely showed more change and move-

ment in the experimental group. Only the latter showed increased satisfaction in all five areas of life experience. Differences were significant in gross positive and financial areas and in overall outlook on life.

For potential use as a predictive instrument, it was found that those who saw themselves as unemployed had a low success rate. Clients who tended to be successfully rehabilitated tended to score lower in Family A (Primary Family). In response to this the Project team formulated a hypothesis for further testing. "Did the successfully rehabilitated client grow up in a family with a different lifestyle (not Public Assistance) than is currently experienced?" Since the majority of successfully rehabilitated clients were housewives, a study of this group's original Scales revealed that they tended to be less satisfied with their current life situation, had more difficulty relaxing, and felt that housework alone was not enough for them.

(e) Prison Inmate Intake and Release Assessment

Osborne⁹ is currently undertaking a two-year research project in the British Psychiatric Prison at Grendon and at an adjacent traditional prison, Springhill. The HSSF is administered in a twenty-minute interview at intake and again at release. Osborne reports high correspondence with assessments of the Psychology Department in the prisons and asserts that, as a time-saving method, the HSSF has proven itself repeatedly. As was also found in this study, the

extent of interest and involvement on the part of the subjects makes it difficult to close off the interviews.

One-third of the way into the project, on a total of 123 cases, he has identified 84% of the population at the psychiatric centre needing additional support and 25% at Springhill. Certain patterns of denial appear to recur fairly frequently, such as denial of any primary family problems despite recent marriage break-ups. The HSSF has also served to pinpoint subjects who are too disturbed to cope with the setting initially and are sent away prematurely.

III. Preliminary Validation Studies

(a) Bender and Cooper¹⁰

Using 75 students at the University of Edinburgh as their sample, Bender and Cooper used the HSSF along with a sociometric scale, Eysenk's Maudsley Personality Inventory (MPI), birth orders and examination results from the previous year. The authors were investigating the general applicability of the HSSF norms to a student population, a comparison of specific sections within the HSSF and the possible influence of a Social Desirability set. Scales were self-administered on an individual basis.

Overall, the undergraduate students were just within the expected range for self-sufficient social functioning. Their average B.P.S. was 62.9 compared to 74.58 for Murphy and Rodewald's church group. The students showed lower

satisfaction in the financial and primary family areas, corresponding most closely in work and intra-personal scores. The authors consider this within expectations since students, as a group, are not financially independent and they experience delayed emancipation from primary family because of this extended dependency.

Using the HSSF as a discriminating device, 42 per cent were above the risk band (B.P.S. over 60), 48 per cent indicated the need for some additional support for adequate functioning (B.P.S. 36-60), and 10 per cent needed institutional support. The authors report that five of the six subjects with the lowest scores were personally known to them. Of these, one was epileptic, three divorced or separated and at least two were receiving psychiatric treatment. Those with low to medium scores on the HSSF had more friends and best friends in their Department though the same number of acquaintances as high scorers. Low scorers also showed higher marks. The authors concluded that these two facts were consistent in that the obvious ways for students to compensate for low social functioning are in academic performance and over-dependency on a few friends, chiefly in the Department. Bender,¹¹ in a follow-up on 26 of the students in the original study, found that low HSSF scorers were ultimately low scorers on final examinations.

They were not able to go beyond anecdotal impressions on the question of influence of Social Desirability in

answering the HSSF. A significant relationship with the MPI existed only on the Neuroticism Scale. Interestingly, they found a significant positive correlation between number of siblings and HSSF scores.

While the criterion of needing institutionalization when the Basic Positive Score is 35 or below did not hold in their case, the authors did find the discriminatory criteria were generally validated in their study, on a concurrent basis, insofar as social adjustment is concerned. As noted previously, to use norm scores at face value for fuller interpretation is not necessarily reliable. Bender and Cooper point this out astutely when they recognize the use of over-compensation as a defense, particularly in affiliative (Friendship) scores. In other words, an exaggerated need to "fit in" may appear as good social functioning, disguising a good deal of stress.

(b) Comparing the HSSF and the MMPI.

Maier,¹² in his M.S.W. thesis, sought to test the concurrent validity of the HSSF using the MMPI as the criterion measure, by attempting a detailed, item comparison. He used a sample population of 27 male unemployed employables, 15 of whom were taking part in an Edmonton project to assist in their becoming employed, the other 12, in Calgary, were not identified with such a project. Maier acknowledges certain uncontrolled variables due to the differences in the two groups. Although all Scales were administered on an

individual basis, several staff were used in Edmonton who interviewed in their offices, whereas in the Calgary group the HSSF and MMPI were administered in the subjects' homes in most cases, or in a Social Service office, by the investigator. The MMPI was often self-administered at home at the subject's convenience. It is also to be noted that this was a small, specific (unemployed) rather than random population.

While initially the two measures tended to show identification of "deviancy"¹³ in common, closer study revealed many anomalies. There is a contrast between psychological tests, in which one looks for the discreteness of variables, and the HSSF in which patterns and inter-relationships are the key to interpretation. Another significant difference between the MMPI and the HSSF is the designed variation in subtlety of items in the former, which is contrary to the design and philosophical basis of the HSSF. Maher also points out that normally there are fewer numerical values (more "No" answers) in the Negative Index of the HSSF; hence distributive comparisons are thereby skewed.

Certain high correlations were identified, namely Somatic manifestations (HSSF) compared to Hypochondriasis (MMPI), Somatic manifestations (HSSF) compared to Depressions (MMPI), and the Total Negative Index (HSSF) to Depression (MMPI). Contrary to Maher's assumptions, no high degree of correlation appeared between Depression (HSSF) and Depression

(MMPI) or between Persecution (HSSF) and Paranoia (MMPI).

The major conclusion reached by Maher was that "the value of the HSSF does not lie so much in its use as a diagnostic instrument of symptoms or pathological characteristics, but rather in its descriptive utility as to how an individual is using these pathological characteristics in his daily life." As stated elsewhere, Heimler sees the HSSF as a growth oriented instrument to assist one in re-directing energies from useless deployment in frustrations towards enhancing satisfactions. The question is not, for example, whether an individual is sadistic but whether he channels these energies into a socially acceptable direction, possibly as a butcher, pugilist, or surgeon. This, of course, is not to suggest that any of these groups are necessarily sadistic.

Maher suggests it might be better to use the Thematic Apperception Test as a criterion measure rather than either objective tests such as the MMPI at the one extreme or projective techniques like the Rorschach at the other extreme. He further suggested that a comparison of total profile interpretation to summary statements from other standardized instruments would be more productive than attempting detailed item comparisons.

(c) The HSSF as a Treatment Method

While it is outside the focus of this study, reference to one project comparing the HSSF method in treatment com-

pletes the survey of the assessment and uses of the HSSF to date.

Rodway¹⁴ conducted her Ph.D. thesis in a practice setting, comparing the psychotherapeutic effects of two approaches: the Heimler social functioning and an eclectic method. The work of 10 therapists, with a final sample of 61 clients, was measured for better outcome over a two-month period. "Better outcome is defined as an increase in the client's new perceptions of himself and an increase in new, more satisfying types of behaviour." Three outcome criteria measures were used: the MMPI, the POMS, and the CARS.

The data were examined by both a multi-variate analysis of variance and co-variance. The seven variates were: (1) mood, or subjective feelings of anger, tension, fatigue, vigor and confusion, (2) COA, current overall functioning, (3) NT, neurotic triad, (4) PQ, psychotic quintet, (5) RFR, relationship with friends and relatives, (6) L, likeability, and (7) sexual adjustment.

As a result of both multivariate analyses, the null hypothesis could not be rejected using the .05 level of significance.

In an attempt to resolve the lack of a significant difference in therapeutic outcome between the two therapeutic methods, three explanations were advanced. Firstly, there was a significant difference between the two groups of therapists in their level of experience on the two methods. Secondly, a similarity between theoretical bases of the two methods was noted. Finally, a significant difference was found between the two groups of therapists in their effectiveness. From this, it was concluded that a number of therapist variables not measured in the study had contributed to this significant difference. Research evidence for some of these variables, such as persuasive potency, focus on defence mechanisms, focus on source of anxiety, and level of skill, was cited. 15

Summary

A number of descriptive studies completed so far tend to support the claim for the use of the HSSF as a discriminating device for identifying levels of social functioning. At the same time, validation is by no means complete. In other words, it may be safe to say that a person whose summary scores match or approximate the "ideal" norms is more likely to be functioning without an excessive need for emotional or other support and that one whose scores show some marked divergence from the norms may in fact be needing, demanding, or likely somehow getting greater emotional or other support to maintain himself and that the degree of support needed may vary directly with the extent of variation from the norms.

Secondly, there appears to be support for the claim that the HSSF can provide a fairly accurate diagnostic profile, subject to the generally acknowledged limitations of any diagnostic profile. At the same time, this has not been strictly validated to date. Thirdly, preliminary attempts at validation have produced rather inconclusive results when the HSSF is compared on an item or section basis with standardized objective psychological tests. It appears to be somewhat incompatible with such tests in this sense and yet apparently a sensitive instrument which can produce a descriptive profile comparable to a thorough psychological

assessment. The discrepancy seems to relate to the design of the HSSF and the differences in method of interpretation, the HSSF depending on progressive summarization and the relationships among patterns of responses. Preliminary work on the comparative effectiveness of the Heimler treatment method is also inconclusive so far.

Finally, apparently no study has been made of the transferability of summary score significance from one setting to another. It is at least theoretically possible that individuals with identical scores may be achieving satisfaction through behaviours which vary markedly in terms of social acceptability. Its use as a guide to predicting levels of social functioning in markedly different settings is of course central to this study.

While averaged summary scores will be compared with those of self-supporting groups, the main focus in this study will be on how summary scores and data derived from full-length interpretations compare to National Parole Service and National Parole Board decisions and findings. As noted earlier, this is regarded by the writer as a preliminary, descriptive study.

FOOTNOTES - CHAPTER THREE

¹N. Davis and E. Heimler, The Medical Officer, No. 3052, Vol. CXVII, No.3, (January 1967), pp. 31-32.

²William McWilliams, "The Heimler Scale of Social Functioning" (unpublished, 1966) Report.

³R.R.I. Scale Research 1967-1969, Report of Region IX Rehabilitation Research Institute No. 4 (Seattle, Washington: 1969).

⁴Karen E. Murphy and Donna M. Rodewald, "A Descriptive Study of a Catholic Church Group (Unpublished paper, University of Washington, School of Social Work, Seattle, Washington: 1969).

⁵A. Ceccato, "Report on the Use of the HSSF in the B.E.S.T. Program," January 1970-71 (Vancouver, B.C.: Canada Manpower).

⁶Joan R. Holcomb and R.W. Macdonald, "Social Functioning of Artificial Kidney Patients" (mimeographed, Seattle, Washington: 1971).

⁷P.D.Carter and J.R. Green, Social Functioning of 26 Adult Patients During an Anticonvulsant Clinical Trial: A Preliminary Report (Seattle, Washington: Seizure Clinic, University of Washington Hospital, 1972).

⁸R.C. Schumann et al, "Thurston County Rehabilitation: Evaluation and Inventory Project" (Olympia, Washington: Dept. of Social and Health Services, 1972). Report.

⁹J.B. Osborne, Heimler Scale of Social Functioning: Interim Report (Grendon, H.M. Prison, The Welfare Office, 1973).

¹⁰M.P. Bender and R.A. Cooper, "Report on the Heimler Scale" (unpublished, University of Edinburgh, 1967).

¹¹M.P. Bender, "Follow-up Study on the Heimler Scale" (unpublished, University of Edinburgh, 1969).

FOOTNOTES - CHAPTER THREE (Cont'd.)

¹²D.W. Maher, "Preliminary Validation of the Heister Scale of Social Functioning," (Unpublished M.S.W. Thesis, School of Social Welfare, University of Calgary, Calgary, Alta., 1969).

¹³Maher identified "deviancy" in contrast to "normalcy" for subject scores outside the normal range. On the MMPI he uses the term "normal" to designate subjects whose MMPI T-scores fell between 70 and 80. On the HSSF he applied the term "normal" to those subjects whose Positive Mean score fell between 60 and 85.

¹⁴P. Rodway, "Comparative Efficacy of the HSSF in Treatment" (Unpublished Ph.D. Thesis, University of Calgary, Calgary, Alta., 1973).

¹⁵Ibid., p.103.

CHAPTER FOUR

METHOD AND PROCEDURE

The Research Committee (Western Region) of the Canadian Penitentiary (CPS) and National Parole Services (NPS) obtained approval from the Office of the Solicitor General for the author to ask inmates to volunteer as subjects in this study. By arrangement, the author went to four Federal institutions in British Columbia and met with groups of inmates who were to be interviewed by the National Parole Board (NPB) for parole consideration within the following few weeks. There was no special reason for selecting an inmate population as the HSSF is applicable to any literate adolescent or adult. However the attempt to assess readiness for parole did provide a basis for measuring correspondence in diagnostic assessment and behaviour prediction with social functioning oriented data from an independent source.

I. Administration of the Scale

Once each group was assembled by penitentiary officials, the subjects were left with the author without any intrusion by staff. The author briefly outlined the purpose of the meeting, making it clear that when the introductory remarks were completed any inmate would be free

withdraw without in any way jeopardizing his status in the institution. A total of approximately ten did withdraw, leaving a sample population of 35.

In addition to stating the purpose of the study, i.e. to test the usefulness of the HSSF as a diagnostic and predictive instrument, conditions of the understanding were outlined and a brief background sketch of the origin and theory behind the HSSF were presented to complete the general orientation to the project.¹ As stated elsewhere, the conditions are: 1) complete anonymity, 2) no relation to the subjects' treatment in the institution nor to Parole Board decisions, 3) no access to confidential files, 4) no financial support for the study.

The theoretical comments consisted of those generally used in introducing the HSSF, viz., 1) mention of Heimler's experience in concentration camps and its effect on his philosophy, 2) the concept of energy concentration in satisfactions and frustrations, 3) the idea that everyone experiences some satisfaction and some frustration at all times and in five commonly experienced areas of life, 4) that energy bound up in frustrations might be redirected towards increasing one's satisfactions, 5) that one's overall view of his past, present and future affects how he regards today's experiences and what he chooses to do about them, and 6) that the HSSF provides an opportunity to "take a reading" on one's own current levels of satisfaction and frustration,

as his own examiner, and establish a focus for increasing future satisfactions.

Each subject answered his own Scale in a pencil and paper fashion and usually answered three additional questions: 1) the number of times incarcerated, 2) the total number of years incarcerated, 3) the likelihood of having work to go to if released on parole. Upon completion the author instructed each group in filling in the Facesheet summary scores after which the subjects were free to keep their questionnaires, except for the Facesheet.² Sessions were approximately two hours long, just adequate in the larger groups.

II. HSSF Interpretation of Sample Population

The writer had a brief conversational contact with a few of the subjects at the close of the meetings where the HSSF was administered. Although a special effort was made to avoid identity of the subjects, their remarkable interest in the HSSF did cause an impression to intrude into Scale interpretations in about five cases. It was not felt, however, that this brief contact was sufficient to require eliminating their Scales from this descriptive study.

The procedure followed in interpreting the Scales was, first, to complete a standard full-length HSSF blind interpretation as illustrated in Appendix E, Step 1 (pp.1-5). A second step was to prepare an abridged version to which the

estimated nature of offense(s), parole prediction and treatment (support system) recommendations were added. (Appendix E, Step 2, pp. 1,2). The third step was to identify the frame of reference within which Parole Officers make their assessments and recommendations to the NPB. This is discussed extensively later in this chapter, together with comments on the applicability of the HSSF. On this basis a model was then formulated in consultation with NPS staff and tested against the HSSF for comparability.³ (Appendix E, Step 3, pp.1-4).

From this model, through further consultation with NPS staff, a "Client Assessment Rating Form" and "Key to Comparison of HSSF and Parole Office Data" were developed. (Appendix E, Step 4, pp.1-4). The HSSF assessments were worked out and set aside until the Parole Officers concerned had all entered their assessments. HSSF assessments were then entered and rated for correspondence on the basis of "Criteria for Rating Correspondence". (Appendix E, Step 5, pp.1-3). Total scores were entered on a summary table and their correspondence was checked for statistical significance through the use of Chi-square. See Table IX in Chapter Five, Discussion and Results.

A further step was later introduced as a cross-check for limitations in design and semantics on the Client Assessment Rating Form and for the possibility of subjectivity in Parole Officer responses. One of the difficulties encountered was movement of inmates, parolees, and occasionally of staff

from one geographic jurisdiction to another, limiting first-hand knowledge in some instances. This further assessment form was designed by the writer to elicit an assessment of correspondence between the abridged version of the HSSF interpretation (Appendix E, Step 2) and the Parole Officer's overall perception of his client(s). Correspondence rating was requested on a three-point scale of: 1) Exact or very high, 2) Partial yet significant (to the parole officer), 3) Very low or no correspondence. The form also requested up-dating of the client's performance. See Appendix F. This form was circulated three months after the (first) "Client Assessment Rating Form" was filled in. Correspondence between the two sets of ratings was then compared.

III. Further Treatment of Data

Summary scores were averaged for comparison with HSSF norms for social functioning, as a check on the use of the HSSF as a discriminating device. Scales in this study which roughly approximated these norms were identified and HSSF recommendations for parole in these cases noted and compared with NPB decisions and, where information was available, with actual outcomes to date. Similar analysis and follow-up of any subjects paroled whose Scales did not meet the HSSF norms was also done. These are discussed under the headings:

1) HSSF Norms for Social Functioning as a Guide to Parol-

ability and 2) National Parole Board Decisions Compared to HSSF Recommendations.

Potential for violence is a question of particular significance in terms of parolability. HSSF data was checked against NPS findings and NPB decisions with regard to potential for violence and evidence of acute despair.

IV. Null Hypotheses

The Null Hypothesis was formulated for five distinct treatments of the study data:

N.H. 1: That there is no correspondence between the HSSF recommendations and the NPB decisions and, where outcomes are known, in the accuracy of the HSSF recommendations in relation to actual performance of those released.

N.H. 2: That there is no correspondence between HSSF and NPS item-assessment of the 35 subjects in the study population.

N.H. 3: That there is no correspondence between HSSF profile descriptions and NPS overall perceptions of the 35 subjects in the study population.

N.H. 4: That there is no correspondence between the two ratings made of each of the 35 subjects by the same Parole Officers.

N.H. 5: That there is no correspondence between the HSSF identification of violence and/or acute despair and actual commission of crimes of violence and/or need for

psychiatric or related intensive treatment.

V. A Discussion of the Basis of Parole Officer Assessment and the Method of Using the HSSF.

Consultation with NPS staff members and reference to the literature on parole indicate that the NPS is social functioning oriented. Assessment of parole candidates is based on demonstrated and potential ability to function adequately in society. While Parole Officers must exercise their own judgement in their use of data gathered for assessing candidates for parole, there does appear to be general agreement on the kinds of data wanted.

In this study, the personality profiles developed from the diagnostic interpretation of the HSSF will be compared to profile data available from psychological, psychiatric and behaviour descriptive assessments. Since the HSSF data provides information on most of the items used in predicting a candidate's parolability, the material is dealt with in parallel with Parole Officer findings.

VI. Ordering the Data

The kinds of information utilized in determining parolability can be ordered in a variety of ways. For our purposes three general categories will be used:

A. BEHAVIOUR DESCRIPTION

- i) Criminogenic Behaviour Patterns
- ii) Pre-sentence Report
- iii) Behaviour in the Institution

B. PERSONAL RESOURCES

- i) Age and Health
- ii) Alcoholism and/or Other Drug Addiction
- iii) Education and Marketable Skills
- iv) Attitude to Religion
- v) Financial Resources
- vi) Release Plans
- vii) Personality Profile

C. COMMUNITY RESOURCES

- i) Family Situation
- ii) Other Community Resources

In his foreword to "GUIDES FOR PAROLE SELECTION"⁴

Reed acknowledges that "Since parole deals with human behaviour, we cannot hope to reduce selection to an exact science or raise the success rate to 100 per cent." Nevertheless, the authors of "GUIDES FOR PAROLE SELECTION" point out that some objectively defined factors can be identified from experience tables, "when prepared on a sound statistical basis with adequate sampling of case material."⁵ They refer to the U.S. Attorney General's Survey⁶ as an example which, "using combined statistics for more than 90,000 cases found that unmarried as opposed to married persons, first offenders rather than recidivists,⁷ offenders with delinquency records in youth, and parolees residing in urban rather than rural areas were less likely to succeed on parole. It also found that those released to compatible married life have a much better chance of success than those living alone in boarding houses, etc."

VII. Discussion of Data Used for Parole Assessment

A. BEHAVIOUR DESCRIPTION

i) Criminogenic Behaviour Patterns:

The authors of "GUIDES FOR PAROLE SELECTION" quote Giardini in their discussion of the significance of the criminal record. The first thing to be acknowledged is that since offenses may not have been discovered, or convictions may have been quashed for a variety of reasons,

the lack of a previous criminal record is not as reliable a criterion for granting parole as the presence of a criminal record is for refusing parole. 8

In "GUIDES FOR PAROLE SELECTION" the authors point out that the intention of examining the criminal record is to assess the potential for future criminal behaviour. For example, one needs to look for a pattern or apparent lack of pattern in the kind(s) of offense committed. Circumstances of commission, intervals between offenses, modus operandi, age and health, whether the offender attempted to avoid obvious guilt, whether the crime was premeditated, whether there is a serious personality problem, whether there were special pressures or stress factors which may recur - all such considerations must be taken into account when assessing criminal behaviour patterns. The authors again quote Giardini:

The legal name for an offense is not always descriptive of what occurred. Assault and battery, for example, will take a different meaning depending on the motive behind it. It would make a difference in the parolability if

a charge of assault resulted merely from a drunken brawl, a robbery, or a sex motive
. . . 9

The offense record (F.P.S.) will show the number, kind and frequency of offenses, whether length of time on the street is increasing, and whether the severity of offenses is increasing or subsiding. None of this information, however, was available to the author when the HSSF interpretations were done.

Seriousness of offense and likelihood of repetition of offense in some cases vary inversely. Ohlin reports from an Illinois¹⁰ study that homicide and assault, and sex offenses are the only two which show favourable predictability for non-repetition. Burglary is the only one with a significantly unfavourable rating. Robbery, larceny and stolen property, forgery and fraud, and miscellaneous others have neutral ratings. Factors such as alcoholism or other drug addiction are not noted in reference to the ratings.

The HSSF, a diagnostic and treatment instrument for general use, does not ask about a criminal record. As noted (Appendix A) a certain amount of personal data is gathered, including age, marital status, number of dependents (or siblings) and their ages, occupation, training, education, last income, religion and physical disabilities. In this instance the author asked for these additional items of information: 1) whether the subject had a job assured to him on release, 2) the number of times he had been incarcerated, and 3) the

total number of years of incarceration, not to include the type of offense(s). On the basis of HSSF interpretation and this special information, the author attempted to identify the kind(s) of offense likely committed and the trend of seriousness in criminal pattern. An additional question indicating the lengths of time in society between offenses might have assisted further towards identifying the nature of transitional state, where a trend does occur.

ii) Pre-sentence Report

The pre-sentence report is generally regarded as a very significant part of assessment data as it reveals family history and the nature of relationships, patterns of behaviour, work record, social and financial status, religious affiliation and attitude to religion. This provides a good picture of the inmate's life style, support relationships and expectations in life. Contrasts in a pre-sentence report between the subject's and the official and/or witness' versions of the offense give an indication of the extent of denial and avoidance the subject may be (or may have been) practising. The chief limitation of a well-prepared pre-sentence report is that it can not indicate any subsequent change in the individual.

The pre-sentence report type of data is not available directly in the HSSF, however, a significant number of clues are available bearing in mind that HSSF interpretation is based on patterns of answers. For example, if a subject says

he feels unhappy about and felt insecure in his childhood, that it was not a good preparation for adult life, that he does not want his family to turn to him with their problems, yet says he felt really cared for in his childhood; says he cannot save, is not secure financially, does not feel secure financially, yet feels at ease about spending; then claims total satisfaction in friendships and married life, reports often feeling very depressed, never driven to do things harmful to self or others and cannot relax, one can safely conclude that he feels alienated from his primary family, takes little responsibility for himself and his future, and grossly denies this in his claims of total satisfaction in friendships and in the marital relationship. He is obviously leaning very heavily on these to keep on an even keel and possibly on criminal behaviour to provide for his financial needs.

iii) Behaviour in the Institution

There is fairly general agreement that behaviour in the artificial world of a prison institution is not a good guide for parole prediction.

Poor conduct in prison is more accurately predictive of poor conduct on parole than good conduct is predictive of good conduct on parole. The parole board must distinguish between conformity to the rules and real change in behaviour. 11

Martin expands on this general view:

. . . the "halo" effect of good (or bad) behaviour on the opinions of prison staffs should not be underrated. The man who resents

his imprisonment, and shows it, may well be motivated to get parole and keep out of trouble; he may nevertheless get a name for being uncooperative. In general, predictions about behaviour outside an institution, made on the basis of behaviour within its artificial world are probably best viewed with skepticism. Very little information is available to prison staffs as to the history of ex-inmates, so that in many cases they have no feed-back about their predictions, while their direct knowledge is of the man under stress in abnormal circumstances. 12

Measures of real behaviour change in prison require a high degree of sophistication.¹³ The extent to which a subject participates in educational, vocational, recreational, social and leisure activities, and the leadership skills he demonstrates will reflect his energy levels more accurately than his motivation. Taking education courses to impress a parole board, or to become a more successful criminal may sometimes be the real motive. The danger of creating unrealistic occupational expectations could also militate against success on parole. However, the "overall picture from statistical studies is that an inmate who has a long record of persistent educational pursuit in prison (with some specific grade or diploma achievement) is likely to be a significantly better parole risk."¹⁴ O'Leary and Glaser further maintain taking part in counselling or group therapy shows no significant change in parole risk with the single exception of inmates who sustain participation over a long period of time with the same leader.¹⁵

The extent to which an inmate can accept responsi-

bility for his actions, inside and out, and relate to people in authority and to his peers on a day-to-day basis, the kind of influence he has on others and his ability to cope with frustration and apply himself with persistence, give some indication of his inner resources and social attitudes. Such data is most useful in assessment if it can be identified as an indication of real change and capacity for change. If a subject is clearly bound up in bitterness and resentment such that communication is limited to egocentric demands or venting of hostility, protestations of readiness for parole are obviously self-delusion.

The HSSF can offer no data on institutional behaviour per se; however, it can give an indication of the subject's energy level and time and reality orientation, i.e. whether he focuses on the past, present or future and with what degree of reality. For example, if a subject says he is totally hopeful for the future, that his life is completely meaningful, that he gets very depressed and feels insecure, that his childhood was a poor preparation for adult life, that people and circumstances are often against him, that he has achieved none of his ambition in life so far and that life offers little scope for self-expression, one can safely assume he is future oriented as an avoidance, and quite out of touch with the realities of his present life situation.

Affirmative responses to such questions as those concerning guilt, insecurity, depression, sense of persecu-

tion, together with acknowledgement of acting harmfully to self or others, and feeling too tired to work, or to enjoy life give a strong indication either of physical illness or that a good deal of emotional or psychic energy is bound up in frustration, despair, and resentment. Denial of feeling driven to act harmfully to self or others would suggest much psychic or emotional energy is bound up in denial so that depressive moods would have no meaning and often precipitate violent acting out. This situation will likely be reflected in low satisfaction in one or more areas of the Positive Index. Denial of lack of satisfaction in the face of such frustration scores would indicate contradictions, and hence a drain on energy. Low satisfaction in family, friendships and personal life would also indicate a sense of isolation and vulnerability to stress, whether institutionalized or on the street.

B. PERSONAL RESOURCES

i) Age and Health

With the exception of a few late starting offenses such as forgery in relation to alcoholism or other drug addiction, and theft, vagrancy and certain sexual indecency offenses when related to senility, there is an "overall generalization that the younger a person was when his crime began, the more likely he is to persist in it."¹⁶ Another factor in relation to age is that as these offenders get

older they tend to settle down, i.e. post-release failure rates become lower. "One of the most firmly established pieces of statistical knowledge about criminals is that the older a man is when released from prison, the less likely he is to return to crime."¹⁷

The age at which a subject was first sentenced for an offense can be deduced with varying degrees of accuracy from the information gathered when the HSSF was administered. For example, if a subject is thirty years of age and reports seven periods of incarceration for a total of eleven years, one can assume he was first sentenced in his early to mid-teens. If another thirty-year old subject reports only two periods of incarceration, for a total of three years, his age when first sentenced is a matter of conjecture. As noted previously, there may have been one or more other undiscovered commissions in either case, and/or charges for which no time was served.

Poor health or a physical disability affecting employability may play some part in contributing to committing an offense although according to O'Leary and Glaser¹⁸ studies on poor health and physical handicap as a factor in parole violation have produced conflicting results. As discussed in Appendix G, the author contends that faulty metabolism may be an unrecognized significant cause of erratic and/or irrational behaviour. Indications in the HSSF of a subject's state of health are mentioned in that discussion.

ii) Alcoholism and/or Other Drug Addiction

Obviously the need to support an expensive alcohol or other drug habit, and the physical, emotional and mental debilitation which may accompany such a life-style form a significant liability to successful parole. Wherever a metabolic disorder has either led to or resulted from the use of the drug a parolee who wants to "straighten out" is fighting with both hands tied behind his back. As mentioned previously, the HSSF offers many clues to the identification of these problems.

iii) Education and Marketable Skills

While level of education and possession of marketable skills possessed before sentence is usually reflected in the kind of offense committed, (a professional person may be more likely to embezzle than to commit an armed robbery) education or marketable skills do not appear to show better prediction for success on parole in and of themselves. As an indication of higher intelligence level, these factors could as well suggest a potentially more dangerous criminal. O'Leary and Glaser note "it is surprising how often crimes reflect emotional behaviour not guided by much intelligent thinking, even when the offender has considerable mental capacity."¹⁹ Taken together with positive assessment in other criteria, presumably these would be assets.

One interesting study carried out in New York between June 1961 and December 1962 distinguished various methods of

obtaining work in relation to success on parole.

. . . those who do get jobs on their own or through their family appear to be distinctly the best parole risks. Their success rate probably reflects not so much the job they get as their previous employment record, their reputation in the community and their family ties, all of which enable them to get jobs without assistance. 20

It was suggested to the writer by NPS staff that this may also reflect the value of a few days of re-orientation on the street before returning to work, likely not possible if a job is pre-arranged. An apparently successful private residential centre which contracts with the NPS makes a strong point of this, the idea being to let the man have a "good blast" for a day or two.

Only as an assessment of general stability, self-honesty (e.g. acknowledging he acts in harmful ways) and general consistency in the Scale can the HSSF offer any light in this area.

iv) Attitude to Religion

While religious interest in prison may be a temporary urge to reform, or serve other than religious ends, there is evidence to indicate that "Firm religious ties can be a positive factor in readjustment on parole."²¹ It is noted that "some evidence of religious and moral training" is found to be one of the characteristics of a superior home environment which is considered one of the most significant factors in success on parole. Religious affiliation serves as a personal

resource and also opens doors to more community resources. The HSSF cannot measure this in a definite way.

v) Financial Resources

Adequate financial resources are an obvious factor in an inmate's ability to make a successful transition. Substantial debts to pay off and/or a family to support can be a heavy liability to one in the transition state of a parolee. Reliability of information in this regard is likely questionable in a great many cases. Occasionally substantial unreported cash resources may exist!

The HSSF provides some clues to this matter in the questions whether one feels secure financially and whether one feels at ease about spending. One limitation is that these questions are answered in the "here and now." An inmate may feel quite secure when all his basic needs are being provided by the institution. In this case it should be remembered these men were applying for and presumably hopeful of getting parole, hence their "now" may include their outside situation.

The additional question asked by the interviewer was whether the inmate had a job guaranteed should he be released. How realistic answers to this question may be is, of course, open to speculation, guided largely by the extent of realism or denial expressed throughout the HSSF.

vi) Release Plans

Essentially, the information presented in release plans is at least implied in the other data assembled for assessment. Employment, financial, family and community resources, including arrangements for special therapy if required, make up the major part of plans. A parolee's ability to utilize these resources is, of course, a separate and critical question which the personality profile and observed behaviour patterns can shed light on.

The HSSF together with the additional question, whether the candidate for parole has a guaranteed job to go to, can surmise to some degree what support he may have available to him in the community.

vii) Personality Profile

It is readily seen that psychological and/or psychiatric assessment is but one of several kinds of information utilized in assessing inmate readiness for parole. In conversation with Parole Officers the author found a preoccupation with the dangers of abuse in using psychological instruments, fearing a mechanistic substitution for personal communication. Demonstrated behaviour was emphasized as a more reliable basis of predicting a parolee's re-adaptation in the community.

Waller²² notes that the particular sub-culture a parolee chooses on release, whether ex-inmates or "straight" society, will depend largely on whether he has a wife and family, employment opportunity and friends and relatives not

associated with prison life to reinforce his transition. Compared to the ordered, planned life of the average professional citizen, the typical prisoner faces an array of problems of survival on release -- finding and keeping a regular job, supporting himself and family, coping with old ways, such as drinking or use of other drugs, in a successful way. All this assumes he wants to change his life style.

Waller, referring to the work of Garfinkel, Sarbin and Studt,²³ discusses parole as a transitional status not unlike such changes as immigrating, or leaving a prisoner-of-war camp. Society having ascribed a negative value to parole status creates added difficulties to adjustment. No matter how supportive a parole officer and the police may be, they must be constantly watching for any false move on the parolee's part, a humiliating burden of additional stress.

It is in this light that some may question whether psychological and psychiatric assessments are even necessary or useful. An inmate's observed ability to handle stress and utilize professional staff in times of crisis, his demonstrated motivation and capacity for change or, conversely, the degree to which he is locked up in bitterness appear to be the significant indicators. However, instrumented and skilled interview assessment can indicate the degree of rigidity or instability, intensity of bitterness, degree of resignation, desperation, sense of inadequacy, tendency to depression and wide mood swings. This kind of information

the HSSF is well suited to provide in a social functioning frame of reference, and to indicate in which areas of his life a person is most vulnerable. Assessment of change is particularly important and the HSSF or other instrumented assessment may pick up denial and contradictions more sharply in a clever, sociopathic personality than would an interview.

As already noted in the Review of the Literature, reliable correlation between the HSSF and the MMPI is limited to a few categories. As a result of his study Maher suggested a comparison of narrative profile descriptions might be more productive. This is the approach attempted in this study.

C. COMMUNITY RESOURCES

i) Family Situation

The primary and/or marital family situation may well be the single most decisive factor in an inmate's successful transition on parole. Ohlin²⁴ refers to the prediction ratings of the Joliet-Stateville and Menard Divisions of the Illinois State Penitentiary System which identify a six-point rating on Home Status and a five-point rating on Family Interest. A superior home is identified as one

in which there was no serious economic problem, no apparent discord; and there was some evidence of religious and moral training. The parents in such cases will have been conventional, law-abiding persons, frequently active in church, social and civic affairs. (page 584)

The other categories range from (2) an average home, not unlike a superior home but one which, for example, may have been marred by the death of one parent followed by a successful re-marriage by the other, through (3) inferior home, in which there is a pattern of poverty, family strife, abuse, drunkenness, etc., (4) a broken home and (5) where the offender left home at an early age, to (6) institutional placement as a child.

Family interest is rated from (1) very active, "five or more letters a month from relatives", through (2) active, "two to five letters a month", (3) sustained, "fewer than two letters a month, but more than one every three months", (4) passive, "letters at rare intervals", to (5) none. A personal visit is rated as equivalent to two letters.

Where letters and/or visits are from an overindulgent parent in an inferior or broken home, or from a girl friend or wife who is soliciting to support a drug habit, it is questionable how promising this support is in terms of successful transition to socially acceptable civilian life.²⁵ Certainly genuine, mature, understanding acceptance and solid support from a superior or average primary family or its equivalent in a marital situation or, next best, a good half-way house situation, would be critical in a parolee's transition, if he has the readiness to accept this support.

As noted earlier, particularly in reference to the discussion of pre-sentence reports, the HSSF provides many

clues to this resource and the inmate's readiness to utilize it.

ii) Other Community Resources

The type of community, whether urban or rural, its economic stability and potential for adequate job opportunities; its acceptance of parolees in general, and of one with the particular offense involved; its recreational, social, religious, and community service resources, plays an important part in the parolee's chances of successful transition. The community's readiness, including the attitudes of police and other public agencies must be weighed against the parole applicant's own attitude and readiness to live with some social stigma and utilize community resources effectively.

The HSSF can offer no information on community resources, other than the specially solicited information on job prospects, but through overall interpretation of patterns of answers can get an impression of the inmate's readiness for positive transition in the face of inevitable pressures and periods of discouragement. His ability to handle tension, use of denial, rigidity, degree of realism, vulnerability to depression, need for escape routes such as drinking, degree of insecurity, ability and/or interest in directing his energy into work and recreational interest, and his overall level of optimism provide some indication as to his readiness to sustain himself and utilize available resources.

Regardless of his own readiness, the parole service may be aware that public attitudes at any given time may be less than accepting of a parolee's return. Again, proximity to old haunts with a negative influence are unknowns the HSSF can shed no light on. Finally, parole suspension may be prompted by a technical breach of regulations rather than commission of a criminal offense. The likelihood of the latter occurring may be particularly difficult to predict beyond a general assessment of emotional maturity.

The steps taken in arriving at a common language, model and key for checking correspondence in assessments with Parole Officers have already been discussed in this chapter. It is acknowledged that at least parts of the key, particularly the section on personality profile, are subject to question and challenge. It has been noted that this was established in consultation with parole officers in an attempt to devise something functionally meaningful rather than academically erudite. It is further submitted that this is a highly subjective area and that language and thought models vary a great deal. In other words, to satisfy one semantically is to frustrate or confuse another. It was encouraging to the author that most Parole Officers responded on the rating forms with apparent ease, suggesting they may not be too ambiguous.

FOOTNOTES - CHAPTER FOUR

METHOD AND PROCEDURE

¹The author did not prepare a written text so that each group should be exposed to exactly the same wording. If a defense is needed for the use of a conversational approach to the presentation of the introductory remarks for the administration of the Scale it is that (a) a more formalized approach could well have destroyed the possibility of establishing rapport with a volunteer group, (b) in each case the size and setting of the groups was significantly different, 4-13 in number in minimum to maximum security settings. The same words, in the same order, with the same voice tone and modulation would by no means ensure that the same message was received.

²It was remarkable to the author that, in each group, several subjects became extremely enthusiastic about the Scale and pressed for discussion of Top-box readings in relation to immediate meaning in their lives. In short, obviously the HSSF made sense to them and provided a language in which to communicate and feel understood.

³In retrospect it appears this detailed step may not have been necessary; however it serves to illustrate the comparability of information on the basis of which the (first) Client Assessment Rating Form was developed.

⁴Guides for Parole Selection, National Parole Board Library, (Prepared by the Advisory Council on Parole of the National Council on Crime and Delinquency), 1963, p.5.

⁵Ibid., pp. 35, 36.

⁶Ibid., p. 36. Attorney General's Survey of Release Procedures, Vol. IV, (Parole) U.S. Government Printing Office, 1959, pp. 541-542.

⁷Other statistics suggest that first offenders, i.e. those with no prior prison commitment, show the lowest percent of unfavourable parole performance. A difference for age levels is also noted. See Tables 8.4 and 8.9 and 8.12, pp. 143, 156 and 184 in The Future of Parole, D.J. West (ed.) London: Gerald Duckworth and Co. 1972. See also L.E. Ohlin, "Predicting Parole Behaviour," Chapter 47 in Carter and Wilkins (ed.) Probation and Parole, New York: John Wiley and Sons 1970.

FOOTNOTES - CHAPTER FOUR (Cont'd.)

⁸G.I. Giardini, The Parole Process (Springfield, Illinois: Charles C. Thomas, 1959), pp. 132-133.

⁹Ibid., p. 134.

¹⁰Table 1, Rating of Prediction Items, Joliet-Stateville and Menard Divisions, Illinois State Penitentiary System. In L.E. Ohlin, "Predicting Parole Behaviour," Chapter 47 of Carter and Wilkins, Probation and Parole, (New York: John Wiley and Sons Inc. 1970) See also Table 8.12, p.184 in The Future of Parole.

¹¹Guides for Parole Selection, p. 55.

¹²J.P. Martin, "The Local Review Committee," in The Future of Parole, Chapter 3, p.47.

¹³Even when significant attitudinal change has taken place, to translate this change into day-to-day behaviours in society without a support system comparable to that provided by a prison institution is a very difficult undertaking.

¹⁴Vincent O'Leary and Daniel Glaser, "The Assessment of Risk in Parole Decision-Making," Chapter 8, p.162, in The Future of Parole.

¹⁵Ibid., p.163.

¹⁶Ibid., p.142 from the U.S. Federal Prison and Parole Study, 1964, as reported in Daniel Glaser, The Effectiveness of a Prison and Parole System, Indianapolis, 1964.

¹⁷Ibid., p. 140.

¹⁸Ibid., p. 148.

¹⁹Ibid., p. 149.

²⁰Ibid., pp. 177-178.

²¹Guides for Parole Selection, p. 46.

FOOTNOTES - CHAPTER FOUR (Cont'd.)

²²J. Irwin Waller, "Parole for the ex-prisoner: Carrot, Stick or Illusion?" Chapter 7, in The Future of Parole.

²³Ibid., pp. 120-121.

²⁴Lloyd E. Ohlin, op.cit., p. 583.

²⁵A change in social and legal sanctions regarding soft and hard drug use and prostitution would result in a marked change in the definition of criminality and, therefore, of "success on the street" in National Parole Service terms. The reader is referred to Footnote 2 in Chapter One for related comments. As far as HSSF interpretation is concerned, while evidence of drug dependency may be regarded as less likely to lead to criminality once criminality was so redefined, general stability and apparent capacity for achieving adequate satisfaction would remain as key signals for success on the street.

CHAPTER FIVE

DISCUSSION AND RESULTS

I. Limitations Of This Study

Several uncontrolled variables with regard to both administration and interpretation of the HSSF must be acknowledged. The HSSF can be self-administered with pencil and paper on an individual or group basis. It can also be administered verbally by counsellor or psychiatrist in a treatment interview, or by trained assistant. Some degree of subjectivity in interpretation is also possible.

HSSF Norms and Differences in Setting

In this study the different sizes of the groups and the differences in setting and atmosphere in maximum, medium and minimum security institutions from which this sample was drawn introduce further variables of undetermined significance in relation to HSSF responses. So far, no research has been completed with the HSSF which would identify resulting variations in scoring and no controls were introduced into this project for the purpose.

The fact that the subjects were volunteers from among candidates for parole could increase a Social Desirability factor which is said to influence response selection in group administration of the questionnaire.¹ An effort was made to minimize this effect by stressing that there was no connection with parole review nor with treatment in

the institution or on parole. At least one Parole Officer observed, however, that in his experience proximity to parole interviews would be bound to affect response selection.

Another significant variable is the fact that the subjects in this study live under vastly different conditions from those of most subjects when answering the HSSF. They are in an institution, involuntarily, which provides a total support system in a highly structured and largely authoritarian environment. While guaranteeing their basic survival needs without any effort on their part, the setting also minimizes their sense of identity, initiative and self-direction, cuts them off from normal association with family and friends and creates an unnatural socio-sexual situation. Levels of satisfaction and frustration experienced in such a setting may bear little relation to those experienced on the street.

Predictability of success or failure on the street based on HSSF responses while in a prison institution depends on the ability of the HSSF to identify significant personality characteristics relating to general emotional stability and maturity and on an indication of the support system needed and its availability on the street. The B.P.S. and other Top-Box scores which would normally indicate an ability to cope satisfactorily without additional support may be suspect in this total support system. Some preliminary impressions are all that can be provided in this study with regard to the

use of HSSF norms.

Use of Control Groups

As a further limitation, it should be noted that, because of its social functioning orientation, an attempt to use a control group from everyday society would have little meaning. As noted earlier it is a premise of HSSF use that human behaviour is purposeful. With the same psycho-dynamics operative, one subject may simply choose a more socially acceptable behaviour. In his own experience the writer has found quite similar extreme HSSF scores in Scales of apparently quite successful business and professional people. This raises the question whether the HSSF could identify criminality per se.

Subjectivity in Assessments

The element of subjectivity throughout the study places further limitations on the results. It is conceivable that Parole Officers may weight or interpret differently the information they assemble from several sources in preparing parole review assessments. An additional problem the writer occasionally discovered was that a Parole Officer had just recently had a subject placed on his caseload because a staff member or subject had just moved to another geographic jurisdiction.

In terms of predicting success on the street, besides the critical importance of the parolee's general support system, individuality in Parole Officers is also to be ex-

pected and respected. One staff member may decide that a swift suspension may be the best reinforcer for a parolee who is "beginning to slip" whereas another may attempt to reinforce his support system on the street. A third may equally wisely choose to let him struggle to find his own strength. On a follow-up, in which staying on the street legally is the chief criterion, these options may not be accurately represented.

An effort was made to minimize this subjectivity and also any limitations arising through subjectivity in interpreting the HSSF. The writer had some of the HSSF profiles cross-checked by a senior HSSF consultant² to minimize the latter. A second, independent (blind) interpretation of all the Scales would be one requirement of a proper validation study. Otherwise one may merely be researching one individual's skill in using the HSSF rather than the validity of the Scale itself.

Secondly, an ad hoc committee of Parole Officers assisted in the development of a model for the Client Assessment Rating Form (Appendix E, Steps 3 & 4. See also pp.48,49).

Three months after completing these Rating Forms Parole Officers were asked to complete a second, different assessment form. (Appendix F). In this case Parole Officers were sent a copy of the abridged HSSF profile and asked to compare it with their own overall impression of the subject. This was to cross-check for weaknesses in the rating forms and

for consistency in response on the two ratings of the same subject. (Further discussion on pp.49,50).

It was found that both rating forms were imprecise and should have been tested more thoroughly before being used. For example, in the second form a three-point correspondence rating created ambiguity. Some Parole Officers modified the form to a five-point rating, introducing a category "high" between "exact or very high" and "partial" correspondence. Obviously poor design of rating forms seriously limits one aspect of this study. Some subjectivity in ratings was also evident. (See pp.96,97).

II. Results

(a) The HSSF as a Discriminating Device

The averaged summary (Top-Box) scores for the study population are: Positive Index 60.85/67.08, Negative Index 28.51/34.85 and Synthesis 69.17. This indicates a B.P.S. at risk-band, a higher than expected ratio of Frustration to Satisfaction (48% as against 20% to 33%) and, apparently, a realistic positive transition state with a Synthesis approximately 5 points above the Positive Mean (P.M.). See Table II for a comparison with the Murphy and Rodewald (self-supporting) sample population of a Catholic Church group. (See also Appendix B for Top-Box interpretation).

The distribution of scores, however, shows marked deviation from the group norms. The B.P.S. ranged from 88 to

TABLE II

COMPARISONS OF HSSF SUMMARY (TOP-BOX) SCORES

Sample	B.P.S.	G.P.S.	P.M.	B.N.S.	G.N.S.	N.M.	Total Swing	Ratio F - S	Syn-thesis	Diff. Syn. & P.M.
"Ideal" Scores	68-76	76-84	72-80	14-16	22-24	18-20	16-16	25% 25%	80 88	+8 +8
Self-Supporting			74.5			18		24%	82	+7.5
Study Population	61	67	63.5	28.5	35	32	12.5	49%	69	+5.5

Note: See Appendix 2 for explanations.

28 (Table III), with 60% reporting a B.P.S. of 60 or higher; 34% reporting 36-59% Satisfaction and 6% in the "non-functioning" range. The ratio of Frustration to Satisfaction ranged from 0 to 128% with two-thirds of the group showing over 33%. (Table IV). The widest swing in Frustration on any Scale ranged from 48% to 157%. In terms of "mood swing", ten scales showed complete rigidity in the Positive Index and seven of these in the Negative Index also. (Table V). Two others showed complete rigidity in the Negative Index only. Synthesis scores ranged from 35 to 95, with one-quarter reporting less than 60% overall satisfaction in life.

HSSF Norms and Parolability

No Scales coincided with theoretically ideal norms for successful social functioning, i.e., B.P.S. 68 to 76, Frustration to Satisfaction ratio 20% to 33%, swing between Basic and Gross Positive and Basic and Gross Negative of 12-16 and a Synthesis within 8 points of the Positive Mean (P.M.). The writer arbitrarily extended the ratio, swing, and relation of P.M. to Synthesis and added Synthesis question one x 5 for comparison of a subject's sense of achievement as against his total overall view of his life.³ Six Scales came within these modified norms and a seventh was added despite an even wider gap between his P.M. and his Synthesis total.⁴ See Table VI for these Top-Box Scores, N.P.B. decisions, HSSF assessment of potential for violence (pot. viol.), recommen-

TABLE III

DISTRIBUTION OF B.P.S. IN STUDY POPULATION

<u>Levels of Social Functioning</u>	<u>B.P.S.</u>	<u>B.P.S.</u>	<u>No.</u>	<u>%</u>
Self-Supporting	60 - 100	80 - 88	4	60%
		70 - 79	4	
		60 - 69	13	
Requiring more support	36 - 60	50 - 59	8	34%
		36 - 49	4	
Requiring Institutional support	0 - 36	28 - 35	2	6%
			35	

TABLE IV
RATIO OF FRUSTRATION TO SATISFACTION

<u>No.</u>	<u>% Negative Mean of Positive Mean¹</u>	<u>% Distribution</u>	
2	0 - 9%	6	} 14%
3	10 - 19%	8	
6	20 - 33% ²	17%	} 69%
6	34 - 49%	17%	
9	50 - 69%	27%	
6	70 - 89%	17%	
3	90 - 128%	8%	
		<hr/> 100%	

Note: ¹Taking the "average" of the frustration load experienced by the subject in relation to his satisfaction does not give any indication of the variation in ratio experienced, i.e. mood swing.

²The theoretically ideal range of frustration to satisfaction.

TABLE V

HSSF SUMMARY SCORES AND MOOD SWING

<u>Total¹ Swing</u>	<u>No.</u>	<u>Special Comments</u>	<u>BPS/GPS</u>	<u>BNS/GNS</u>
0 ²	7	Includes one Scale with constant Frustration ratio to Satisfaction highest seen by writer (128%). This suggests no expected perceptible mood shifts, rigidity; with sudden, extreme, unpredictable shifts, intolerable anxiety.	56/56	72/72
2,4	3			
6-10	9			
12-16 ³	2			
18-24	7	Includes one Scale ranging from 70% to 103%. (ratio Frustration to Satisfaction)		
26-34	6	Includes one from 50% to 98% and another from 30% to 100%.		
42 ⁴	1	The most extreme range of mood shift noted by the writer, 48% to 157%.	28/50	24/44

Notes: ¹See Appendix 2 for description of Mood Swing (Criss-Cross)

²Seen as extremely high rigidity, gross denial, no perceptible mood shifts with likelihood of extreme, unpredictable switches.

³Seen as the "ideal" or "expected" range.

⁴Suggests extremely wide ranging mood shifts, denial.

dations and actual subsequent performance on M.S. (Note "ideal" scores in Table II for comparison.)

Acknowledging that these norms are established for subjects who are administered the HSSF while functioning freely in society, it is perhaps not surprising that only one of the seven was granted parole. Yet, as noted in Table VI, he completed it successfully (parole in principle) and is apparently still doing well. The next three of the seven, later released on M.S. have been successful in the community for 12 to 15 months at the time of writing. A fifth, while denied parole, was transferred to a residential pre-release centre, i.e. on day-parole, and later released on M.S. which he completed in August 1973 with continuing good prognosis.

A sixth was denied parole because of drunkenness and use of L.S.D. (while in prison) a few months prior to his parole review date. His HSSF recommended he should have been in a residential treatment centre for alcoholism. He has not yet been released so no performance check is possible.

The seventh is of questionable eligibility as his Positive Index shows complete rigidity. His scores otherwise qualify him on the modified theoretical basis. He was transferred to the Regional Medical (Psychiatric) Centre near the time of parole review, July 1972, and released on M.S. in January 1973. In August 1973 he forfeited his M.S. by committing new offences and was therefore re-incarcerated.

TABLE VI

Theoretically Eligible HSSF Summary Scores, HSSF Recommendations, National Parole Board Decisions and Actual Outcomes

Pos. Index	Neg. Index	Swing	Frustration Ratio	Synth. /Syn. 1 x 5	HSSF Pot. Viol.	HSSF Recom. Dec'n	NPB	Actual Outcome
64/72	8/16	16	17%	90/50	3*	2**	A	Successful 12 months later
76/82	20/22	8	26.5%	80/25	2*	1**	B	Successful 15 months after release
60/70	16/16	10	25%	81/5	3*	2**	B	Successful 13 months after release
76/76	12/14	6	17.5%	64/5	2*	2**	B	Granted later - successful
60/72	8/26	30	26%	80/75	2*	2**	B	Later day parole - successful
68/70	24/30	8	39%	73/8	2*	1**	B	Not yet released
64/64	20/26	6	36%	66/5	1*	3**	B	R.M.C. July /72; rel. Jan./73;forfeit Aug./73

* HSSF Potential for Violence:

- 1. High Risk; 2. Situationally violent; 3. Low Risk

** HSSF Recommendation:

- 1. Day Parole to Residential Treatment Centre; 2. Deny or Conditional Day Parole to Residential Treatment Centre; 3. Deny.

A -B NPB Decision:

- A. Parole in principle; B. Parole denied.

The HSSF had recommended parole denial in the seventh case on the basis of full-Scale interpretation, and some form of residential treatment (A.A. for three) for all the other six as a pre-release program. While it would appear that these modified theoretical HSSF norms are affirmed by the actual performance of these subjects, even though recorded in a highly structured and rather artificial social environment, it is necessary to compare them with the Top-Box scores of those actually paroled and their performance.

HSSF Top-Box Scores of Those Paroled

One of the two subjects granted full parole and one other released on M.S. after day parole showed complete rigidity in both their positive and negative indices. They are still successful in the community after at least a year. One had a B.P.S. of 64, the other 72, Frustration ratios of 56% and 61% respectively and both had a Synthesis of 80. Others with frustration ratios of 42%, 47%, 50%, 68%, 79% and 87% are still in the community after some months. The one with 79% controls his depressions by "chipping" (occasional heroin use). The one with 87% indicates a mood swing from 48%-157% on his HSSF.⁵

HSSF "Top-Box" Scores as an Indicator of Potential for Violence

Understandably, potential for violence is an important aspect of parole assessment. While this question is dealt with

more fully in Section V of this Chapter in relation to full-Scale interpretations, HSSF "Top-Box" scores as a discriminating device were checked in relation to the nature of offences committed. Of the nine subjects whose HSSF scores showed complete rigidity in their Positive Index, five were convicted of crimes of violence.⁶ Further, six of these Scales showed complete rigidity in both Positive and Negative Indices. Three of the subjects were convicted of crimes of violence.

Since only eight of the 35 subjects were convicted of crimes of violence, it would appear that rigidity as indicated by the HSSF is at least a strong signal of the possibility of a high potential for violence. Similarly four of the nine whose HSSF indicated acute despair showed complete rigidity on their Scale summary scores.

Other characteristic scores which suggest high potential for violence and/or acute despair have either extremely high frustration levels (70% or more) or a markedly low overall view of life coupled with an even lower sense of achievement in life so far. In all but two cases both conditions exist. One of these, referred to earlier, has the widest mood swing and highest peak frustration level (48% - 157%) ever encountered by the writer. So far there is no way to check these assumptions concerning acute despair effectively against N.P.S. data. Future performance may bear out the theory.

(b) A Comparison of National Parole Board⁷ Decisions, HSSF Recommendations and Actual Performance

Null Hypothesis No. 1 - That there is no correspondence between the HSSF recommendations and NPB decisions and, where outcomes are known, in the accuracy of the HSSF recommendations in relation to actual performance of those released.

Parole decisions were available for 34 of the 35 subjects, although follow-up data was limited in some cases. Of the 34, the NPB denied parole to 25. Of these, nine were given a reserve decision, parole in principle or day parole⁸ which was suspended and/or denied very shortly after. One was given a deportation parole and could not be traced for follow-up. Six were given day parole, parole in principle or conditional parole (special restrictive conditions) and two were given full parole.

The HSSF recommendations⁹ corresponded in 24 cases and disagreed in 10. On this basis the null hypothesis is not rejected. (Chi-square value 2.882). However when, for the ten on which there is disagreement, HSSF recommendations are checked against actual performance and these results are combined with the 24 for which there was correspondence, then the null hypothesis is rejected. (Chi-square value 7.117 with $P < .01$).

Discussion of the Ten Cases in which HSSF and NPB Disagree

The HSSF recommended some form of conditional parole or pre-release residential treatment such as an A.A. "Half-way House" for the four which the NPB denied. Of these, one

was released on Mandatory Supervision (M.S.)¹⁰ in December 1972. He completed the supervision period successfully approximately three months before the time of writing and is still doing extremely well. He has an excellent family and community support system. Another was released on M.S. in March 1973 and, at last report, is still successful a year later. The other two have not yet been released. This performance suggests that at least half of this group would likely have managed successfully on parole.

For the other six, where there was disagreement, some form of parole was granted whereas the HSSF recommended parole be denied. Of these, the one granted conditional parole showed complete rigidity on both Positive and Negative Indices of his HSSF and the highest (constant) frustration level (128%) ever noted by the writer.

Within approximately one year of his release on parole he committed another rape and abduction which, of course, resulted in parole forfeiture. He was hospitalized on suspension and psychiatrically assessed as having severe emotional disturbance including a sense of sexual inadequacy. The conditions of parole were that he undertake out-patient psychiatric treatment and visit his family only under supervision. The HSSF recommended parole be denied and that he receive residential psychiatric treatment.

A second subject was considered very dangerous by the HSSF and not parolable. He was granted Day Parole from a minimum security institution and vanished the day it was to

expire. Of a further two, one was granted day parole and the other, parole in principle. Both were cancelled for defaulting.

The two last mentioned are interesting "border-line" cases. One was released on M.S. in June, 1973, moved hundreds of miles geographically four times, working on various jobs. He was close to violation once and appeared to be associating with a criminal peer group, vulnerable to his own very strong recognition needs. He managed to complete his M.S. just at the time of writing. He was seen by one Parole Officer as quite immature and wanting bolstering, assurance and approval for rather grandiose schemes. The Parole Officer states that by accepting him as he was and avoiding critical evaluation, which he was incapable of accepting, the subject is managing so far.

The other was released on M.S. in April 1973, but was revoked and released again in January 1974. He admits he is "chipping" a bit. His Parole Officer thinks "he might make it" to his W.E.D. in May 1974.

A fifth subject was granted full parole as of December 1972 whereas the HSSF would have denied parole as he was assessed as quite markedly situationally violent. At the time of writing he is still in the community where he appears to be maintaining a good attitude to his supervisor, reporting monthly despite a long distance to travel. He works at ranching and logging. There appears to be some problem of drinking, in violation of his parole terms, but

not substantiated. The writer predicts that he will have further trouble for assault as a sequel to heavy drinking.

The sixth was granted full parole in December 1972, near the end of his sentence. The HSSF recommended parole denial or day parole in a residential treatment centre for alcoholism, as a necessary pre-release program. Fortunately this subject had and continues to have massive support in the community from family and A.A. members. He was suspended briefly once which appears to have been a salutary experience as he is still managing successfully now after fourteen months. His Parole Officer states that the subject could not manage without the total support he enjoys from his family.

Thus, of the ten in disagreement, the last mentioned worked out in practice to be a close approximation to the HSSF recommendation. In five others the HSSF recommendations appear to be at least equally valid and more so in the case of the one who committed rape. No data is available on two, as they have not been released. In summary, of the eight released, the HSSF can be considered at least as accurate in six cases. (See Table VII).

By combining these ten with a breakdown of information on the 24 for which there was agreement between N.P.B. and HSSF, statistical significance for correspondence and/or accuracy can be calculated. Where subjects have been released for some time, whether on parole or M.S., correspon-

TABLE VII

ACTUAL OUTCOMES FOR THE TEN SUBJECTS REGARDING WHOM HSSF AND N.P.B. DIFFERED

<u>Subject</u>	<u>HSSF Recommended</u>	<u>N.P.B. Decision</u>	<u>Actual Outcome</u>
1	Day parole to A.A. Residential treatment	Deny parole	Released on M.S. Very successful (16 months)
2	"	"	Released on M.S. successful (12 months)
3	"	"	Unknown (Not yet released)
4	"	"	"
5	Deny parole. Psychiatric hospital	Conditional parole with out-patient psychiatric treat- ment	Forfeited for serious offences.
6	Deny parole	Day parole	Vanished
7	"	"	Quickly cancelled -later completed M.S.tho' shaky.
8	"	"	Quickly cancelled -now on M.S. (chipping)
9	"	Full parole	Still managing
10	Deny or A.A. Residential treatment	(Short) Full parole	"

dence measures can be replaced with at least short-run accuracy of prediction. These results can be combined with correspondence figures for those denied parole and not yet released. Thus three sets of results are combined. See Table VIII.

TABLE VIII

HSSF CORRESPONDENCE AND/OR ACCURACY WITH N.P.B.
DECISIONS AND ACTUAL OUTCOMES

	<u>Outcome Known</u>	<u>Results Unknown</u>
1. Of the 10 in disagreement	6 of 8	2
2. Of the 8 in which both N.P.B. & HSSF agreed on some form of parole	6 of 8	
3. Both N.P.B. & HSSF corresponded on parole denial	16 of 16	

Note: In 1. and 2., demonstrated accuracy up to the present time replaces correspondence in assessment and recommendation.

On the basis of these figures there is either agreement in assessment, or in fact (short-run) demonstrated accuracy in prediction for 28 of the 34 subjects. As noted earlier (p.88) , the null hypothesis is rejected for these results. (7.117 using Chi-square values, $P < .01$).

(c) The Client Assessment Rating Form

Null Hypothesis No. 2 - That there is no correspondence between HSSF and NPS item-assessment of the 35 subjects in the study population.

As described in Chapter Four a Client Assessment

Rating Form was developed jointly with Parole Officers. The results of this comparative assessment are shown in Table IX indicating the level of correspondence between the HSSF and the Parole Officer assessments.

Limitations of the Rating Form became very apparent when the chi-square values were checked. Because of the high incidence of partial correspondence for many items, particularly 8(e), 9(a) & (b), 10(a) & (b) and 12, the writer decided to check chi-square values for these when all exact and all partial correspondence frequencies are combined. The results showed very marked contrasts with the corresponding results for half the partial scores taken with the exact correspondence scores. In 8(e) for example, the chi-square value changed from 1.032 to 12.916, or from significance only when $P < .95$, which is disregarded in this study, to $P < .005$. Serious weakness in the design of the Rating Form seems quite evident. A five rather than three-point rating of correspondence may have been more desirable.

The null hypothesis is not rejected in this part of the study. It should be noticed, however, that a marked discrepancy exists between the low level of correspondence occurring on this Rating Form regarding potential for violence (Item 8(b) on Table IX) and the HSSF assessment of potential for violence when compared to the actual incidence of crimes of violence in the study population.

TABLE IX

Correspondence Between HSSF and N.P.S. on Client Assessment Rating Form (N=31)

Items compared	Correspondence			Chi-Square 1 + $\frac{1}{2}$ of 2	Signifi- cance
	1	2	3		
1. Nature of Offence	20	5	6	3.161	n/s
2. Trend in Offences	18	-	13	-	n/s
3. General Attitude & Behaviour Patterns	7	11	13	-	n/s
4. Health	6	4	21	-	n/s
5. Use of Alcohol &/or other drugs	21	2	8	2.725	n/s
6. Financial Resources	15	2	14	0.016	n/s
7. Money Management	21	-	10	-	n/s
8. Personality Profile					
a) Intelligence	15	6	10	0.403	n/s
b) Potential for violence	13	6	12	0.016	n/s
c) Frustration Tolerance	13	14	4	1.306	n/s
d) Emotional stability	19	12	-	5.823	P < .05
e) Personal Adequacy	9	21	1	1.032	n/s
9. Family Situation					
a) Primary	14	16	1	2.725	n/s
b) Marital (n=23)	12	9	2	2.174	n/s
10. Employment					
a) Ability to obtain work	16	12	3	2.725	n/s
b) Ability to hold a job	12	15	4	1.032	n/s
11. Parole Recommendation/Decision	16	7	8	1.032	n/s
12. Parole Success Prediction	11	17	3	1.032	n/s

Notes: 1. Correspondence in Assessment:

- Column 1. indicates Exact or Very High Correspondence.
- Column 2. indicates Partial (but meaningful) Correspondence.
- Column 3. indicates Significant Difference.

2. Chi-square values are calculated for Exact plus half Partial Correspondence (1 + $\frac{1}{2}$ of 2)

(d) Comparing HSSF Profiles and Parole Officer Perceptions as a Cross-check

Null Hypothesis No. 3 - That there is no correspondence between HSSF profile descriptions and N.P.S. overall perceptions of the 35 subjects in the study.

Three months after completing the Client Assessment Rating Forms, Parole Officers were asked to compare HSSF descriptive profiles of the subjects with their own overall perceptions as a cross-check on subjectivity and on limitations in the design of the instruments. Correspondence was rated on a three-point scale of exact or very high, partial and little or no correspondence. Parole Officers were asked to identify significant similarities and/or differences to provide clarification where necessary. See Appendix 6.

Returns were completed for 24 of the 31 for whom the original rating forms had been done. Of the 24, 15 indicated exact to high correspondence, 6 partial correspondence and 3 little or no correspondence with the HSSF profile. It should be noted that a weakness in the design of this second assessment form was felt by some Parole Officers who converted it to a five-point rating. In this way they identified a high correspondence rating between exact or very high and partial. Evidently the term "partial" is ambiguous.

For statistical purposes high correspondence was grouped with exact or very high, resulting in a correspondence of 15 out of 24. Using chi-square values, the null hypothesis is not rejected (0.750). When half the partial correspondence ratings are combined with the exact and high

correspondence ratings (18 of 24) the null hypothesis is still not rejected (3.000) although the results are close to significance at $P < .05$ and do suggest a correspondence.

Correspondence Between the Two Parole Officer Ratings of the Same Clients

Null Hypothesis No. 4 - That there is no correspondence between the two ratings made of each of the 35 subjects by the same Parole Officers.

As a further attempt to check for subjectivity in assessments, a general, overall correspondence between Parole Officer and HSSF assessments for each subject on the first Client Assessment Rating Form was rated as high, partial or low. These ratings were then compared to the degree of correspondence noted on the same subjects on this second assessment rating. Since, in doing the first Client Assessment Rating Form the author used the same HSSF profiles he later distributed to Parole Officers for comparison with their own overall impressions of the subjects, differences in the two ratings would confirm weaknesses in the rating forms (e.g. serious ambiguity) or subjectivity in using data.

When compared, these gave markedly different results: only 4 with high correspondence, 17 with partial and 3 with low correspondence between the two sets of ratings. By combining high correspondence with half the partial correspondence the resulting chi-square value is .021, thus the null hypothesis is not rejected. Clearly, there is a serious

limitation in the design of the forms and a substantial degree of subjectivity in the treatment of the same data. In two cases Parole Officers registered exact to high correspondence with the HSSF profile, but very low correspondence on the first rating form. Only one registered high correspondence between his own and the HSSF assessment on both ratings of the subject.

(e) HSSF Identification of Potential for Violence and Acute Despair

Null Hypothesis No. 5 - That there is no correspondence between the HSSF identification of violence and/or acute despair and actual commission of crimes of violence and/or need for psychiatric or related intensive treatment.

One of the most significant criteria for parolability is the potential for violence. While correspondence in comparative assessments on this item showed no statistical significance, it should be noted that of eight subjects convicted of crimes of violence, the HSSF identified six as potentially violent, i.e. likely to initiate violent action, a seventh as experiencing acute despair and the eighth as situationally violent, i.e. likely to respond with violence when thwarted. Recently granted day parole to a residential pre-release centre, the eighth subject was soon returned to maximum security for situationally violent behaviour.

Altogether the HSSF identified eleven of the 35 subjects as having a high potential for violence. As noted above, seven¹¹ of the eleven were convicted of crimes of

violence. Of the other four, one is in the maximum security institution, held under preventive detention (indefinite sentence) as an habitual criminal and dangerous sex offender.¹² In all four cases parole was denied as too great a risk.

The numbers are too low to suggest any statistical significance, therefore the null hypothesis is not rejected. It is noted, however, that only eight of the 35 were convicted of crimes of violence and that the HSSF identified a total of eleven as potentially violent. The eleven included seven of the eight convicted and two others seen as "borderline". The HSSF may therefore have some potential for usefulness as an aid in this area.

The HSSF made an additional discrimination, noting subjects who appeared to be in acute despair. This was not an identified category with the N.P.S. Nine were so identified, of which three were also considered violent.

Of the nine only six have been released so three remain unknowns as to their behaviour on the street, in comparison to the HSSF assessments. Of the other six, five show definite evidence of some excessive degree of anxiety. One, already referred to previously, was granted conditional parole which he forfeited through a further offense of rape, with abduction. One had his day parole withdrawn. Although he has just completed his M.S. he is seen as shaky and very immature.

Two others released on M.S. were both suspended and revoked. One had previously defaulted on a pass while on parole in principle. He is out again but very shaky, using drugs to reduce his anxiety. The other was given a day parole to a residential treatment centre for alcoholism but was revoked for being unlawfully at large for seven months. One of the three not paroled expressed his anxiety by requesting treatment. The other one released moved to Eastern Canada and apparently is still out, although this is not certain.

In summary, seven of the nine have demonstrated a marked degree of instability which may be interpreted as anxiety. The other two, denied parole, presumably indicated marked instability in the eyes of the N.P.B. The numbers, as in the case of potential for and actual commission of violence, are too small for statistical significance. Therefore the null hypothesis is not rejected. They do tend, however, to suggest the possible use of the HSSF as an aid in identifying acute despair.

Parole Review, HSSF Assessment and Institutional Placement

It is a popular belief among inmates at least, if not some staff, that chances for parole are better from institutions of lesser security. This was not true for this sample population. One of the two full paroles was granted from the maximum security institution. The deportation parole and four of the day paroles and paroles in principle

were also granted from the maximum security institution. Approximately one-third of the subjects in the study were located in the maximum security institution.

Obviously, for those located in maximum security at the time of parole review, it is not possible to assess ability to function responsibly with minimal restriction. Assuming general emotional stability is a significant factor in selection for reduced security, it was surprising to the writer to note the distribution of those which the HSSF identified as potentially violent or in a state of acute despair. See Table X.

TABLE X

POTENTIAL FOR VIOLENCE AND/OR ACUTE DESPAIR (HSSF)
AND INSTITUTIONAL PLACEMENT

HSSF	Institutional Security Level			
	<u>Maximum</u>	<u>Medium</u>	<u>Minimum</u>	<u>Totals</u>
1. High potential for violence	4	5	2	11
2. Acute Despair	1	3	5	9
3. Situationally violent	8	4	7	19
4. Low Risk	<u>2</u>	<u>2</u>	<u>3</u>	<u>7</u>
Totals	15	14	17	46

Note: N=35. Some subjects are identified in more than one category, hence the total exceeds 35.

Community Support System

On the second assessment rating form sent to Parole Officers, additional information was requested, indicating

the quality of community (including family) support system the subject had available to him. (See Appendix F). Only nineteen returns were made on this so that nothing beyond an initial impression is available.

Of the nineteen, nine were still successful on parole, or M.S., or had completed same. Of these, seven were assessed as having a good community support system. One or two stressed that the subject could not have been successful without it. One of the successful subjects either had little or was unable or unwilling to utilize what he had. In the other, the Parole Officer had little knowledge beyond his own role.

Of seven who were seen as very shaky or actually suspended or revoked, two were seen as having good community support, four as not having or unwilling to utilize support and, in one case, there was no knowledge beyond his own role. One, who was denied parole, was seen to have a good community support system. One other who was denied, and one who forfeited, were both seen as unable or unwilling to utilize a support system or, in fact, had little or none to turn to. This question appears worthy of more careful research in future.

FOOTNOTES - CHAPTER FIVE

DISCUSSION AND RESULTS

¹From conversations with Dr. M.J. Grizwold, Professor, School of Social Work, University of Washington, Seattle, researcher in the HSSF. Also, Bender and Cooper attempted to deal with this phenomenon, but found nothing conclusive. As examples, for a subject to report being totally devoid of satisfaction in his primary family relationships and, at the same time, be experiencing total satisfaction in friendships, marriage and personal life strongly suggests a social desirability factor is operative. Again, to report having achieved none of one's ambitions in life, while feeling one hundred per cent hopeful for the future, suggests an attempt to impress others as well as to perpetuate self-delusion.

²Thomas L. Roach, HSSF. Fellow, Seattle, Washington. It would have been too costly (personally) to have all the Scales thoroughly cross-checked.

³This extension of the range of "ideal" scores is defended on two bases: 1) that norms are idealized or averaged scores, but which never represent real individuals; 2) that casting a slightly wider net is theoretically justifiable when extending the range of scores is kept consistent with the rationale for relationships among ideal scores. At the same time this, of course, raises the question whether the exercise actually tends to validate or invalidate the norms posed for discriminating levels of social functioning. At this exploratory stage it is premature to judge, although tentatively it is argued to be supportive of the claim.

⁴Of the two subjects in this study who were granted full parole, the one for whom the HSSF recommended day parole to an A.A. treatment centre approximates the scores of the seven under discussion, showing a slightly lower B.P.S. (56/62 P.M.59), a higher frustration ratio than any of the seven (47%) and a high optimism in his overall view of life. He was excluded because of the excessive frustration ratio.

The other subject granted full parole was definitely not recommended for parole by the HSSF which found him

dangerously egocentric. His Top-Box showed a B.P.S. of 64 and high optimism in his overall life, but an even higher frustration level (56%) and complete rigidity in both positive and negative indices. Needless to say, the writer suspects that this subject will soon be back inside for a serious crime of violence.

⁵The writer predicts that none of these will maintain his freedom for long. Since this prediction cannot be checked at this time, as far as this study is concerned, the use of HSSF norms as a discriminating device must remain in question.

⁶It is always possible that one or more of the others may have been acquitted of such charges, or have committed a crime of violence without detection. It is, of course, also possible that one or more of the five convicted may have been innocent.

⁷The National Parole Board (N.P.B.) is responsible for overall parole policy and for each individual decision to grant or cancel parole. The National Parole Service (N.P.S.) consists of Parole Officers who prepare assessments and recommendations for the N.P.B. and carry out field supervision.

⁸A reserve decision means simply that a time extension is required for decision while further information is sought, such as a psychiatric assessment, or an evaluation of the community or family support system. Parole in principle is more affirmative than a reserve, but will be effected only if specified resources or conditions are confirmed. Day parole involves working at a job or course of studies or other training in the community with a return to the institution at night at pre-established intervals such as daily, or week-ends. Day-parole is granted for a pre-determined fixed period of time, usually either until release date or until a course of study or work project is completed.

⁹Recall that HSSF results have been kept entirely apart from N.P.B. decision-making. They were not shared with parole staff until February 1974 whereas parole decisions were made in July 1972. Hence the use of the term HSSF recommendations is hypothetical.

¹⁰Sentence calculation is rather intricate, that is, in terms of the actual time served. An inmate has the possibility of earning three days "good time" per month. He

is also initially granted an arbitrary period of statutory remission, approximately one-quarter of his aggregate sentence. Escape or serious offenses within the institution result in a loss of some or all statutory remission which he may in fact earn back. An inmate may thus be released after serving roughly two-thirds of his sentence. Parole, on the other hand, may be granted after as little as one-third of a sentence is served.

Prior to August 1970, if not paroled, on release a man was not subject to further supervision. Since then, however, a further restriction has been introduced requiring (mandatory) supervision after release until the aggregate sentence is served, i.e. until Warrant Expiry Date (W.E.D.). This functions just like parole such that he may be suspended at any time during this period, if his conduct is questionable, and whether he has committed a further offense or not. The suspension may be lifted at the discretion of the Parole Officer if no new offense has been committed, or the M.S. may be revoked by the N.P.B. As in the case of parole, a new offense while out results in automatic forfeiture.

¹¹The HSSF identified the other one convicted of a crime(s) of violence as in a state of acute despair, but suicidal rather than likely to harm others. He showed a frustration ratio of 101% and is therefore certainly likely to be violent - to himself if not to others.

¹²This is obviously a border-line case for classification under crimes of violence. While his crimes are serious, there is no record of violence actually being used although he is said to have threatened violence.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

I. National Parole Board Decisions and HSSF Recommendations

This study, having extended over a period of twenty months, has provided a minimum time-frame to test decisions and recommendations against actual outcomes. Within this limitation it is apparent that with blind interpretations the HSSF has achieved a level of statistical significance in correspondence with National Parole Board decisions when combined with accuracy of recommendations where actual outcomes are known for those released.

II. Comparison of Parole Officer and HSSF Assessments

Clearly, both assessment forms are sufficiently imprecise as to raise serious doubts about any conclusions on this aspect of the study. Individual subjectivity in making assessments is also evident when correspondence between the two ratings on each subject are compared.

III. HSSF and the Identification of Potential for Violence and/or Acute Despair

In some cases the HSSF identified potential for violence or acute despair where the N.P.B. or N.P.S. did not. This was confirmed sufficient times, despite the small numbers involved, to suggest that the HSSF may have some

potential usefulness for this purpose. In other words, whereas no significant correspondence was indicated on the comparative assessment ratings, regarding potential for violence, the accuracy of the HSSF was borne out when actual performance outcomes were checked. The HSSF was able to identify the existence of a serious potential for violence and/or acute anxiety or despair for seven of the eight convictions for violence.

IV. HSSF "Top-Box" as a Rapid Guide to Level of Stability and hence Parolability

The numbers released on parole or mandatory supervision is small and the length of time in the community in no case exceeds approximately fifteen months at the time of writing. Bearing this in mind, tentatively, despite the marked differences in setting and circumstance when the HSSF was administered to this population, it appears that Top-Box scores approximating the usual HSSF norms for coping in society may be a rough indicator of readiness for successful transition to the community. A higher than "expected" Frustration level may be a characteristic difference. At least two apparently glaring exceptions do place a serious reservation on this, particularly with such a small sample.

With the same glaring exceptions, which a longer time-frame may modify, extreme rigidity, excessive frustration levels, low sense of achievement and/or low overall view of

life as indicated by the HSSF appear to be useful warning signals for serious instability, potential for violence and/or acute despair.

In summary, the profiles available from HSSF interpretations appear to have value as signals, or as a cross-check for assessment teams. It is not suggested, however, that HSSF use in assessment supercedes traditional psychological instruments. In fact, such use must not be allowed to run counter to the growth orientation of the HSSF model, which is central to its origin and development.

Recommendations

1. A longer time span for realistic follow-up of actual performance is essential. A five-year span would be most desirable, with a minimum of two and a half to three years from date of release.
2. To reduce ambiguity in instrumentation, rating forms should be tested on a sample cross-section of Parole Officers, preferably staff not to be involved in the study.
3. Parole Officer assessments should be prepared and rating forms completed at the beginning of the study when HSSF profiles and staff impressions are contemporary. A progress follow-up should then be added annually.
4. To reduce subjectivity in assessments, an independent committee should review files, interview subjects and compare with HSSF data. Confidentiality would require that

such people be N.P.S., N.P.B. and/or C.P.S. staff.

5. The HSSF should be interpreted blind independently by a second interpreter for validation of the Scale in the preparation of personality profiles. Otherwise one may be testing the skill of the individual interpreter instead of the HSSF.

6. Introduce a control group of "comparable" subjects (similar HSSF scores) who have never been charged with a criminal offense. Or alternately, include blind interpretations of a mixed sample of "criminal" and "non-criminal" subjects and attempt to identify the "criminals". This would test for distinctions in scores and score patterns relating to delinquency. The writer questions whether the distinction would be clear.

7. Introduce adequate clinical testing for metabolic dysfunction, e.g. the six-hour glucose tolerance test. Use the H.O.D. test (Hoffer & Osmond), Salzer's symptom frequency results questionnaire and the HSSF as a cross-check in an attempt to establish simple reliable ways to identify metabolic dysfunction.

8. Establish further research to assess the importance of community support systems, how they might be enhanced and how greater subject readiness to utilize such resources might be developed.

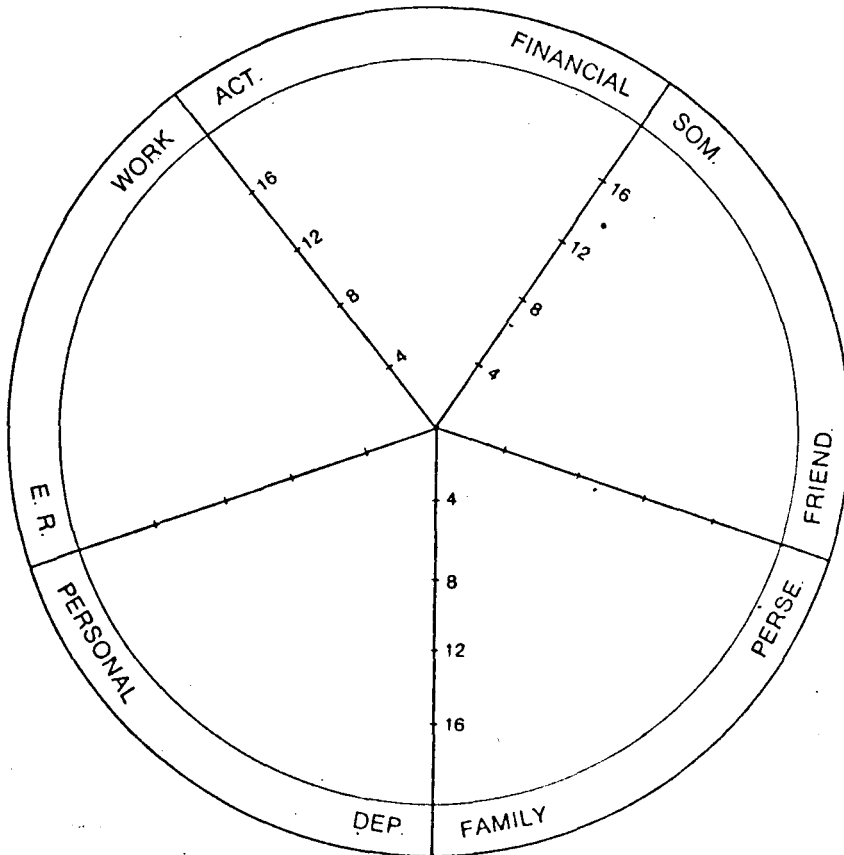
9. Test the treatment recommendations made in relation to the HSSF interpretation by means of adequate numbers in experimental and control groups.

APPENDIX A

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
POSITIVE	/	
NEGATIVE	/	
SYNTHESIS	x x x	

agency's
client no.

POSITIVE INDEX								NEGATIVE INDEX							SYN- THE- SIS	
Area	part	1	2	3	4	5	Totals	Area	1	2	3	4	5	Totals		
Work							/	Act.						/	1.	
							/		Som.						/	2.
							/			Per.						/
Finance						/	Dep.								/	4.
Friends						/		E.R.							/	5.
Family	A					/									/	
	B						/							/		
Personal							/							/		
(Add only 1 part per area) Totals: /								Totals: /								



No 22232

This page to be completed on all scales administered.

112

Age	No. of children or Siblings	Boys' ages	Girls' ages	Children at home with Respondent
Occupation (See below)		Kind of business		Spouse's occupation
Income Last Year	Marital status		Sex	Race (Optional)
Religion	Formal education		Business Technical Training	
Known disabilities (past and present)				
Date of Interview		Agency	Place	Interviewer
No. of scales previously administered and dates				
No. of scales administered to spouse and dates				

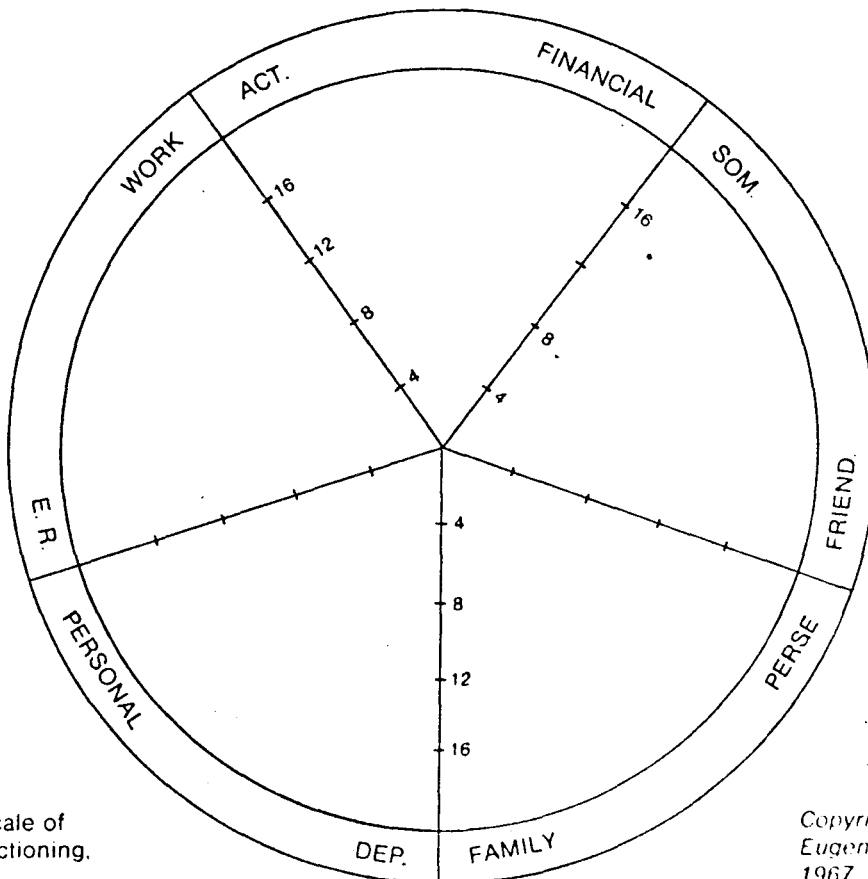
Use this section for other comments and additional information deemed important for research purposes: (e.g. date last employed, if unemployed)

When requested, please return this booklet to the Center for Studies in Social Functioning, Seattle, Washington.

	TOTALS	MEAN
<u>Positive</u> 10-18	_____ / _____	_____
<u>Negative</u> 19-24	_____ / _____	_____
<u>Synthesis</u> 25-27		_____

_____ 1 _____
Card 1, col. 1-9

POSITIVE	AREA SCORES	NEGATIVE	AREA SCORES
Work/interests 28-31	_____ / _____	Activity 48-51	_____ / _____
Financial 32-35	_____ / _____	Somatic 52-55	_____ / _____
Friendship 36-39	_____ / _____	Persecution 56-59	_____ / _____
Family 40-43	_____ / _____	Depression 60-63	_____ / _____
Personal 44-47	_____ / _____	Escape Routes 64-67	_____ / _____
Totals:	_____ / _____	Totals:	_____
Mean:	_____	Mean:	_____



(Example of introduction)

Now to have some specific information about your feelings right now, I would like to ask you a few questions in the questionnaire here. From these I believe we have a chance to understand more about you and your feelings at this moment. As soon as we are finished we can share what I have found. It may take about 10 minutes to answer all the questions. Could you please answer each question with either YES, NO or PERHAPS. This last answer, in other words, indicates where you are not sure how you feel. Again, let me stress that you answer these questions as you feel about them *here and now—TODAY*.

POSITIVE INDEX I. WORK

(Screening questions to ask if needed to determine work status:)

Circle all which apply 14. Circle main role

Are you working?	10. Employed (full or part-time).....	1	1
Are you looking for work?	11. Housewife.....	1	2
Are you going to school or college?	12a. Unemployed.....	1	3
Are you retired?	b. Retired.....	2	4
	13. Student.....	1	5

*Ask everyone: WHICH MOST ACCURATELY DESCRIBES YOUR PRESENT WORK ROLE...? (i.e, which of the above: 10, 11, 12a, 12b or 13)

ASK ALL PARTS WHICH APPLY, but add into the total score only that part which the person perceives as most accurately describing his present work role.

PART A (ask full & part-time employed)

	YES	PER-HAPS (circle)	NO
15. Do you like the work you are doing?	4	2	0
16. On the whole, do you like the people you work with?	4	2	0
17. Do you feel you are in the right kind of work?	4	2	0
18. Have you any really satisfying hobbies or interests outside work?	4	2	0
19. Have you enough opportunity for getting ahead in your work?	4	2	0

/

23. Have you any satisfactory hobbies or interests, apart from work?	4	2	0
24. Are you content to remain a housewife?	4	2	0

/

PART C (ask unemployed)

	YES	PER-HAPS	NO
25. Are you content to be out of work at the present time?	4	2	0
26. If being out of work continued beyond six months would you still be content?	4	2	0
27. Can you see yourself working in the foreseeable future?	4	2	0
28. Have you any desire or ambition to work?	4	2	0
29. Have you any really satisfying hobbies or interests?	4	2	0

/

PART B (ask housewives)

	YES	PER-HAPS (circle)	NO
20. Do you enjoy running a home?	4	2	0
21. Do you have enough daily social contacts?	4	2	0
22. Does your work give you enough satisfaction?	4	2	0

PART D (ask students, or have just left school)

	YES	PER- HAPS	NO
30. Do (did) you like school?	4	2	0
31. Do (did) you feel accepted by your fellow students (school-mates)?	4	2	0
32. Do you feel you are (were) in the right setting?	4	2	0
33. Have you any really satisfying hobbies or interests?	4	2	0
34. When your studies are (were) over, do (did) you regard going out to work as an attractive prospect?	4	2	0

/

PART E (ask retired)

	YES	PER- HAPS	NO
35. Do you like retirement?	4	2	0
36. Do you like your social surroundings?	4	2	0
37. Is your life as full as you would wish?	4	2	0
38. Do you have any hobbies or interests?	4	2	0
39. Is your health satisfactory to you?	4	2	0

/

II. FINANCIAL

Ask the part which the person perceived as most accurately describing his present work role.

PART A (ask full & part-time employed, unemployed & retired)

	YES	PER- HAPS	NO
40. Do you live more comfortably than you did two years ago?	4	2	0
41. Are you able to save?	4	2	0
42. Do you feel at ease about spending?	4	2	0
43. Are you reasonably secure financially?	4	2	0
44. Do you <i>feel</i> financially secure?	4	2	0

/

PART B (ask housewives)

	YES	PER- HAPS	NO
45. Can you manage on your house-keeping money without a lot of anxiety?	4	2	0
46. Have you any income, other than housekeeping money?	4	2	0
47. Do you feel at ease about spending?	4	2	0
48. Generally speaking, does being a housewife satisfy you?	4	2	0
49. Do you feel financially secure?	4	2	0

/

PART C (ask students, or have just left school)

	YES	PER- HAPS	NO
50. Is your pocketmoney or allowance enough?	4	2	0
51. Do you earn any extra?	4	2	0
52. Do you feel at ease when you spend money?	4	2	0
53. Do you feel happy about your family's finances?	4	2	0
54. Do you feel that your future prospects are reasonably good?	4	2	0

/

III. FRIENDSHIP

Ask everyone.

	YES	PER- HAPS	NO
55. Have you a close friend in whom you can confide?	4	2	0
56. Outside your family, do you feel there are people who really care about you?	4	2	0
57. Do you enjoy making acquaintances?	4	2	0
58. Would you want your friends to turn to you with their problems?	4	2	0
59. Do you enjoy entertaining or treating people?	4	2	0

/

IV. FAMILY

(Screening question if needed) What is your marital status?

Note that both parts A and B are asked of all persons married currently or previously.

PART A (ask everyone)

	YES	PER-HAPS	NO
60. When you look back do you feel happy about your childhood?	4	2	0
61. Did you have a secure childhood?	4	2	0
62. Did you feel that there were people in your childhood who really cared?	4	2	0
63. On the whole, do you think your childhood was a good preparation for adult life?	4	2	0
64. Would you want others in your primary family (e.g., parents, brothers, sisters) to turn to you with their problems?	4	2	0

/

PART B (ask married and common-law, currently or previously)

	YES	PER-HAPS	NO
65. Are (were) you interested in partner's hobbies and/or activities?	4	2	0
66. Do (did) you discuss your money, work or other problems with your partner?	4	2	0
67. Do (did) you enjoy family life?	4	2	0
68. Do (Did) you feel that your partner understands (understood) you?	4	2	0
69. Do (Did) you feel that you understand (understood) your partner?	4	2	0

/

V. PERSONAL

PART A (ask currently married and common-law; married includes currently separated but not legally separated)

	YES	PER-HAPS	NO
70. Are you really satisfied with your marriage?	4	2	0
71. Do you feel that your partner really cares about you?	4	2	0

72. Does sex bring you much enjoyment in your marriage?	4	2	0
73. Do you like to be with children?	4	2	0
74. Can you relax?	4	2	0

/

PART B (ask single, widowed, divorced and legally separated)

	YES	PER-HAPS	NO
75. Do you like being single?	4	2	0
76. Do you like the company of the opposite sex?	4	2	0
77. Do you like children?	4	2	0
78. Does sex bring you much enjoyment?	4	2	0
79. Can you relax?	4	2	0

/

3

Card 3, col. 1-9

NEGATIVE INDEX

Ask every question

I.

	YES	PER-HAPS	NO
10. Do you feel overworked?	4	2	0
11. Do you feel too tired to work?	4	2	0
12. Do you find that your mind is under-active?	4	2	0
13. Do you feel too tired to enjoy life?	4	2	0
14. Do you feel frustrated because you are prevented from doing things properly?	4	2	0

/

II.

	YES	PER-HAPS	NO
15. Do you have frequent headaches?	4	2	0
16. Do you suffer from aches and pains?	4	2	0
17. Is sex an unwelcome activity in your life?	4	2	0

18. Are you concerned about your health? 4 2 0

19. Is your imagination painful to you? 4 2 0

/

III.

	YES	PER-HAPS	NO
20. Do you often feel disappointed by people you trust?	4	2	0

21. Do you often find that people like being hurtful to you? 4 2 0

22. Do you feel that circumstances are often against you? 4 2 0

23. Do you find that people are often against you? 4 2 0

24. Would you like to have more power and influence? 4 2 0

/

IV.

	YES	PER-HAPS	NO
25. Are you at times very depressed?	4	2	0

26. Do you often feel vaguely insecure? 4 2 0

27. Do you feel unduly guilty at times? 4 2 0

28. Do you ever wish you were dead? 4 2 0

29. Do you find that people are often unappreciative of your efforts? 4 2 0

/

V.

	YES	PER-HAPS	NO
30. Are you inclined to drink too much?	4	2	0

31. Do you take drugs or medicines to help you to relax? 4 2 0

32. Do you tend to get over-active or over-excited? 4 2 0

33. Do you tend to eat too much or too little? 4 2 0

34. Are you driven to do things which cause trouble to yourself or others? 4 2 0

/

SYNTHESIS

(show card of ladder to respondent)

Now here is a ladder with twenty steps numbered from one, not at all, to twenty, completely. When I read you a question, would you tell me the number which best indicates how you see yourself or how you feel.

(record number below)

35—
36. Have you achieved your ambition in life? ___

37—
38. Do you feel hopeful for the future? ___

39—
40. Do you feel that your life has meaning? ___

41—
42. Has life given you enough scope for self-expression? ___

43—
44. When you look back do you feel that life was worth the struggle? ___

TOTAL

--

APPENDIX B

INFORMATION WHICH CAN BE GLEANED FROM THE HSSF FACESHEET

BY

Thomas L. Roach,
Seattle, Washington

The purpose of this paper is to aid the interpreter of the HSSF with the section of the interpretation entitled FACESHEET SUMMARY. In this section the interpreter enters initial statements regarding the total scores as they appear in the Top Box and about the overall picture of the facesheet. (Detailed interpretation of the Heimler Scale is held in abeyance for the remainder of the interpretation.)

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
Positive	BPS/GPS	PM
Negative	BNS/GNS	NM
Synthesis	xxx	SYN

In the Facesheet Summary section the interpreter enters six to fourteen comments regarding the person as he indicates he felt at the time the HSSF was administered. The comments are directed toward the following:

1. The Basic Positive Score (BPS);
2. The variance or "swing" between the BPS and the Gross Positive Score (GPS);
3. The variance or "swing" between the Basic Negative Score (BNS) and the Gross Negative Score (GNS);
4. The relationship between the Positive Mean (PM) and the Negative Mean (NM) scores;
5. The relationship of the BNS to the GPS and the GNS to the BPS (this is known as the "criss-cross");
6. The relationship of the total Synthesis (Syn) to the PM;
7. through 14. (Optional, but desired) any other significant elements and general impressions of the way the Facesheet appears to cursory examination.

In order to examine closely each of the several comments, the sample Facesheet Summary and examples are utilized.

We will begin with Comment #1 and work through each. Substantiating information will be provided along with the statements. The comments will be reflective of the sample reproduced here:

SCALE	TOTALS		MEAN TOTAL
	T(4's) / T(4+2's)		
Positive	72/80		76
Negative	16/22		19
Synthesis	xxx		79

Comment #1: This person's BPS (72) indicates that he is able to function in society without the need of additional supportive services.

SCALE	TOTALS		MEAN TOTAL
	T(4's) / T(4+2's)		
Positive	72/		
Negative	/		
Synthesis	xxx		

Rationale for Comment #1: It has been found through large sample research** that should a person score above 60 on the BPS he is able to function in society with the support he presently receives from family members, fellow employees, friends, casual acquaintances, and perhaps, on-going therapy sessions. If the BPS is between 36 and 60, the individual is able to function in society with additional support. By "support" we mean the use of social worker, welfare worker, minister, psychiatrist, family doctor, or heavy reliance on particular family members, or friends in order to handle

** See papers on the Hendon Experiment and the Hounslow Project and other validation work done on the HSSF. Copies of these various papers may be obtained through the libraries and/or CSSF-USA.

his current situation. It is predicted that without support, the individual whose BPS is between 36 and 60 will struggle unsuccessfully until his situation becomes so intolerable to him or others that he will require massive support on the part of the helping agencies, either through direct referral or a self-referral.

When the BPS is between 0 and 36 the individual is in need of concentrated supporting relationships such as actual institutional (e.g. mental hospital) placement, daily interviews, living-in such as a halfway house or sheltered workshop arrangement. It is predicted that should these resources not be available to the individual, he will seek drastic means of changing his situation and more than likely will select ways which are either self- or other-destructive (e.g. criminal activity, attempted suicide, or activity geared to eventual placement in an institution.)

Comment #2: The swing between the BPS (72) and the GPS (80) is within expected limits, which indicates that this person is neither too rigid nor too ambivalent about the source of his satisfactions. It is, however, at the upper limit of the range of expectancy.

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
Positive	72 / 80	
Negative		
Synthesis	xxx	

Rationale for Comment #2: It is expected that the "swing" on the Positive Index will be six or eight points (e.g. three or four "perhaps" responses). If the swing is below six, the person is seen as perceiving the source of his satisfactions in a yes-no or black-white manner. If the swing is more than eight points, the individual is seen as being uncertain as to the source of his satisfactions or ambivalent about areas from which he obtains gratification. He may be in a situation of outer uncertainty, as well.

Comment #3: The swing between the BNS (16) and the GNS (22) is just within the lower limit of the expected range. This indicates that the person is a little more sure of his frustrations than he is of the source of his satisfaction. (See Comment #2).

SCALE	TOTALS		MEAN TOTAL
	T(4's) / T(4+2's)		
Positive			
Negative	16/22		
Synthesis	xxx		

Rationale for Comment #3: The negative swing is expected to be within six to eight points. As with the positive swing, less than a six point variance indicates certainty and more than an eight point difference indicates ambivalence and a degree of denial. The breadth of the swing will determine the significance of the degree of uncertainty or rigidity of the individual.

SCALE	TOTALS		MEAN TOTAL
	T(4's) / T(4+2's)		
Positive	/		76
Negative	/		19
Synthesis	xxx		

Comment #4: The NM (19) is 25% of the PM (76) and is within the expected (1/3 to 1/5) range. This indicates that this person is carrying his share of frustration, but is not overloaded with it. Frustration is within manageable limits and is enough to act as a source of stimulation for productivity and creative (from his view) endeavor.

Rationale for Comment #4: The NM is expected to be 20% to 33% of the PM. If it is less than 20% the individual is seen as denying frustration or sloughing his pain onto someone emotionally near him (e.g. wife, child, close work mate, mother-in-law.) If the NM is more than 33% of the PM the individual is seen as carrying a heavy load of frustration. The higher (or lower) the load in comparison with the PM, the more (or less) the clinical significance this relationship has.

Comment #5: When this individual is at his best, he is feeling an adequate, though small, amount of frustration in relation to his level of satisfaction. When he is at

his worst, the degree of frustration is still within manageable limits. One suspects that his "mood" variation from moment to moment during the day is noticeable, though not severe. He has his ups and downs, but they are not clinically significant.

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
Positive	72/80	
Negative	16/22	
Synthesis	xxx	

Rationale for Comment #5: The criss-cross is merely an abstracted way to look at the person as if all of his positive and the fewest of his negatives are working at the same time and as though all of his negatives and the fewest of his positives are working for him at another time. We can do this conceptually, realizing all the while, of course, that at any one moment in time he may be experiencing any combination between the two extremes. The criss-cross, then, is a look at the extremes. As a general rule, the positive swing plus the negative swing is expected to total twelve to sixteen points. The variation beyond these limits will act as a guide to the degree of mood variation or constrictedness.

Comment #6: The Synthesis score (79) in relation to the PM (76) indicates that this person's view of his global life and his perception of his present situation closely correspond. He feels his overall life is just a little more satisfactory than his present situation, but not significantly so.

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
Positive	/	76
Negative	/	
Synthesis	xxx	79

Rationale for Comment #6: The Synthesis score is a numerical indication of how the person views his past, present, and future at the time the HSSF is administered. How he relates to the rest of the world and to himself is also included in the questions. The Synthesis is expected to be within eight points (above or below) the PM. If the Synthesis is more than eight points below the PM, one may expect that the present looks much better than the overall picture. If the Synthesis is more than eight points above the PM, one may suspect that the person is in a transitory situation, has an unrealistic appraisal of the global view, or probably immaturity.

- Comments #7 through 14: (These comments are optional, but highly desired). Toward the end of the Facesheet summary the interpreter inserts comments related to the remainder of the Facesheet. The things, in order of observation, the interpreter considers are the following:
- a. three or more Basic Positive Area Scores (BPAS) 12 or below. If this is the case, the person is in need of additional support;
 - b. a "void" or 0 on any BPAS indicates the person is in an extremely high stress situation and requires immediate help initially geared to the "void" area;
 - c. a 20/20 in any area on the Positive Index indicates the source of the person's major satisfactions with his life;
 - d. high scores on both the Depression and the Persecution areas (e.g. 16/18) alerts the interpreter to the possibility of imminent striking out or self-destructive activity;
 - e. the "Dennis Hiber Hypothesis" which is still on a clinical hunch level but holding up well indicates that the Syn #1 multiplied by 5 should come fairly close to the PM;
 - f. any other striking item(s) about the Facesheet.

Finally, the interpreter is required to collect his findings in one or two very concise, neat sentences.

Attached the reader will find a complete write-up of the Facesheet Summary used in this paper and several additional examples of Facesheet Summaries. These should be used as guides for preparing your own.

Pos: 72/80 M-76 Neg: 16/22 M-19 Syn: 79

This person's BPS (72) indicates that he is able to function in society without the need of additional supportive services. The swing between the BPS (72) and the GPS(80) is within expected limits, which indicates that this person is neither too rigid nor too ambivalent about the source of his satisfactions. It is, however, at the upper limit of the range of expectancy. The swing between the BNS (16) and the GNS (22) is just within the lower limit of the expected range. This indicates that the person is a little more sure of his frustrations than he is of the source of his satisfaction. (See above.) The NM (19) is 25% of the PM (76) and is within the expected (1/3-1/5) range. This indicates that the person is carrying his share of frustration, but is not overloaded with it. Frustration is within manageable limits and is enough to act as a source of stimulation for productivity and creative (from his point of view) endeavor. When this individual is at his best, he is feeling an adequate, though small, amount of frustration in relation to his level of satisfaction. When he is at his worst, the degree of frustration is still within manageable limits. One suspects that his "mood" variation from moment to moment during the day is noticeable, though not severe. He has his ups and downs, but they are not clinically significant. The Syn (79) in relation to the PM (76) indicates that this person's view of his global life and his perception of his present situation closely correspond. He feels his overall life is just a little more satisfactory than his present situation, but not significantly so. Briefly, this individual is able to function in society with what he has now; and he knows and feels this.

Pos: 84/84 M-84 Neg: 28/32 M-30 Syn:67

This person's BPS (84) indicates that she is able to function in society without the need of additional support. There is no swing between the BPS (84) and the GPS (84) indicating that she sees her satisfactions in a yes-no, or black-white manner. The swing between the BNS (28) and the GNS (32) is below the expected limits and again indicates that this person is not allowing an ambiguity into her life, supporting the suspicion that she is a rigid person. The NM (30) is just above the 33% mark of expectancy, indicating her felt load of frustration is heavier than expected. When she is functioning at her best, this person carries about the same burden as when she is at her worst. The Syn (67) is extremely low in relation to the PM (84) and indicates a

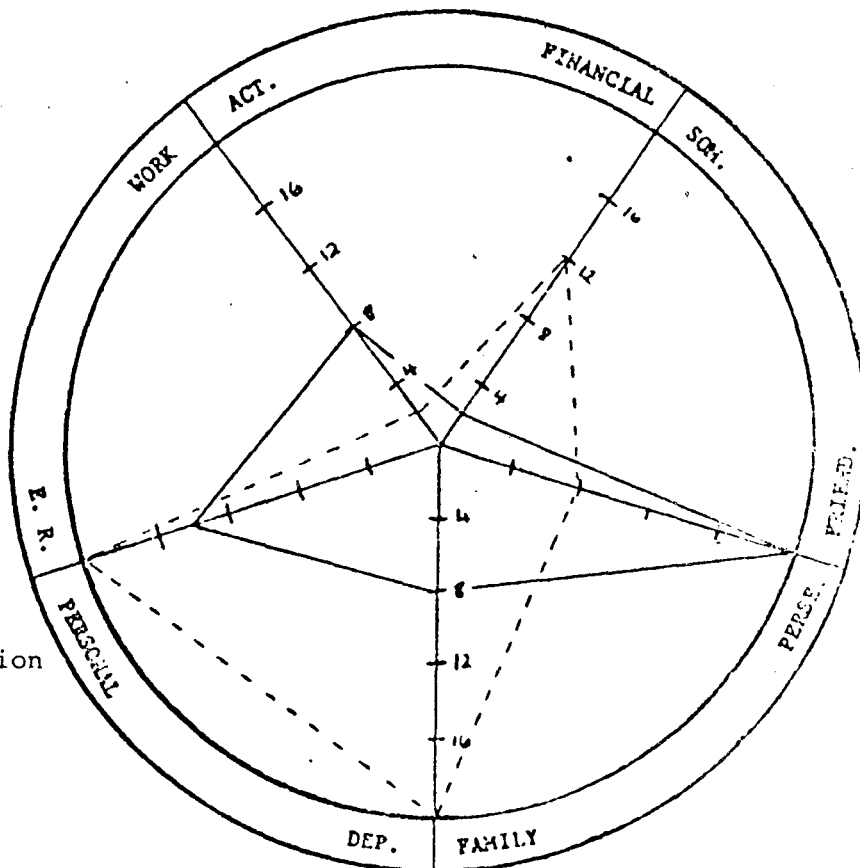
person who is probably dealing with a long-term feeling of depression. On the entire scale there are only three perhaps answers (Fam A #2, Act #2 &4). The Depression section (12/12) and Syn #1 and #4 support the conclusion that this woman is denying lack of satisfaction and hence, areas where she could find creative energy sources. Succinctly, this woman is "on top" now, but when/if she takes a tumble, it will be hard. She needs help to more accurately evaluate and use the stresses of her situation.

agency's
client no.

SCALE NUMBER
00004

SCALE	TOTALS		MEAN TOTAL
	T(4'B) / T(4+2'B)		
POSITIVE	48 / 52		49
NEGATIVE	60 / 62		61
SYNTHESIS	x x x		53

POSITIVE SCALE								NEGATIVE SCALE							SYN- THE- SIS		
Area	Sub	1	2	3	4	5	Totals	Area	1	2	3	4	5	Totals			
Work	A						8/8	Act.							0/2	1.	
							/									/	1
									/								/
Finance	A						0/2	Soc.							12/12	12	
Friends	-						20/20	Per.							8/8	18	
Family	A						/	Dep.							20/20	11	
	B						8/8									20/20	5.
Personal	A						12/14	E.R.							20/20	11	
(Add only 1 part per area) Totals: 48/52								Totals: 60/62							53		



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1967

This page to be completed on all scales administered and returned to CSSF (USA)

Age	No. of children	Boys' ages	Girls' ages	Children at home
Occupation		Kind of business		Spouse's occupation
Income in 1971	Marital status		Sex	Race
Religion	Formal education		Business school	
Known disabilities (past and present)				
Date of interview	Agency	Place	Interviewer	
Date received by CSSF (USA)				
No. of scales previously administered and dates				
No. of scales administered to spouse and dates				

Use this section for other comments and additional information deemed important for research purposes: (e.g. date last employed, if unemployed)

Pos: 48/52 M-50

Neg: 60/62 M-61

Syn: 53

The BPS (48) indicates that this person is able to function in society with some additional support. The need for support is confirmed by the extremely high NM (61) in relation to the PM (50), where we see that the person is completely overwhelmed by his pain in living. The Positive swing (48-52) is four points below the expected limits and indicates a person who is certain of the sources of satisfaction or lack of them. The frustrations are seen in a more definite way/no manner than are the satisfactions since the negative swing (60-62) is only two points. The criss-cross shows that this man is about the same at his worst and at his best: at all times his frustration is greater than his satisfactions and the pain is not within manageable limits. The Syn (53) is within the expected range of the PM (50) and indicates that this person, although in a great deal of pain, is probably not out of touch with reality. There are three BPAS below 12 (Wk, Fi, F-b) and one at 12 (P-a) which indicates that this person is in need of immediate support. The immediacy of the need is confirmed by the Fi-BPAS of "o", which places him in a crisis state. Confirmation is again found in two BNAS/GNAS at 20/20, or full-blown, indicating that he sees himself completely out of control of his situation and himself.

Briefly: This person needs immediate, massive support. Without it, he will likely commit suicide or violently strike out in order to alter his circumstances.

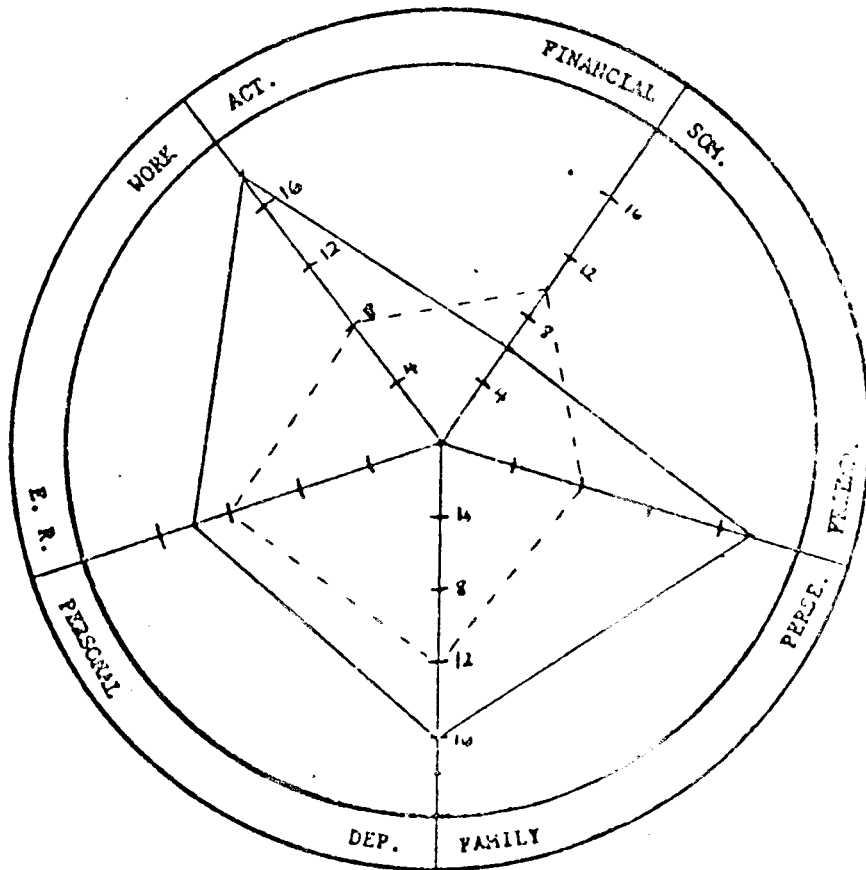
SCALE NUMBER

00005

SCALE	TOTALS	MEAN TOTAL
	T(4's) / T(4+2's)	
POSITIVE	60 / 72	66
NEGATIVE	36 / 50	43
SYNTHESIS	x x x	72

agency's client no.

POSITIVE SCALE							NEGATIVE SCALE							SYN- THE- SIS		
Area	Part	1	2	3	4	5	Totals	Area	1	2	3	4	5		Totals	
Work	B						16 / 18	Act.						4 / 8	1.	10
							/								2.	16
							/								3.	20
Finance	B						4 / 6	Sci.						8 / 10	4.	19
Friends	-						16 / 18	Per.						4 / 8	5.	16
Family	A						/	Dep.						8 / 12		
	B						12 / 16	E.k.						12 / 12		
Personal							12 / 14	Totals: 36 / 50								
(Add only 1 part per area) Totals: 60 / 72																



This page to be completed on all scales administered and returned to CSSF (USA)

Age	No. of children	Boys' ages	Girls' ages	Children at home
Occupation		Kind of business		Spouse's occupation
Income in 1971	Marital status		Sex	Race
Religion	Formal education		Business school	
Known disabilities (past and present)				
Date of interview	Agency	Place	Interviewer	
Date received by CSSF (USA)				
No. of scales previously administered and dates				
No. of scales administered to spouse and dates				

Use this section for other comments and additional information deemed important for research purposes: (e.g. date last employed, if unemployed)

Pos: 60/72 M-66 Neg: 36/50 M-43 Syn: 72

This person's BPS (60) is just at the "at risk" band and indicates that she probably needs help at times in order to function in society. The Positive swing (60-72) is above the expected limits and indicates that she perceives her satisfactions with some uncertainty. However, she is more uncertain as to the source of her frustrations as indicated in the Negative swing (36-50). The NM (43) is almost 60% of the PM (66) and indicates that this person is carrying an extremely heavy load of frustration in relation to her level of satisfaction. The criss-cross shows that at her best (72 & 36) she is carrying a heavy load, but at her worst (60 & 50) she is completely overwhelmed. We see, then, a person whose world goes from bad to worse and who finds it almost impossible to have even a brief period of relative satisfaction with herself and the external world. The Syn (72) is within the expected limits of the PM (66) but does not reflect the NM (43). /Is she in some type of situational double bind?/ The reliance on Syn #3 is one of the factors which she uses in order to function as well as she is (which is tenuous at best).

In short: this individual needs some additional support and is searching for control over herself and her circumstances.

APPENDIX C

HSSF BLIND INTERPRETATION

Scale No. 9012

Administered by: Sally Hopkins

Received by CEPR:12/13/71

Interpreted by: T. Roach

This is the Heimler Scale Profile of a white 47-year-old mother of two boys, aged 6 and 12 years and three girls, aged, 16, 15, and 10 years. She considers herself unemployed as well as a housewife. It is unknown to the interpreter from what kind of business she is unemployed. There is no information available as to the whereabouts of the children, of her spouse's occupation at the time of divorce, nor if she has any business or technical training beyond her high school diploma. There is no information available regarding past present known disabilities, nor of her religious preference. In the calendar year 1969 the total family income for this woman from ADC was \$3,000 to \$3,499. The Scale was administered by a professional social worker as part of the research project being conducted jointly by SDPA and DVR.

This woman's BPS as a housewife (88) is well within the range where she is seen as able to function in society without the need of additional support. She has no swing in the positive index (88/88) indicating that she perceived her satisfactions in a yes-no, black-white manner. This was the case as well in the negative index (12/12) where we find that she perceived her frustrations in a yes-no, all or nothing manner, as well. She is seen as a person who did not have wide mood swings and those which she did have were likely to be of a quantum nature as moving from one stage to the next without passing through the stages in between.

The negative mean (12) in relation to the positive mean (88) is low indicating that this woman was feeling a great deal of satisfaction and a very minimal amount of frustration at Scale time.

The Synthesis total (100) is extremely high regardless of the positive or negative mean (88 and 12 respectively). The synthesis total would indicate a person who feels that she has completely achieved her ambition in life. This woman is allowing very little lack of satisfaction in her life. The only lack which she does allow is in regard to her marital status and her perception of wanting to remain a housewife. Every other score within her positive index would indicate complete satisfaction. The negative index as well indicates a complete lack of frustration except for some insecurity and undue guilt. She does feel that in some way she is prevented from attaining her potential as fully

as she would like, but does not give any indication as to what this prevention would be focused upon.

In brief, this is a woman who is making heavy use of denial or lack of recognition of frustration or lack of satisfaction, who at the time was feeling a great deal of satisfaction and little frustration and at that time there was little reason for her to want to change her circumstances. She is seen as a very rigid person who needed to use denial in order to maintain herself.

Psychological Report

Mrs. C. appeared for the examination dressed quite appropriately and she was very neat and clean. She was rather anxious about the testing situation and stated that she was always anxious about being tested. However, after verbalizing her anxiety and showing some trembling of the hands, she was able to perform on most of the examinations without stopping. She stated after the examinations that she had on one or two occasions felt ill and that perhaps she could not go on, but she was able to continue and to complete a psychological examination battery of tests and interview which lasted for more than one and one-half hours.

The WAIS was administered and the results indicate a Verbal Scale I.Q. of 88, Performance Scale I.Q. of 100, and a Full Scale I.Q. of 93. Results of this test indicate that Mrs. C. has mental ability that she can utilize that falls within the lower part of the normal range. She would have scored much better on the Verbal section if she had not made a severely depressed score on arithmetic. Her arithmetic sub-test score was extremely limited. It is believed that this limitation was due to the anxiety of dealing with arithmetic problems on a verbal level. She seemed to know some of the answers but would freeze in her attempts to solve these simple problems. If the arithmetic sub-test score were deleted from the test, her I.Q. would have been slightly above 100. Her highest scores were earned in Comprehension, Reasoning, and in Digit Symbol. These sub-tests indicate that she is able to manage practical and reality situations. It further indicates that she can do a clerical type of task as well or better than the average for her age without undue interference by anxiety.

Projective testing indicates that Mrs. C. cannot handle interpersonal relationships of much depth. When she

was presented with projective material requiring emotional or affective responses, she rejected them. She does not seem able to handle the expression of hostility nor the expression of affection very well. She apparently lives an emotionally constricted life. Her relationship with her parents appears to have been one in which control and supervision was provided, along with material support, but the emotional support of her parents must have been quite meager according to the results of the projective tests. This probably also is a description of the way she relates to her own children.

The House-Tree-Person drawing produced by Mrs. C. is immature, constricted, and might be described as characteristic of an early adolescent or pre-adolescent girl.

At this level of development, she seems to be rather well controlled in spite of the manifest appearance of anxiety. The anxiety seems to be altogether overt. It is a problem that she is quite open about and can discuss freely. However, she apparently does not suffer from fatigue, somatic complaints, or severe indecision. Therefore, it does not appear that the anxiety is disabling in the sense that it is suffered at an unconscious or deep level. While taking the intelligence test, Mrs. C. commented, upon completion of the test, that she had felt on one or two occasions as though she might get sick and not be able to complete. However, she did complete the test and she stated that she never became so ill that she was unable to finish tests or jobs that made her anxious.

Mrs. C. states that her children are well behaved and have never given her any problems. She states that she is a good housekeeper and neighbors see her as one of the cleanest housekeepers in the neighborhood.

The clinical impression of Mrs. C. is that she is an intelligent individual who is disabled by anxiety in new situations or when she is confronted directly with situations which have to do with her competence. All of her anxiety seems surfaced and she is not troubled by the chronic disabilities that are often associated with deeper anxieties. It is my impression that her personality is organized in a constricted way at an immature level. She is not able to manage deep interpersonal relationships with adults nor is she able to understand the conflicts that more mature parents might be able to see in their children. It appears that Mrs. C. is quite immature in her psycho-sexual development and probably would have a difficult time making a lasting relationship with a man unless it were superficial or unless he were a person that took a rather father role toward her.

In terms of employment, it appears that Mrs. C. has a history that would indicate that she can organize herself to do certain jobs adequately. Since she is a good housekeeper, it might be possible for her to find a position in a firm where she was called upon to maintain stock in order, or routine office work where the interpersonal aspects of the job were minimal. She is motivated to become employed again, and states that she does not wish to tie her children to her as they get older.

She does express some resentment of her mother's efforts to control her life and this is probably an important aspect of her development. It might help her to work with this feeling as it is no doubt a source of her constriction.

At the level of interpersonal relationships, Mrs. C. is quite immature. At the level of organization and functioning, she seems to have compensated and pulled herself together to become reliable, punctual, restricted but well organized. The anxiety she experiences seems to be associated with the effort to keep these inconsistent situations about her personality in some kind of balance. She blocks out most of the inconsistencies and conflicts of life by remaining superficial, simple and rigid. In terms of a diagnosis, she might be described as immature in her development with excessive control of her emotional life. This seems to create the anxiety situation which gives her so much discomfort in new situations. To use a non-psychiatric diagnosis, the term immature personality would seem to apply.

Glenn Easley, Ed. D.,
Psychologist

SUMMARY OF COMPARISON

Areas of Agreement:

1. P - Immature on interpersonal development but compensates adequately through organization and planning, well controlled.
H - BPS 88, no need for increased support, great satisfaction with life, minimal frustration.
2. P - Cannot handle interpersonal relations of much depth, rejects emotional and affective responses, blocks inconsistencies and conflicts in life, emotionally constricted

H - Heavy denial, rigid use of denial to maintain self.

Areas of Divergence:

1. P - Disabled by anxiety in new situations but not of unconscious origin, expresses anxiety openly

H - (a feeling of her having great amounts of unconscious anxiety)

Correspondence between psychological and Heimler is high

Both stress a somewhat deep-seated problem but psychological is in terms of immaturity and restriction of feeling. Heimler is in terms of heavy denial of feeling.

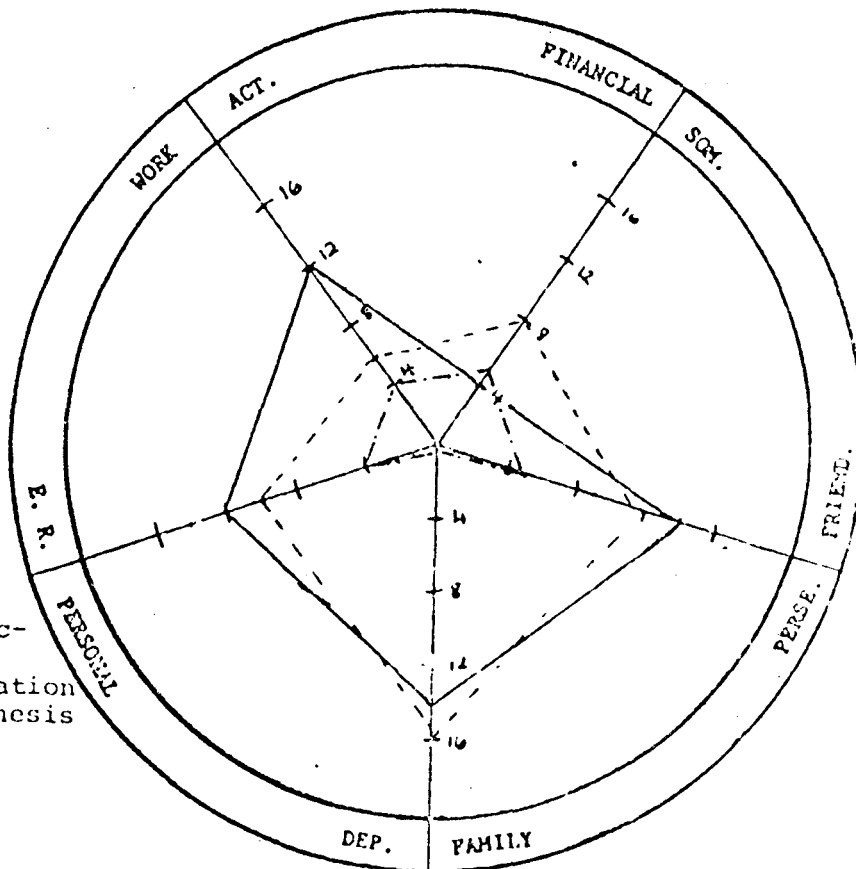
APPENDIX D

SCALE NUMBER

SCALE	TOTALS	MEAN TOTAL
	T(4'a) / T(4+2'a)	
POSITIVE	32 / 56	44
NEGATIVE	20 / 52	36
SYNTHESIS	x x x	19

agency's client no.

Area	Part	POSITIVE SCALE						Totals	Area	NEGATIVE SCALE						Totals	SYNTHESIS
		1	2	3	4	5	1			2	3	4	5				
Work							/									1.	
	C	0	0	4	4	4	12 / 12		0	0	2	0	4	4 / 6	4		
Finance							/								2.		
	A	2	0	2	0	0	0 / 4		2	2	0	2	2	0 / 8	5		
Friends	-	2	2	2	4	4	8 / 14		2	2	4	2	2	4 / 12	5		
Family							/								4.		
	A	2	2	4	2	2	4 / 12		4	4	2	4	2	12 / 16	1		
Personal							/								5.		
	B	2	4	4	2	2	8 / 14		2	2	2	2	2	0 / 10	4		
(Add only 1 part per area) Totals: 32 / 56								Totals: 20 / 52								10	



HSSF Interpretation - "Sam"

Sam isn't content to be out of work, he wants to work and is optimistic about finding work in the near future. He does have satisfying hobbies and/or interests.

He's not certain that he's living more comfortably than he did two years ago. He isn't able to save and isn't sure he feels at ease about spending. He says he is not reasonably secure financially and doesn't feel financially secure.

Friendship is an area of great uncertainty. Sam isn't sure whether he has a close friend in whom he can confide or whether he even enjoys making acquaintances, yet he says he would want his friends to turn to him with their problems and that he enjoys entertaining or treating people.

When he looks back he's not sure he feels happy about his childhood or if it was secure. He feels there were people in his childhood who really cared but is uncertain that it was a good preparation for adult life. He's not sure he would want others in his primary family to turn to him with their problems.

Sam isn't sure he likes being single, he likes the opposite sex and says sex brings him much enjoyment. He's uncertain whether he likes children and is also not sure he can relax. He says he feels frustrated because he is prevented from doing things properly and says perhaps his mind is under-active.

He sometimes suffers from headaches and general aches and pains. He is sometimes concerned about his health and is uncertain whether his imagination is painful to him.

He feels that circumstances are often against him, he is sometimes disappointed by people he trusts and is not sure whether or not he finds that people like being hurtful to him. He finds that people are sometimes against him and are sometimes unappreciative of his efforts. He's uncertain whether he would like to have more power and influence or not.

Sam is at times very depressed and often feels vaguely insecure. He sometimes feels unduly guilty and at times has wished he were dead.

He's uncertain if he's inclined to drink too much, he sometimes takes drugs or medicines to help him relax. He sometimes tends to get over-active or over-excited and is

sometimes driven to do things which cause trouble to himself or others. He sometimes tends to eat too much or too little.

For Sam life is a pretty hostile affair, people can't be trusted, he's known very little affection and no matter whether he looks at the past, the present or the future it's pretty bleak. Life for him has scarcely been worth the struggle, he feels it has given him no scope at all for self-expression. He has scarcely even begun to achieve his ambition in life. He feels his life has little meaning and he has little hope for the future.

The degree of uncertainty and insecurity in this man is remarkable and must be close to immobilizing his ability to function as a social being. This, coupled with a marked degree of depression, places him in a very high risk category.

At the end of the course Sam's perceptions of his life had changed very little, - he was able to admit that he tended to drink too much, that he did tend to get over-active or over-excited and that he was driven to do things which cause trouble to himself or others. He was considerably more depressed than initially perhaps due in part to his car accident and course-end let-down. Whatever the reason he is trying to cope with an incredible load of frustration and how long he will be able to is anyone's guess.

APPENDIX E

Interpretation Form C

22213
agency's
client no.

SCALE NUMBER

SCALE	TOTALS		MEAN TOTAL
	T(4'o) / T(4+2'o)		
POSITIVE	76 / 82		79
NEGATIVE	20 / 22		21
SYNTHESIS	x x x		80

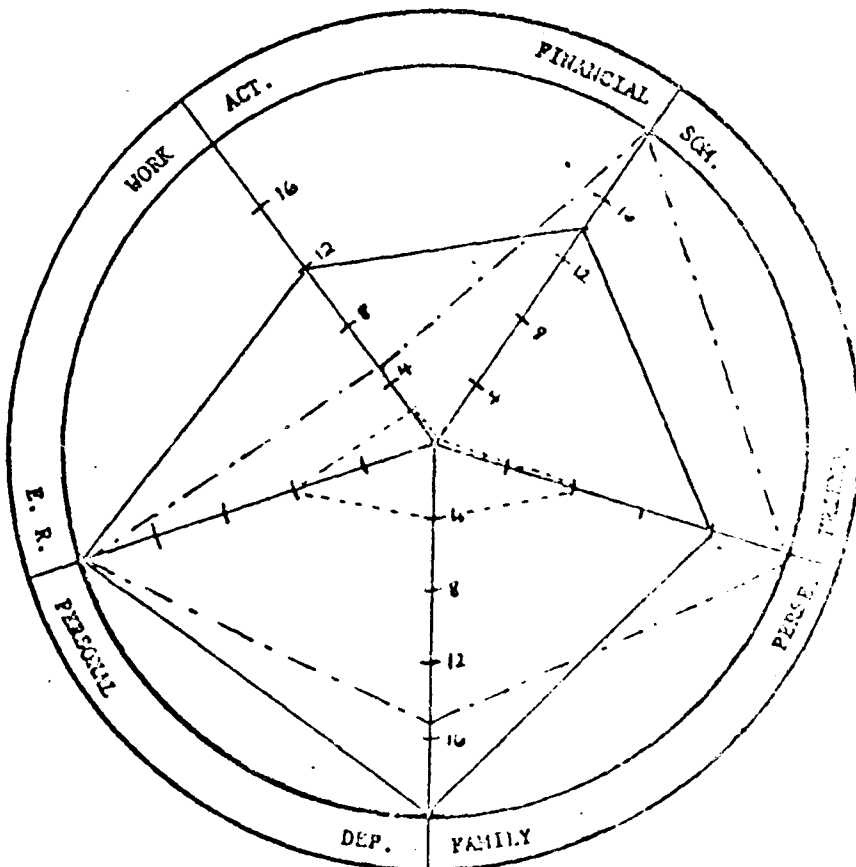
Area	Sub	POSITIVE SCALE					Totals
		1	2	3	4	5	
Work							1
							1
	C	0	0	4	4	4	12 / 12
Finance	A	0	2	4	4	4	12 / 14
Friends	-	4	4	2	4	2	12 / 16
Family	A	2	4	4	2	4	12 / 16
	B	4	4	4	4	4	20 / 20
Personal	A	4	4	4	4	4	20 / 20

Area	NEGATIVE SCALE					Totals
	1	2	3	4	5	
Act.	0	0	0	0	2	0 / 2
Soc.	0	0	0	0	0	0 / 0
Per.	4	0	0	0	4	8 / 8
Dep.	0	0	4	0	0	4 / 4
E.R.	4	0	0	0	0	8 / 8

SYN-THESIS
1.
5
2.
20
3.
20
4.
15
5.
20

(Add only 1 part per area) Totals: 76 / 82

Totals: 20 / 22



Copyright,
Eugene Heim
1967.

This page to be completed on all scales administered and returned to CSSF (USA)

Age 26	No. of children Two	Boys' ages 2 and 4	Girls' ages	Children at home Two
Occupation Farmer		Kind of business Farm and construction		Spouse's occupation Housewife
Income in 1971 App. \$10,000.	Marital status M		Sex M	Race
Religion P	Formal education 8		Business school None	
Known disabilities (past and present) None				
Date of interview July 7/72	Agency S.F.U.	Place B.C. Pen.	Interviewer J. Thomas	
Date received by CSSF (USA)				
No. of scales previously administered and dates				
No. of scales administered to spouse and dates				

Use this section for other comments and additional information deemed important for research purposes: (e.g. date last employed, if unemployed)

No. of times in prison: 1

Total time served: probably about one year.

Work possibilities: return to his own private enterprises and continue studying at Douglas College.

FULL-SCALE INTERPRETATION OF HSSF #22343

This is the HSSF profile of a married, grade eight educated 26 year old Protestant farmer and construction worker who has two boys, aged two and four at home. He owns his own farm and owns shares in his construction company, earning approximately \$10,000 when last employed. This is his first prison sentence and he has probably served about two years. He's involved with the Donner Education Project and plans to continue his education at Douglas College.

Facesheet Summary Pos. 76/82 M.79 Neg. 20/22 M.21 Synthesis 80

This man's B.P.S. (76) indicates he experiences adequate satisfaction to cope in his present setting without additional support. He tends to be rigid and introverted, unable or unwilling to deal with much ambiguity particularly regarding what frustrates him. He reports a relatively low frustration load at all times which is contradicted by his rigidity hence his usual quiet, fairly pleasant temperament switches sharply under stress and his high optimism for the future and overstatement of satisfaction in his present setting, as contrasted with his low stated achievement so far, indicates avoidance of an underlying pessimism.

In brief, this man is deluding himself and probably attempting to delude others that all is well. He blames his lack of success on externals while acknowledging an inability to control himself, turning to alcohol as a means to relieve his tensions.

Positive Index 76/82 M.79

This man seems honest in his work, friends and financial and primary family self-assessment, sharing some ambivalence or hesitance about meeting and entertaining others and some doubts about the adequacy of his childhood preparation. However he is clearly blinding himself and/or others in suggesting complete satisfaction in his marital and personal life. The most glaring denial being the assertion that he can relax while clearly tense, tending to rigidity, particularly in his denial of frustrations.

This man is almost desperately believing his married and personal life is excellent, likely leaning on his wife for massive support or disguising a situation that may be seriously deteriorating.

Negative Index 20/22 M.21

This man's only doubtful answer in the N.I. is that he feels some degree of frustration when prevented from doing things properly. Otherwise he reports experiencing no paralysis of activity nor somatic complaint. He often feels disappointed by people he trusts, unduly guilty at times, and would like more power and influence. He feels driven to harm himself and others and relieves his tension through drinking.

This man sees himself leading an active, energetic, ambitious life relatively free of irritation clouded only by a sense of often being betrayed and feeling guilty about being driven to do harm to himself or others. (Does he feel driven to a high achievement level through family conditioning, thus, feel inadequate?)

Synthesis 80

Future oriented, high ambition and sense of purpose or meaning with little feeling of accomplishment.

General Summary

This married, grade eight educated, Protestant 26 year-old ambitious farmer and construction company owner with two little children, who is a problem drinker and in prison for the first time where he is studying with the Donner Project, presents the picture of a somewhat introverted man who feels a very strong pressure to succeed at a high level of achievement, to the point where he feels driven to relieve his sense of inadequacy through drinking which however leads him into further trouble harmful to self and/or others. He does not feel free to openly criticize his family or circumstances for his situation nor to acknowledge this frustration except in escape through drinking and whatever antisocial behaviour he then permits himself. He is cerebral and future oriented, so far unable or unwilling to deal openly with the emotional pressures of past and present. He is likely in prison for a serious act of assault while intoxicated.

Predict - this man has a chance of success on parole if, in fact, his wife does and is prepared to give very substantial constructive emotional support, continuing moral support in his educational goals and if, in the long run, he is able

to accept help with his emotional need to "over-achieve" to prove himself. If he is not open to the above, pressures will likely again rise, precipitating further incarceration.

Recommend - as above and a thorough medical including G.T.T. for hypoglycemia as his difficulty may be partly aggravated by bio-chemical imbalance.

ABRIDGED INTERPRETATION OF HEIMLER SCALE

This is the profile of a 26 year old, married, grade eight educated protestant farm owner and part owner of a construction company which together earn him approximately \$10,000 a year. His wife lives at home with their two pre-school boys. This is his first prison sentence of which he has probably served at least one year so far. He is involved in the Donner Education Project and plans to continue his education at Douglas College.

His Scale, on the surface, presents the picture of an ambitious young man achieving a very good level of satisfaction in life with an easily tolerated frustration load just sufficient to stimulate creative effort. However, a closer look indicates this man is not able to accept his achievement with a real sense of satisfaction, rather feeling endlessly driven to excel. He rigidly denies his frustration because of his sense of inadequacy, guilt and inability to trust others. He compensates by leaning heavily on his wife for emotional support to cope, disguising the tension existing there which increases his sense of guilt and dependency. He is, however, mature and aware enough to acknowledge he gets out of control and harms self and/or others. He complicates this merry-go-round with alcohol to relieve his discomfort, but ends up out of control of himself, lashing out to vent his resentment and sense of impotence. He avoids coming to terms with the real nature of the inner pressures causing his dilemma, having learned to cope with these only by rationalizations.

Likely Nature of Offense: assault with bodily harm while intoxicated, or manslaughter from driving while intoxicated; less likely, forgery or theft.

Parole Prediction: Success on parole will depend largely on whether his wife is prepared to give substantial emotional support while not indulging his alcoholic binges. In the long run he needs help to reduce the pressure to over-achieve to prove himself. If this support is not forthcoming or if he is unable to accept it, he is likely to repeat his offenses.

Recommend: 1. thorough medical examination to determine whether there is any organic damage or metabolic disorder aggravating his situation;

2. follow-up individual and marital counselling in keeping with emotional needs indicated above.

COMPARISON OF HSSF AND N.P.S. DATAHSSFPAROLE OFFICE

A. BEHAVIOUR DESCRIPTION

- i) Criminogenic Pattern
 First time in prison according to client.
 Offense is likely assault causing bodily harm while intoxicated, or manslaughter thru d.w.i. Less likely forgery or theft.
- F.P.S. '68 - auto theft
 '68 - intercourse (female U/14, U/16, 7 mos.)
 '69 - took auto without o.c. (dismissed)
 '71 - indecent assault (female, 2 years)
 - facing another charge
- ii) General Attitudes & Behaviour Patterns
 Ambitious, feels guilty, feels driven to excel; taking Donner (University) Courses; suspicious. Aware gets out of control. Lashes out when drunk to vent resentment & sense of impotence.
- Usually lives with wife; relationship good except for excessive drinking. Parents overindulged & bailed him out. Closer to mother; father difficult to deal with at times. Uncooperative, poor response to authority on arrest.
- iii) Behaviour in Institution
 Likely a good worker. Not likely to be a "trouble-maker".
- Good initiative, enthusiasm, motivation - agreed to conjoint therapy with wife while inside. Conforms while inside.

HSSF

PAROLE OFFICE

B. PERSONAL RESOURCES

- i) Age and Health
Age 26. There is not likely a significant metabolic disorder except insofar as he may cause this, i.e. a vitamin B deficiency, through excessive drinking, which is for emotional relief.
- ii) Use of Alcohol or other Drugs
This man indulges in heavy alcoholic binges to relieve emotional tension related to his sense of inadequacy and impotence.
- iii) Education & Marketable Skills
Is taking Donner Program (special university courses). Reports having a good farm & heavy machinery business, a family enterprise.
- iv) Attitude to Religion
- v) Financial Resources
Apparently quite good through family business.
- vi) Release Plans
Plans to finish his education at Douglas College. Has farm & family business to return to.
- Age 26. Apparently in good health.
- Heavy, excessive use of alcohol.
- Confirms HSSF information.
- Confirms HSSF information.
- Confirms HSSF information.
- Work on farm and in family heavy duty equipment company confirmed.

HSSF

PAROLE OFFICE

vii) Personality Profile

On the surface he appears to have a good level of satisfaction, moderate frustration & a good overall view of life. In fact his summary scores look almost "ideal" -

i.e. 76/82 79 Positive Index
20/22 21 Negative Index
80 Synthesis

However he is actually unable to accept his achievement with any real sense of satisfaction, feeling endlessly driven to excel. He rigidly denies his frustration to hide the sense of inadequacy, guilt & inability to trust others. While in prison he is actually getting institutional support & is totally removed from the everyday family, work & social demands & support which he reports give him a very high level of satisfaction. His Scale indicates that he leans very heavily on his wife for emotional support to cope although he is likely unaware of this. He disguises the existing tension which increases his sense of guilt & dependency. He avoids his emotional dilemma by rationalizing, drinking & acting out to vent his resentment & sense of impotence. A positive sign of awareness & readiness for help is indicated in that he acknowledges his inability to trust, his guilt feelings & that he does get out of control to the detriment of himself &/or others.

Was seen by psychologist & psychiatrist. His MMPI administrator found him quiet & serious, quite inhibited when sober. Test results indicated hostility, projecting blame, lacking in confidence, seclusive, feeling inadequate, using alcohol for relief, immature, & energy used in ego defense.

Psychiatric report indicates his progress in therapy was slow because of intellectual & emotional limitations. Suggest his problem behaviour is partly cultural. Some indication good insight developing.

Classification report finds him incapable of emotional response. Seen as nervous, high strung, showing genuine remorse, sincerely wanting professional help. Drinking to bolster self-image, cover his sense of inadequacy.

HSSF

PAROLE OFFICE

C. COMMUNITY RESOURCES

i) Family Situation

Possibility of strong support from primary family & wife seems evident although it may be a fantasized overstatement.

Wife very supportive. Relationship good except for his excessive drinking. She feels he needs counselling. Is prepared to take conjoint therapy.

ii) Other Resources

Some community support for further education, jobs seems apparent. Ability to accept & utilize Community resources is at least fair as he is able to acknowledge he gets out of control.

Larger family support confirmed. Likely to stay near Vancouver for counselling.

Predictions of Behaviour on Parole

Successful only with substantial emotional & therapeutic support. Needs help to overcome sense of inadequacy & consequent need to over-achieve. Wonder if this therapy is available & whether he would undertake it. i.e. Recommend Day Parole or A.A. Halfway House with supportive supervision & therapy.

Classification: Doubtful whether he is able to cope with psychosexual problems & stay away from alcohol. Outside Psychiatrists:

- (a) Excellent parole candidate
- (b) Subject is realistic but will revert without support.

HSSF

Follow-up Recommendations:

Needs intensive follow-up with individual & marital therapy.

Medical:

Not likely any significant metabolic disorder except insofar as he induces this (e.g. Vitamin B and/or other nutritional deficiency through excessive drinking which is practised for situational relief.

He has high energy levels, an almost desperate need to excel, but much emotional energy is used to avoid the pain of his sense of inadequacy & hence, into a need to prove himself.

Summary Observation: The HSSF interpreter missed identifying the sexual nature of the offense although the clues were there in that he did identify alcoholism combined with a sense of impotence. This might be taken more as a deficiency on the part of the interpreter than the potential accuracy of the HSSF.

PAROLE OFFICE

Actual Outcome: Parole Denied

Released on Mandatory Supervision & arrangements made to take family therapy & psychiatric treatment.

Released in February 1973.

At this date, February 1974, reports are good. He has concluded three good jobs (contracts finished) - heavy machinery & construction work. Operating Engineers Union reinstatement stabilized, marital situation good. Apparently not taking therapy. Works 10-12 hours per day. Seen monthly by parole officer. Excellent relationship & use of support system, apart from psychotherapy.

Key to Comparison of HSSF and Parole Office Data

1. Nature of Offense (s)
 - A. Property - B & E, Theft, False Pretenses, Forgery, Fraud, Trafficking, etc.
 - B. Persons - Common Assault, indecent assault, rolling drunks. (There is some difficulty here distinguishing offenses against persons from the use of significant force or violence.)
 - C. Violence - Murder, rape, assault with weapon, wounding with intent, armed robbery, manslaughter.
2. Trend in Offenses
 - A. Lessening
 - B. No significant change
 - C. Likely progressively more serious, violent.
3. General Attitude and Behaviour Patterns
 - A. Cooperative, responsible, wanting to change
 - B. Unreliable, though well-meaning
 - C. Belligerent
 - D. Deceitful, devious, ingratiating, etc., with ulterior motive
 - E. Hard-core criminal orientation
4. Health
 - A. Generally fit
 - B. Low energy
 - C. Some organic or significant physical disability
 - D. Significant metabolic dysfunction
 - (a) Possibility
 - (b) Strong likelihood
5. Use of Alcohol and/or other Drugs
 - A. No problem use
 - B. Alcoholic (includes any heavy user, drinking at time of offense)
 - C. Soft drugs and/or hallucinogenics
 - D. Hard drug addict
6. Financial Resources
 - A. Good
 - B. Fair
 - C. Poor

7. Money Management
 - A. Good
 - B. Fair
 - C. Poor to reckless

8. Personality Profile
 - A. Intelligence
 - i) Average
 - ii) Above Average
 - iii) Below Average

 - B. Potential for Violence
 - i) Dangerous
 - ii) Acute despair
 - iii) Situationally assaultive
 - iv) Low risk

 - C. Frustration tolerance
 - i) Little or none
 - ii) Limited
 - iii) Average
 - iv) Good

 - D. Emotional Stability
 - i) Very insecure, may include schizoid features.
Will revert to old associations.
 - ii) Some capacity for forming new associations.
 - iii) Able to utilize professional community resources.

 - E. Personal adequacy
 - i) Rigid, hostile, unpredictable. Unable to
change perceptions or behaviour patterns.
 - ii) Temperamental, with wide mood swings, vulnerable
under pressure.
 - iii) Fairly realistic and reasonably optimistic.

9. Employment
 - A. Ability to obtain work
 - i) Good
 - ii) Fair
 - B. Ability to hold job
 - iii) Poor

10. Family Situation
 - A. Primary
 - i) Alienated, deprived
 - ii) Inferior or broken home
 - B. Marital
 - iii) Average understanding &
support
 - iv) Superior

11. Parole Decision/HSSF Recommendation
 - A. Definitely not (i) remain where he is
(ii) Regional Medical Centre or other maximum security treatment setting
 - B. Day Parole (i) Medium or minimum security
(ii) Community Corrections Centre
(iii) AA, X-Kalay or other residential half-way house
 - C. Full parole possible under special conditions
(i) psychiatric and/or marital counselling
(ii) no drinking, drugs, attend AA etc., includes Reserved Decision or Parole in Principle
 - D. Full Parole
12. Parole Success - Prediction or Actual Experience
 - A. Very good prognosis (performance)
 - B. Good prognosis (performance)
 - C. Average prognosis (performance)
 - D. Fair (Better to have transitional supervision)
 - E. Low

Correspondence Rating (Third Column on Client Assessment Rating Form)

- A. Close or exact correspondence
 - B. General correspondence
 - C. Significant difference
- See Criteria for Rating Correspondence

Criteria for Rating Correspondence

<u>Key Item No.</u>	<u>Corr. Rating</u>	<u>Criteria</u>
1	1	Exact correspondence, & correspondence plus parenthetic option e.g. P.O.1 HSSF 1(2) P.O.1,2,3 HSSF 1,2,3
	2	Exact correspondence & correspondence plus assertion of next category by HSSF or one of two or more categories in P.O.missed by HSSF. e.g. P.O.1 HSSF 1,2 P.O.1,3 HSSF 1 but not P.O.1 HSSF 1,3
	3	No correspondence e.g. P.O. 2 HSSF 1 P.O. 1 HSSF 1,3
	1	Exact correspondence. No 2 ratings of correspondence are possible.
	3	Any difference in ratings
	3	1
2		P.O. 2 HSSF 1,2 P.O. 4 HSSF 3 or v.v. P.O. 2 or 4 HSSF 2,4 P.O. 2 HSSF 1 or v.v.
3		P.O. 2 HSSF 2,3 P.O. 2 HSSF 4 or v.v. P.O. 2 HSSF 3 or v.v.
1		Exact correspondence and P.O. 4 HSSF 4(a) or (b) P.O. 3 HSSF 3 or 4(a) or (b) P.O. 2 HSSF 2 & 4(a) or (b)
2		P.O. 2 HSSF 4(a) or (b)
3		Other P.O. 1 HSSF 4(a) or (b)
5	1	Exact correspondence and P.O. 2 HSSF 2,3 P.O. 2 or 4 HSSF 2,4 P.O. 2,4 HSSF 3,4
	2	P.O. 2 HSSF 3 or v.v. P.O. 2 HSSF 4 or v.v. P.O. 3 HSSF 4 or v.v.
	3	P.O. 1 HSSF 2,3 or 4 or any combination of, or v.v.

<u>Key Item No.</u>	<u>Corr. Rating</u>	<u>Criteria</u>
6	1	Exact correspondence and
		P.O. 1 HSSF 1,2
	2	P.O. 1 HSSF 2 or v.v.
	3	P.O. 1 HSSF 3 or v.v.
		P.O. 2 HSSF 3 or v.v.
7		As in item 6, also correspondence of 1 for P.O. 3 HSSF 2,3
8	1	Exact correspondence
	2	P.O. 2 HSSF 1 (2)
		P.O. 3 HSSF 1 (3)
	3	No overlap posited
2	1	Exact correspondence
	2	P.O. 1 HSSF 2 or v.v.
		P.O. 1 HSSF 3 or v.v.
		P.O. 2 HSSF 3 or v.v.
	3	P.O. 4 HSSF 1,2, &/or 3 or v.v.
3,4,5	1	Exact correspondence
	2	One numerical difference either way
	3	A numerical difference of two or more
9	1 & 2	Exact correspondence
	2	A numerical difference of 1 either way
	3	A numerical difference of 2
10	1 & 2	Same as 9
11	1	Exact correspondence and
		P.O. 1 HSSF 1(b)
	2	P.O. 2 HSSF 3 or 4 or v.v.
	3	P.O. 1 HSSF 2,3 or 4 or v.v.
12	1	Exact correspondence
	2	A numerical difference of 1 either way
	3	A numerical difference of 2 or more either way

APPENDIX F

PAROLE OFFICER ASSESSMENT OF CORRESPONDENCE BETWEEN
HSSF PROFILE AND HIS OWN PERCEPTION OF THE SUBJECT

Date _____ Name _____ P.O. _____

I. Please check the appropriate choice and add comments.

- 1. Exact or Very High Correspondence
 Significant similarities are _____
 Minor differences are _____
- 2. Partial (significant) Correspondence
 Significant similarities are _____
 Significant differences are _____
- 3. Very Low or No Correspondence
 Similarities are _____
 Significant differences are _____

II. Please up date events since our November interview when the first assessment form was filled out by you. Underline appropriate options or add as necessary.

- 1. Is still successful (i.e., is still outside legally)
 - (a) _____ months beyond W.E.D.
 - (b) _____ months of (i) full parole, (ii) day parole, (iii) M.S., or (iv) _____ completed.
- 2. Was not successful on
 - (a) (i) parole, (ii) M.S., (iii) after W.E.D.
 - (b) was suspended for (i) "technical default" (ii) _____
 - (c) has been or likely will be
 - (i) suspension cancelled
 - (ii) parole (or M.S.) revoked
 - (iii) forfeiture for new offence against
 - (1) _____ property, (2) _____ persons
 - (3) _____ crime involving violence
 - (iv) sentenced to new term
- 3. Had a good community support system, similar to what was recommended in the HSSF assessment, if such was noted. Unless you happen to have special information, ignore the medical aspect in the HSSF summary.

4. Had, or at least, accepted little or questionable community support system.
5. Have little or no knowledge about his community system, apart from my own role in it.

February 1974

APPENDIX G

METABOLIC DYSFUNCTION AND ABERRANT BEHAVIOUR:
IDENTIFICATION ON THE HSSF

Faulty metabolism is a matter of special interest in this study. Unfortunately the necessary clinical check, a six-hour Glucose Tolerance Test, could not be arranged to research the hypothesis that metabolic dysfunction could be identified by the HSSF. Nevertheless a summary of the preliminary work done should be recorded here as a basis for future research to account for the marked difference in HSSF Health assessments compared to those of Parole Officers.

Several studies have identified much higher than normal incidence of malfunction in blood-sugar regulation among delinquent populations. Other studies have identified frequent coincidence of faulty blood-sugar regulation with certain nutritive deficiencies which display similar symptomatology. As a result of recent developments in the Biochemistry of Nutrition and Medicine, some of the theoretical positions taken are a focus of intense controversy in the fields of medicine, nutrition and psychotherapy. Some attempt must be made to clarify some of these issues in order to make sense of the matter.

The particular disorders of interest are hypoglycemia (low blood-sugar), and phenomena currently identified as subclinical pellagra and those kinds of schizophrenia which are correctible by nutritive supplement. These are selected despite their controversial nature because of the considerable data indicating a high frequency of coincidence with anti-social behaviour, alcoholism and, likely, with other drug addiction.

Incidence in Delinquent, Neuropsychiatric and General Populations

Medical researchers Rojas and Sanchi¹ reported that, of 125 delinquents examined, most of them juveniles, 48 had blood-sugar levels below 75 mg. per 100 ml. (75 mg.%), the lowest being 38 mg.%; 64 were in the borderline to low normal range and only 13 were well within the normal 90 - 100 mg.%.² In a special article on medical aspects of juvenile delinquency, Church³ reports that 80% of 750 boys aged 11 to 17 admitted to an institution for delinquent boys showed evidence of undernutrition or malnutrition in various degrees. He is by no means suggesting the 80% were all hypoglycemic; however it seems clear that inadequate nutrition would jeopardize adequate blood-sugar regulation.

Wilder⁴ has done extensive work on hypoglycemia

in relation to delinquency. He lists crimes committed in a hypoglycemic state:

disorderly conduct, assault, attempted suicide and homicide, cruelty against children or spouse, various sexual perversions and aggressions, false fire alarms, drunkenness, embezzlement, petty larceny, willful destruction of property, arson, slander, traffic violations.

He also cites specific cases of homicide⁵ and a case of bizarre sadistic tendencies followed by amnesia or deep shame⁶ in all of which marked hypoglycemic characteristics were clearly identified.

Wilder submits that, while electroencephalography can not diagnose hypoglycemia, temporary changes in wave lengths are found coincidentally with a blood-sugar drop and they revert to former characteristics with a prompt restoration of blood-sugar level by glucose injection. Using this method of identification, Wilder reports that abnormal wave lengths were recorded in 5% of a highly selected group of flying personnel, in 10% of a sample of R.A.M.C. personnel, in 15% of mixed controls, in 26% of mixed psychoneurotics, in 32% of inadequate psychopaths and in 65% of aggressive psychopaths.

Powell⁸ suggests that approximately 17% of the general population has a tendency toward hypoglycemia, and various⁹ estimates range from 1 to 5% actual hypoglycemia. Martin,⁹ for example, estimates a similar figure to that for diabetes, about 1.5 to 2% for known cases. Hoffer¹⁰ and Meiers¹¹ maintain the incidence of hypoglycemia in alcoholism is 90 - 100%. Further, Pfeiffer¹² reports that 25% of alcoholics are also schizophrenic.

Through hospital records over the years Hoffer¹³ states the known incidence of schizophrenia is constant at about one to two per cent of any population. Taking into account the estimated border-line group who manage without hospitalization he suggests incidence of schizophrenia and schizoidia is closer to 5% of the general population. Hoffer also notes that pellagra disappeared almost completely in North America after 1941, as a result of adding nicotinamide to flour. However, the discovery of a wide variation in individual need for Vitamin B₃ supplement and successful remission of pellagra symptoms thereby led him to identify a condition he designates as sub-clinical pellagra, obvious pellagra symptoms having been eliminated by the treatment of flour. Further complicating determination

of the incidence of pellagra, it is acknowledged that "it is often impossible to distinguish between pellagra and schizophrenia".

Hoffer¹⁴ researched the incidence of pellagra in a delinquent population over a period of eight years of practice. Of 1,150 persons accused of crime he found 18% suffered from pellagra, of which 57% were involved in crimes of violence. "Only 10% of non-pellagrins (82% of total sample) were accused of murder, compared with 37% for pellagrins."

While their views are hotly disputed within the medical profession,¹⁵ Hoffer and others¹⁶ identify sub-clinical pellagra and those schizophrenic conditions which are relieved by diet correction and megavitamin therapy as nutritive deficiency diseases. Palm¹⁷ approaches the matter similarly, but with an alternate treatment. These conditions, while not hypoglycemia specific, are accompanied by this condition in anything from 40 to 80% of cases.¹⁸ The significance here is the coincidence of both their presence together and their similarity in symptomatology. The significant additional group of symptoms in the nutritive deficiency disorders is the phenomena of sensory dysperception.

Symptom Clusters in Metabolic Dysfunction

The symptoms identified with the glucose and nutritive deficiency illnesses are so wide ranging that one is at first tempted to reject the whole idea and accuse the proponent of getting carried away. However, when one remembers that glucose is the cell fuel constantly required in closely regulated concentration (see discussion in footnote 2) in every cell in the organism, it is easily recognized that the symptoms of almost any ailment could be experienced, depending on which body system is most vulnerable. Further, there is disturbing evidence to suggest that some of the obvious and more subtle shifts in popular eating habits¹⁹ are aggravating the situation in society, generally.

Salzer, on the basis of 300 cases of relative hypoglycemia, identified key symptoms, appearing in the frequencies indicated in Table VII. With the significant addition of perceptual difficulties,^{20,21} schizophrenia and sub-clinical pellagra, while distinguishable from each other,²² share their major symptoms in common with hypoglycemia.

TABLE XIMAJOR SYMPTOMS OF 300 CASES OF RELATIVE HYPOGLYCEMIA

Psychiatric

Depression	60%
Insomnia	50%
Anxiety	50%
Irritability	45%
Crying Spells	32%
Phobias	31%
Lack of Concentration	30%
Forgetfulness or Confusion	26%
Unsocial or Antisocial Behaviour	22%
Restlessness	20%
Previous Psychosis	12%
Suicidal	10%

Somatic

Exhaustion or Fatigue	67%
Sweating	41%
Tachycardia	37%
Anorexia	32%
Chronic Indigestion or Bloating	29%
Cold Hands or Feet	26%
Joint Pains	23%
Obesity	19%
Abdominal Spasm	16%

Neurologic

Headache	45%
Dizziness	42%
Tremor (Inward or External)	38%
Muscle Pains and Backache	33%
Numbness	29%
Blurred Vision	24%
Muscular Twitching or Cramps	23%
Staggering	18%
Fainting or Blackouts	14%
Convulsions	4%

The most significant of the early symptoms are fatigue, depression, confusion and anxiety.²³ In the more advanced stages, with the distinction of sensory dysperception as mentioned, the similarities are also apparent: unaccountable phobias, irritability and unsocial or anti-social behaviour, delusional or hallucinatory experience, muscular and/or organic aches, and pains, insomnia, blackouts and even convulsions.²⁴ The other key symptoms are irregular eating habits,²⁵ (excessive use of sweets, other carbohydrates and caffeine), excessive use of alcohol²⁶ and, likely, other drug use.

Metabolic Dysfunction in the Study Population

It is proposed that, for as many as 27 of the 35 subjects, some cross-check should be carried out regarding the likelihood of some significant metabolic dysfunction. Of the 27, 19 are readily identified as problem drinkers, three as heroin addicts, and three others heavy users of soft drugs and hallucinogenics.

Some of the research referred to suggests these figures are predictable. The chance of identifying a significant contributing factor to criminality, even if it appears remote, seems a worthy focus for further study.

Symptoms on the HSSF

It can be seen from the HSSF (Appendix A) that most of the significant symptoms can be directly identified. Others, through pattern interpretation (see Chapter Two on HSSF Interpretation) can be inferred sufficiently to warrant medical check-up. No diagnosis is made on the basis of any one symptom. Patterns are significant. Clusters of these symptoms appear on the HSSF, particularly in this sample from a penitentiary population where all have demonstrated a significant degree of anti-social behaviour and where there is a high incidence of alcoholism and drug addiction. As previously noted, it is regrettable that it was not possible to complete tests to check this hypothesis. It is hoped that this outline will establish a basis for further research. Should a high incidence of these conditions be found, as the writer predicts, for those at least who would like to change their life-style to more socially acceptable patterns, a major stumbling-block may thereby be removed.

FIGURE I

HYPOGLYCEMIA CURVES

" From ORTHOMOLECULAR PSYCHIATRY by David Hawkins and Linus Pauling.

W. H. Freeman and Company. Copyright © 1973. "

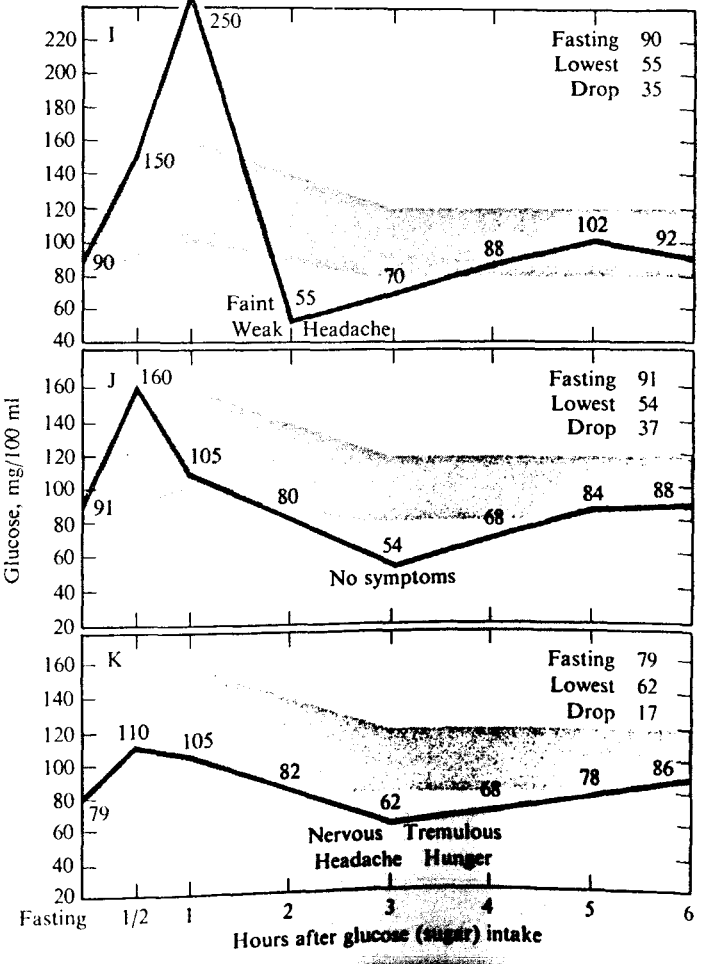
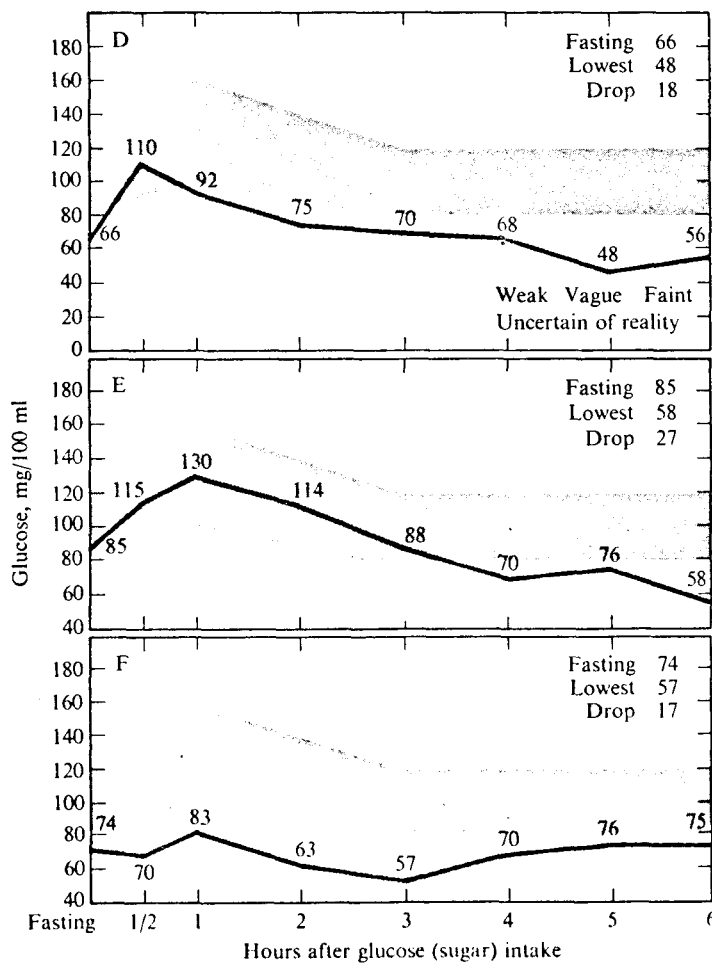
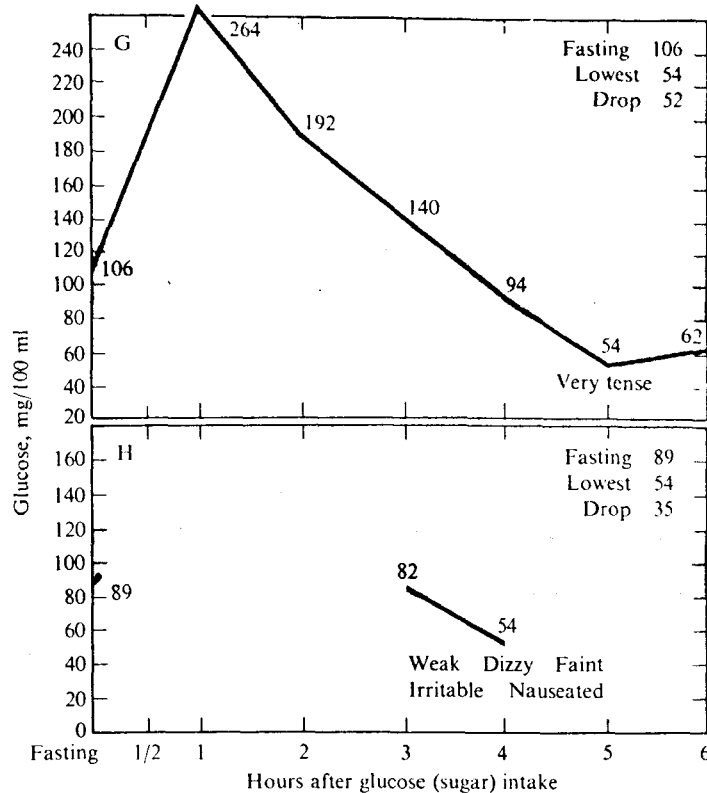
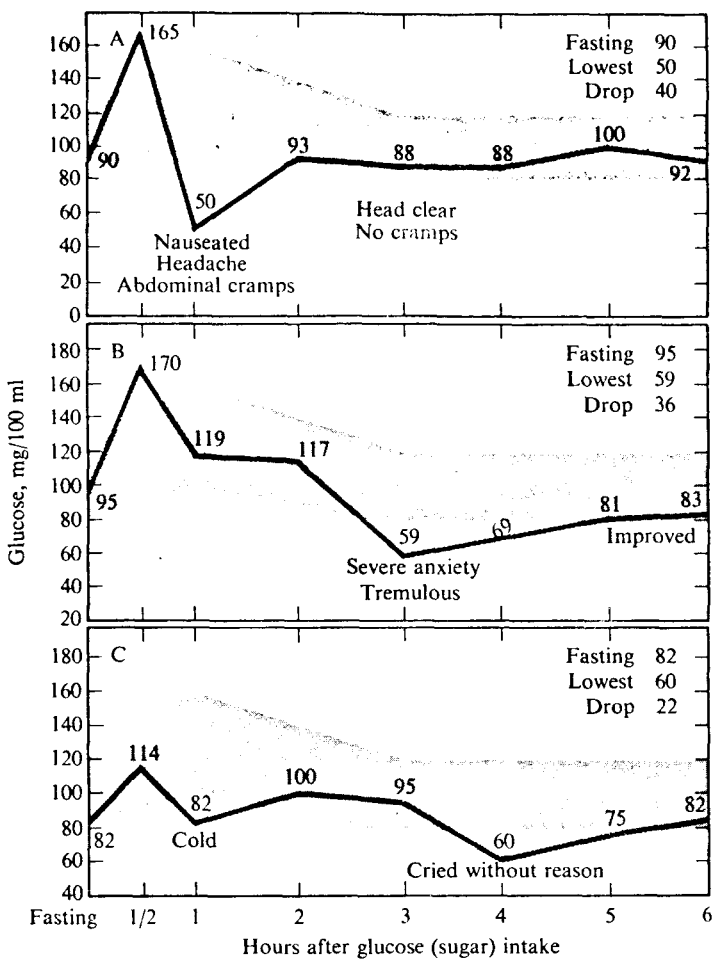


FIGURE I - Explanation

Examples of results of 6-hour glucose-tolerance test

Left margin shows the blood sugar in milligrams per 100 ml of blood (mg percent). The shaded area shows the normal range. Normally, sugar will be lost through the kidneys when the level reaches 160 to 200 mg percent. At one-half hour the blood sugar level should not exceed the fasting level by more than 75 mg; the one-hour level should not be over 160 mg. A drop of 10 points below the fasting level is considered suspicious of hyperinsulinism and a drop of 20 or more points is definite. A flat response is also considered to show hyperinsulinism.

Discussion of examples:

A. A first-hour drop, which would have been missed on the modified test.

B. A third-hour drop (third and fourth-hour drops are the most common).

C. A fourth-hour drop.

D. A fifth-hour drop.

E. A sixth-hour drop, showing value of the 6-hour test.

F. A flat curve.

G. This chart demonstrates that even when diabetes is suspected it is valuable to do the 6-hour test instead of a 2-hour test to check for a reactive hypoglycemia.

H. Example of a modified test, with only fasting third-hour and fourth-hour samples.

I. A typical test (post-partial gastrectomy).

J. A significant drop with no symptoms - patient was much improved after one month of treatment.

K. Less than 20 mg percent drop, yet produced symptoms - patient improved on diet.

FOOTNOTES

METABOLIC DYSFUNCTION AND ABERRANT BEHAVIOURS:
IDENTIFICATION ON THE HSSF

¹N. Rojas and A.F. Sanchi, "Hypoglycemia in Delinquents," Archives of Legal Medicine Vol. 11 No. 29, 1941.

²There is considerable controversy as to what constitutes low blood-sugar. A great many clinics and medical practitioners, including a medical research team in Regina doing a diagnostic and treatment study on alcoholism, arbitrarily select 50 mg% as the critical point. One standard text, (Lynch et al, Medical Laboratory Technology and Clinical Pathology, Toronto: W.B. Saunders Co., 2nd edition, 1969), states normal fasting blood glucose levels (venous) are 60 to 100 mg %, averaging 80 mg %. They go on to say that 90% of all normal persons fall between 70 and 90 mg %. Wendel and Beebe (see Orthomolecular Psychiatry, 1973) use 65 to 110 mg % as the accepted range for fasting serum glucose. (page 285). Abrahamson (Body, Mind and Sugar by Abrahamson & Pezet, 1951) uses 80 to 120 mg % as the normal fasting glucose level (venous) but stresses this is the fasting level and that normally real blood glucose levels should fluctuate around 140 mg %.

In addition to the obvious pitfall of using a false criterion level of fasting blood glucose for any particular individual, diagnosing hypoglycemia is further complicated by three facts. First, in most hypoglycemics the fasting blood glucose level is within the normal range. Meiers (see Orthomolecular Psychiatry, 1973, pp. 454-456) and Wendell and Beebe (ibid., pp. 294-295) mention that numerous studies have dealt with carbohydrate metabolism in psychiatric patients. They refer to the fasting blood glucose work of Mann (1925) and Mann and Scott (1929) noting that "only when the subject was challenged with a glucose load were any differences noted." They refer to the work of McCowan and Quastel (1931) and Tod (1936) where this is confirmed, noting that Tod confirmed McCowan and Quastel's findings that "abnormal glucose tolerance is linked with psychosis, . . . that the magnitude of the metabolic abnormality was associated with the emotional tension of the patient (and that Tod) further noted that the greatest variations in glucose response were associated with either excessive anxiety or marked depression." Secondly, one hypoglycemia pattern, often called functional hypoglycemia, registers excessively high blood glucose levels for the first two to three hours or so, appearing to indicate diabetes. However, by the fourth hour

a sharp drop to below fasting level commences (see Meiers above). Thirdly, relative hypoglycemia may not show classic low blood sugar levels, but a sufficient drop (20 mg% or more) below fasting blood sugar level by the sixth hour to confirm the basis of the symptomatology (see Meiers above and Salzer 1966). See also Figure I, A to K and explanation. The irrefutable diagnosis is the relief of chronic symptoms through corrective (hypoglycemic) diet.

The assumption that hypoglycemia is a result of alcoholism and readily corrected by a few weeks of good diet and vitamin supplement after detoxification may bear closer examination. The adolescent children of a 20-year confirmed drunk showed the same marked functional hypoglycemic curves he did even after three years of sobriety. (It is adequately established that the children did not drink.) Again, the writer knows professional adults who never had a drinking or other drug problem but, in recent years, discovered they were hypoglycemic.

³A.S. Church, "Medical Aspects of Juvenile Delinquency" (New York State J.M., Vol. 45, No.1, January 1, 1945).

⁴J. Wilder, "Sugar Metabolism in Relation to Criminality" in Handbook of Correctional Psychology, ed. by Lindner and Seliger (N.Y.: Philosophical Library, 1947), pp. 99ff. This is a very comprehensive article in which Wilder also quotes extensively from the work of others. The writer acknowledges direct use of this secondary source in this case. See also J. Wilder, "Malnutrition and Mental Deficiency" in the journal The Nervous Child, April 1943-44.

⁵Ibid., pp. 118-120 (from D. Hill and W. Sargent, "A Case of Matricide," Lancet 1943).

⁶Ibid., p. 123 (from D. Adelsberg and H. Dolger, "Medico-legal Problems of Hypoglycemia Reaction in Diabetics," Amer. Intern. Med. 1938-39, Vol. 12, p.184)

⁷Ibid., pp. 65, 106 (from D. Williams, J. Neurol. Psychiat. 1941, 4, 131 & 257 and others.)

⁸Ibid., p. 104 (from E. Powell, "The Story Behind Two Blood-Sugar Curves," Tri-State Medical Journal, 1936, Vol. 8, p. 1612.

⁹C.G. Martin, Low Blood Sugar, N.Y. ARC Books, 1971.

¹⁰Correspondence.

¹¹R.L. Meiers, "Relative Hypoglycemia in Schizophrenia" Chapter 22 in Hawkins and Pauling, Orthomolecular Psychiatry, San Francisco, W.H. Freeman & Co., 1973.

¹²C.C. Pfeiffer, The Schizophrenias: Yours and Mine (New York: Pyramid Books, 1970).

¹³A. Hoffer, "Mechanism of Action of Nicotinic Acid," Orthomolecular Psychiatry, Chapter 11.

¹⁴Ibid., p. 221.

¹⁵Possibly the biggest area of controversy is not the matter of disease entities and their aetiology per se as much as how this is reflected in the claims of megavitamin and (hypoglycemic) diet therapy. The most scholarly challenge of megavitamin therapy this author has encountered is that of Thomas A. Ban (1971). His general conclusion, up to the end of Progress Report I, "is that there is sufficient evidence to suggest strongly that nicotinic acid or nicotinamide is not the treatment of choice for every schizophrenic patient, under all possible conditions and without any further considerations" (p.4). He acknowledges that in one of the collaborative studies an increased dosage of nicotinic acid might have produced different results (p.12). In Complementary Report A he reports some evidence which favours the transmethylation hypothesis (p.9). Dr. Terry Anderson, doing subsequent research at the University of Toronto, recently stated that the matter of adequate amounts is most significant. In his recent double blind study he found a 30% success rate. (CBC TV feature presentation on Megavitamin Therapy, i.e. Orthomolecular Psychiatry).

The issue is perhaps most readily clarified by bringing two facts together. First, the existence of deficiency and dependency diseases has long been accepted. Typical examples are scurvy, a vitamin C deficiency disease; beri-beri, a vitamin B₁ deficiency disease; pellagra, a vitamin B₃ deficiency disease; and goitre, an iodine (mineral) deficiency disease. It is also generally accepted now that the human organism consists of highly complex, sensitive networks of interdependent biochemical systems. One fascinating presentation suggesting some of the implications of this field of study is a paper by A. Pauline Ridges, "The Influence of Dietary Factors on Mental Processes." She identifies sixteen physical and chemical

variables and some eighty disorders or kinds of disorders contingent on deficiencies in function or supply of these variables, and her focus is exclusively nutritional and not presented as all-inclusive.

The other fact, which may not be as commonly recognized, is the incredible range of individual genetic variation in the "normal" population. The following examples from Williams (1971) illustrate the innumerable ways each individual may be vulnerable for genetic reasons. Williams reports on a Mayo Foundation study of approximately five thousand subjects. None having any known stomach ailment, the amount of pepsin secreted in their gastric juices varied from one to the other at least a thousandfold. Again, endocrine glands vary in weight in normal people as much as six-fold, e.g., thyroid tissue, 8 to 50 grams, parathyroid tissue 50 to 300 grams. The Islets of Langerhans vary as much as 200,000 to 2,500,000 in number. The production of insulin and thyroxin are key factors in blood sugar regulation. Similar or even greater variations in production of all the hormones, enzymes, catalysts, etc. and the consequent deficiencies and dependencies support Pauling's statement regarding cerebral deficiency diseases that a deficiency of any vitamin, any essential amino acid, any other essential nutrient represents a molecular disease. (Hawkins and Pauling, 1973, p. 14). Hoffer (1973, p.25) mentions the work of Scriver (1966) and Rosenberg (1969) in which they "elaborated the vitamin-dependency concept. They point out that there is a large number of steps or reactions between the ingestion of the vitamin and its final combination in the substrate-enzyme complex. These are: (1) transfer into the cell; (2) conversion into the coenzyme, which requires phosphorylation; (3) formation of holoenzyme, the combination of enzyme plus apoenzyme; and (4) enzyme substrate reaction.

Any one of these steps may be deficient and may lead to a vitamin-dependent condition. Theoretically there should be a vitamin-dependent condition for every vitamin, and all would be under genetic control."

Finally, there is always a temptation to fall into an either-or trap when dealing with social problems of some magnitude. The role of emotional triggering of the hypothalamus with resultant changes in blood-sugar levels is a vast topic in itself. The Freudian theoretical position shared by existential humanists like Heimler, Rogers, Perls and Maslow for example, can be seen as a release of psychic energy modifying hypothalamic function.

Ultimately one must come full circle and examine vulnerability to emotionality on a systemic basis of socio-psychological and biochemical factors. Acknowledging the tremendous individual genetic variations possible even in the "normal" population, it is not unreasonable to suggest that meeting individual nutritional needs on a more sophisticated level could reduce vulnerability to extremes of emotionality and dysperception.

¹⁶The recent text edited by Hawkins and Pauling, earlier noted, is a fairly comprehensive summary of current theory and research in orthomolecular psychiatry. The term is defined by Pauling as "the treatment of mental disease by the provision of the optimum molecular environment for the mind, especially the optimum concentrations of substances normally present in the body." (pp.1,2). For an excellent review of the text, see David Graber, "Megavitamins, Molecules and Minds," Human Behaviour, May 1973.

It is not always clear what prompts the resistance to their stance. One suspects it is partly man's age-old resistance to change when change threatens current beliefs and self-image. Certain refinements in diagnosis are also a factor (e.g. Footnote 2). Resistance to panacea-like claims is certainly to be respected. Over-simplification of complex bio-chemistry should indeed be challenged. Fads which phenomenally increase the sales of vitamins to the benefit of the market-place only are certainly to be questioned. Finally, to suggest that a change of diet and/or the introduction of a few grams of vitamin supplement daily would eradicate crime, or that all people suffering from these conditions commit indictable anti-social acts would, of course, be ludicrous.

Given the broad range and severity of symptoms which occur with these conditions, however, including sensory dysperception in the case of the Nutrilite deficiency disorders, significant behaviour change is, to say the least, badly hampered. The depression, irritability, loss of impulse control, paranoia, and even hallucinations which can accompany such illness are certainly of some significance to the higher incidence of these conditions in criminal populations.

¹⁷Palm (1972) hypothesizes that schizophrenia (one "form"?) results from neural disinhibition induced by hypoglycemia. ". . . hypoglycemia of GABA producing cells and the accumulation of circulating catecholamines which are a part of the sympathetic system response to hypoglycemia induce behavioural manifestations which lead to the

diagnosis of schizophrenia. When acute schizophrenia is treated as a disorder which develops as a consequence of stress, particularly the stress of hypoglycemia, a condition of insufficient cell fuel concentration in the blood, many patients have had remission of their major symptoms within a few days." (p.1) His treatment is essentially the provision of fructose as a dietary supplement every hour of the day.

¹⁸Of several practicing physicians and psychiatrists, as well as biochemists who have checked for hypoglycemia in schizophrenia or other psychoses and neuroses, three are noted here: H.M. Salzer, "Relative Hypoglycemia as a Cause of Neuropsychiatric Illness" (J. Nat. Med. Assoc. January 1966, Vol. 58, No. 1, pp.12-17); A.A. Cott in J. of Schizophrenia, 1967, Vol. 1, No.3; and R.L. Meiers, Relative Hypoglycemia in Schizophrenia, Orthomolecular Psychiatry. The wide range of incidence is explained by a shift from an average distribution of patients to a greater proportion of this type of patient through self-selection.

¹⁹Virginia Naeve, "Honey and Wild Raspberries," Manas, Los Angeles, California, January 3 & 10, 1973.

²⁰H. Kelm, "The Hoffer-Osmond Diagnostic Test" in Orthomolecular Psychiatry, ed. by Hawkins and Pauling (San Francisco: W.H. Freeman & Co., 1973).

²¹A. Moneim El-Meligi and H. Osmond, "The Experimental World Inventory in Clinical Psychiatry and Psychopharmacology," in Orthomolecular Psychiatry, ed. by Hawkins and Pauling, 1973.

²²Having already acknowledged the controversy around the theory of these disease phenomena, for purposes of this study the reader is referred to Hoffer (p.208 ff) and Green (p.411), both in Hawkins and Pauling, Orthomolecular Psychiatry, for a discussion of distinctions between schizophrenia and sub-clinical pellagra.

²³A.A. Cott, J. of Schizophrenia, Vol.1, No.3, 1967.

²⁴R. Glen Green, "Subclinical Pellagra," in Orthomolecular Psychiatry, ed. by Hawkins and Pauling, 1973.

²⁵Numerous references deal with faulty carbohydrate metabolism. See Abrahamson and Pezet, Body, Mind and Sugar and Meiers, Relative Hypoglycemia in Schizophrenia. See also J. Yudkin, Lancet I 1335 (1963).

²⁶See particularly Roger J. Williams, Alcoholism: The Nutritional Approach, (U. of Texas Press, 1959); C.P. Richter, "Alcohol as a Food," Quarterly J. of Studies in Alcohol, Vol. 1, No.4 (1941), pp.650-660; Williams, Pelton and Rogers, "Dietary Deficiencies in Animals in Relation to Voluntary Alcohol and Sugar Consumption," Quarterly J. of Studies in Alcohol, Vol. 16, No.2 (1955), pp. 234-244.