A COMPARISON OF STATUS OFFENDERS AND JUVENILE DELINQUENTS USING THE JESSNESS PERSONALITY INVENTORY IN A COMMUNITY MENTAL HEALTH CENTER

PATRICIA ELLEN SEWELL

A COMPARISON OF STATUS OFFENDERS AND JUVENILE DELINQUENTS USING THE JESSNESS PERSONALITY INVENTORY IN A COMMUNITY MENTAL HEALTH CENTER

An Abstract

Presented to the

Graduate and Research Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

---

by

Patricia Ellen Sewell

May 1988

ABSTRACT

Jessness´ research program focused on developing the Jessness Personality Inventory (JPI) to assess eleven personality characteristics of the adolescent. His research contrasted personality profiles of normal adolescents with those of juvenile delinquents. The JPI has been used to assess treatment effectiveness of correctional, inpatient treatment, residential treatment and outward bound programs. This investigation attempted to determine the personality characteristics of court-referred status offenders and juvenile delinquents, how the characteristics of the status offenders differed from those of the juvenile delinquents, what changes in characteristics occurred as a function of treatment, and whether the changes were different for status offenders than for juvenile delinquents. The results showed no differences between the groups prior to treatment or within the groups as a function of treatment. The conclusions indicated that categorizing a community mental health center population according to offense was not desirable and it might be more desirable to differentiate treatment groups according to their pre-treatment personality characteristics. In addition the discussion called for future research which would adequately differentiate groups according to personality characteristics, conduct pilot treatments to determine potential for effectiveness.

A COMPARISON OF STATUS OFFENDERS AND

JUVENILE DELINQUENTS USING

THE JESSNESS PERSONALITY

INVENTORY IN A COMMUNITY

MENTAL HEALTH CENTER

———————————

A Thesis

Presented to the

Graduate and Research Council of

Austin Peay State University

———————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

———————————

by

Patricia Ellen Sewell

May, 1988

To the Graduate and Research Council:

I am submitting herewith a Thesis written by Patricia E. Sewell entitled "A Comparison of Status Offenders and Juvenile Delinquents Using the Jessness Personality Inventory in a Community Mental Health Center." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Clinical Psychology.
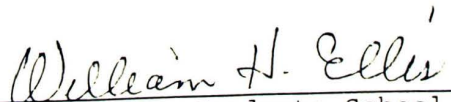
_____
Major Professor

We have read this thesis
and recommend its acceptance.

_____
Second Committee Member

_____
Third Committee Member

Accepted for the Graduate
and Research Council:

_____
Dean of the Graduate School

ACKNOWLEDGEMENT

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Introduction

Carl Jessness developed a research program in the early 1960s to evaluate the effectiveness of institutions as treatment centers for young delinquents. He developed the Jessness Personality Inventory (JPI) to assess personality characteristics of adolescents prior to treatment and following treatment. The JPI has been used to differentiate levels of delinquency in institutional programs, outward bound programs and residential treatment programs, and to assess the effects of treatment in these programs. Adolescents in community-based treatment programs have not been studied. Furthermore there have been no comparisons between status offenders and juvenile delinquents.

The purpose of this study is to extend the use of the Jessness to a community-based treatment program for adolescent status offenders and juvenile delinquents. The investigation was a systematic replication of Jessness' research using a multivariate design to assess whether the personality characteristics of status offenders and juvenile delinquents differ and whether personality characteristics change as a function of treatment. The results were intended to extend Jessness' theory that the JPI differentiates the delinquent and nondelinquent youth and the typology is sensitive to treatment effects.

Review of the Literature

The JPI was constructed to fill the dual roles of distinguishing delinquent youths from others and providing personality data for both delinquent and nondelinquent adolescent populations. The test is a brief, objective, pencil-and-paper measure standardized on youth of both sexes, aged 8 to 18 years. The samples used in the Inventory's development consisted of 970 delinquent and 1,075 nondelinquent males and 450 delinquent and 811 nondelinquent females (Jessness, 1966). The JPI consists of 155 true-false items designed to measure 11 personality characteristics of adolescents. One objective was to include items that would distinguish delinquent or disturbed children from others. Another objective was to include items covering a variety of attitudes and sentiments about self and others in order to provide the basis for a personality typology for use with adolescents. The original item pool consisted of 250 questions which was reduced to 155 by eliminating items that were too difficult for adolescents to comprehend or were generally nondiscriminating (Jessness, 1966).

The instrument provided scores on 11 personality characteristics. The Social Maladjustment, Value Orientation, and Immaturity scales were constructed empirically. For these scales an item pool was administered to criterion groups whose members were divided into subgroups according to appropriate dimensions. The Social Maladjustment dimensions were trust-distrust in authority, high-low self-concept, high-low hostility, and acceptance of

antisocial behavior. Dimensions for Value Orientation were trouble, luck, thrill motifs, fear of failure, gang orientation, toughness ethic, and desire for premature adulthood. For the Immaturity scale a series of questions was given to normal children and adolescents. Positive answers reflected that the adolescent shared attitudes more common among persons of a younger age. The primary dimension was one of repressing or suppressing problems. The items that best differentiated the subgroups were retained (Jessness, 1977). Seven scales, including Autism, Alienation, Manifest Aggression, Withdrawal, Social Anxiety, Repression, and Denial, were calculated statistically from cluster analysis. The responses of a group of 970 delinquent males formed the basis of the cluster analysis, creating scales that maximized item intercorrelations within clusters and independence between clusters. A final scale, the Asocial Index, was meant to be a predictive equation for delinquency derived from a multiple discriminant analysis of nine of the subscales (see Appendix A). This discriminant function, developed by Fisher (cited in Jessness, 1966), was a statistical treatment described as being able to distinguish between specified groups upon whom common measurements are available (Johnson's study cited in Jessness, 1966). It took into account the relative amount of information provided by the 10 Inventory scales and combined the information using intercorrelations.

The reliability data reported by Jessness (1966) included both internal consistency and stability

coefficients. For the three empirical subscales coefficients ranged from .63 to .88. For the seven cluster subscales reliability coefficients ranged from .64 to .82.

The stability coefficients consisted of data from 131 delinquents, ages 14-21, who were retested approximately eight months later. The stability coefficients for the three empirical subscales ranged from .60 to .79 and .40 to .76 for the seven cluster subscales. In a comparison of the JPI with the California Personality Inventory (CPI) the construct validity coefficients ranged from .45 to .75 (Jessness, 1966).

The JPI claims to yield reliable and valid results; therefore, it is used to evaluate changes in adolescent personality traits and to predict delinquency. Kelly and Baer (1969) used the JPI to measure changes in social attitudes among 60 delinquents aged 15-18 years who were participating in an Outward Bound program. They administered the JPI before and after the Outward Bound experience and their results indicated improvement in a positive and statistically significant direction on the Social Maladjustment, Value Orientation, Autism, Alienation, Manifest Aggression, and Repression subscales. Their conclusions supported the JPI as an instrument sensitive to personality changes over a short period of time but provided little information on the Asocial Index as a major predictor of delinquency and/or response to treatment.

The results of a study conducted by Martin (1981) demonstrated that the JPI was not only sensitive to

differences between groups of delinquents and nondelinquents but was also useful in making predictions of delinquency based upon the Asocial Index. Using the JPI personality patterns of two levels of institutionalized delinquents, those formally adjudicated and those not formally adjudicated, were compared with a socially acting out group and a control group. Means were calculated for each of the four groups and analysis of variance was done to assess overall group differences. The results indicated statistically significant differences between the three groups with the delinquent group scoring higher on the Social Maladjustment, Value Orientation, Autism, Manifest Aggression, and the Asocial Index scales. The control subjects consistently had the lowest scores falling within the normal range. Martin concluded that the JPI was a valid and reliable instrument in differentiating delinquent and nondelinquent populations and that the Asocial Index was an accurate predictor of delinquency.

Another study supported the JPI as an instrument that differentiated levels of delinquency. Kunce and Hemphill (1983) administered the JPI to 1122 male delinquents upon admission to a midwest training school for juveniles. The scores on the Inventory were correlated with the indices of delinquent behavior, prior arrests, and frequency of prior institutionalizations. A correlational procedure was used to explore the relative importance of the various scales in predicting chronicity based upon number of prior arrests. Also, scores on the Asocial Index subscale were examined

according to levels of delinquent behavior. The results indicated that the scores on five of the 10 subscales, Social Maladjustment, Value Orientation, Autism, Manifest Aggression, and the Asocial Index, correlated positively with both frequency of prior arrests and number of previous institutionalizations. This study provided additional support for the diagnostic uses of the JPI. These authors purported that because the scores on the JPI related in a statistically significant manner to the severity of the delinquent behavior the Inventory could serve as a useful research tool in evaluating attitudinal changes of adolescents following treatment.

A study by Saunders and Davies (1976) examined the Inventory's ability to differentiate levels of delinquency. Two groups of offenders were administered pre-tests and post-tests of the JPI. The first group consisted of 400 boys who were adjudicated in detention centers for adolescents. They were administered the Inventory upon admission and again six months after discharge from the center. The second type of offender was 507 adolescents adjudicated for delinquent offenses but were only given probation instead of being placed in detention centers. They were administered the Inventory at the beginning of their probationary period and again after satisfactory completion of probation. Results indicated five of the subscales, Social Maladjustment, Value Orientation, Autism, Alienation, and the Asocial Index, differentiated institutionalized delinquents and those on probation. Also, results indicated that six of the

subscales, Social Maladjustment, Value Orientation, Alienation, Manifest Aggression, Denial, and the Asocial Index, were found to differentiate those who later committed delinquent acts from those who did not. The researchers suggested that since the Inventory was sensitive to differentiating degrees of delinquency and had good predictive qualities its use in evaluating effects of treatment on delinquent offenders should be examined.

With the onset of residential treatment centers (RTC) as an alternative to institutionalization for disturbed or delinquent adolescents, research was initiated to examine the JPI as a predictor of success in this type of environment. Munson and LaPaille (1984) were interested in the JPI as a tool to screen out applicants for residential treatment who might have an undue negative effect on the residential treatment population. Their study compared mean scores of two groups of adolescent females: one group who unsuccessfully completed the program and were discharged and another group who successfully completed the program and graduated. They hypothesized that the girls who completed the program successfully would score significantly different from those who were discharged due to their failure to respond to the program. Results indicated that the unsuccessful adolescents scored significantly higher on the Social Maladjustment, Value Orientation, Autism, Alienation, and Manifest Aggression subscales, as well as the Asocial Index. They concluded the Inventory could be used to screen out potentially unsuccessful adolescents from treatment.

This screening would decrease the number of unresponsive adolescents in treatment and thereby increase the effectiveness of treatment programs.

Another study that found the JPI as having the validity to distinguish between delinquent and nondelinquent adolescents and to be sensitive to changes due to treatment was conducted by Munson and Revers (1986). They compared mean scores of 30 female residents at a center for emotionally disturbed status offenders who had successfully completed the program with 141 female adolescents from a girls Catholic high school who had not encountered any unusual adjustment problems. The subjects were divided into age groups of 15, 16, and 17 years. They hypothesized that after successful completion of the program, the treatment group would exhibit JPI profiles similar to those of the control group. It was predicted that there would be no statistically significant differences between treatment and control groups. There were significant differences between treatment and control groups varying across age groups. Only the Asocial Index was found to be a consistent indicator of significant differences at every age examined. Their results indicated that improvement on subscales occurred in the treatment group from onset to completion of treatment. Their conclusions supported the JPI as a valid instrument in distinguishing delinquent from nondelinquent adolescents and provided further support of the instrument's ability to assess attitudinal changes in a relatively short period of time.

The JPI has been used to evaluate attitudinal differences between delinquent and nondelinquent adolescents in institutions, outward bound programs, and residential treatment centers. It has been demonstrated to be sensitive to changes in personality over a short period of time, an accurate predictor of further delinquency, and in differentiating degrees of delinquent attitudes. Because of these assets the JPI would seem appropriate in evaluating short-term outpatient treatment effectiveness for delinquent as well as status offenders. However, the literature revealed no studies that have assessed the effects of community-based treatment provided to these two populations.

Problem

Three propositions arose from the literature and were addressed in this study. The first proposition was that status offenders and juvenile delinquents who were seen in a community mental health center would differ on the personality characteristics of the JPI prior to treatment. The second proposition was that personality characteristics as determined by the JPI would change as a function of treatment. The third proposition was that personality characteristics of the adolescent status offenders would show changes due to treatment that were different from the changes shown by the juvenile delinquents.

Four hypotheses emerged from this review.

Ho1: There will be no difference between the personality characteristics of status offenders and juvenile delinquents prior to treatment as measured by the JPI.

Ho2:   There will be no difference in the personality characteristics of status offenders as a function of treatment as measured by the JPI.

Ho3:   There will be no difference in the personality characteristics of juvenile delinquents as a function of treatment as measured by the JPI.

Ho4:   Personality characteristics of status offenders will not differ from those of juvenile delinquents following treatment as measured by the JPI.

CHAPTER 2

Method

Subjects

There were 40 subjects selected for this investigation. Twenty were status offenders and 20 were delinquents, aged 13 through 17 years. These subjects were referred for treatment to the Harriet Cohn Mental Health Center by the Juvenile Court of Montgomery County. This center is a comprehensive community mental health center providing a continuum of assessment and treatment to all children and youths from 2 through 18 years of age.

Instrument

The Jessness Personality Inventory was purchased from Psychological Consultants Corporation in sufficient quantity to allow pre- and post-testing of all subjects. Social Maladjustment, Value Orientation, and Immaturity are empirically derived scales that indicate the similarity in attitudes between the person being tested and socially deviant persons, persons from the lower socioeconomic classes, and persons younger than the subject, respectively. The seven scales created by cluster analysis are Autism, or the tendency to distort reality according to personal needs; Alienation, or distrust in persons attitudes; Manifest Aggression, or tendency to act aggressively; Withdrawal, or isolation from others; Social Anxiety, or discomfort with people; Repression, or exclusion from awareness of feelings an individual would normally expect to experience; and

Denial, or reluctance to acknowledge unpleasant events. The Asocial Index was created by discriminant analysis and indicated a disposition to resolve social problems in ways that show a disregard for social rules. The subscales are described in detail in Appendix A.

Procedure

A clinical intake interview was completed by a qualified clinician prior to treatment. Based upon this intake, the disposition at Juvenile Court, and other relevant available information, a diagnosis was rendered by a psychiatrist. Subjects who were diagnosed as psychotic or having a personality disorder were excluded from the treatment groups for status offenders or juvenile delinquents. Subjects with adjustment disorders, alcohol and drug diagnoses, oppositional disorders, or identity disorders were included in the treatment groups.

According to the legal system, a juvenile delinquent is defined as one who has committed an offense that would be considered a crime if he/she were an adult. A status offender is classified as an individual who had committed any offense that was only illegal because it was committed by a person who was under age 18. For example, truancy and unruliness are status offenses. The subjects were assigned to the status offenders group or the juvenile delinquents group based on the aforementioned criteria, especially the disposition of the court.

Each subject was enrolled in the respective group and attended the next scheduled session of his/her group. At the

first session the level of reading comprehension was assessed and the JPI was administered if the subject was qualified to read the test. If the subject's reading level was insufficient he/she was not included in this investigation but still received treatment. Following testing the subjects attended one and one-half hour treatment sessions once per week for 12 weeks. On the thirteenth week the JPI was readministered.

If the subject needed additional treatment the case was staffed and additional treatment was arranged or the adolescent was referred out of the center for more intensive treatment. However the subject was no longer a part of the study after the post-test was completed.

All records were maintained as medical records of Harriet Cohn Mental Health Center and were subject to the standards of confidentiality of psychiatry and clinical psychology. The clinician conducting the study and one other clinician who was obligated by certification of confidentiality had access to the test results. The names of the clients were protected during scoring and computer analysis.

Results

A MANOVA was used to analyze the data and the four null hypotheses for this investigation were not rejected. Table 1 summarizes the MANOVA comparisons and shows no main effect differences (see Table 1). There were no differences in the personality characteristics of the status offenders and juvenile delinquents prior to treatment (Ho1); nor were there any differences between status offenders and delinquents following treatment (Ho4). Furthermore there were no differences in the personality characteristics of the status offenders as a function of treatment (Ho2); nor were there any differences in the personality characteristics of the juvenile delinquents as a function of treatment (Ho3).

Statistically post-hoc analysis is not valid when main effects are not significant. However students t tests were conducted following the study to provide some information regarding possible directions for future research. These tests had no relation to the hypotheses posed in this study.

It is important for future research to determine if status offenders are different from juvenile delinquents on the scales prior to treatment. Table 2 compared pre-treatment means for status offenders and juvenile delinquents (see Table 2). It is also important to determine if status offenders were different from juvenile delinquents after treatment. Table 3 compared post-treatment means for status offenders with those of juvenile delinquents on the 11 scales

Table 1

Multiple Analyses of Variance (MANOVA) Tests of Significance

for Pre-Post Treatment, Groups, and Groups by Treatment

Differences

Effect	Wilks LAMBOA	Multiple F	Hypotheses Degree of Fredor	*Signifi- cance of F
Pre-Post Treatment	.66898	1.2593	11.00	.297
Group	.79551	.65432	11.00	.767
Group by Treatment	.62398	1.53391	11.00	.175

*p < .05 is an acceptable level of significance.

Table 2

Mean Pre-treatment T Scores and Students´ t Values for the Status Offenders and for the Delinquents for the Jessness Personality Inventory Scales

Scale	Status	Delinquents	t
Social Maturity	56.2	62.0	-1.36
Values Orientation	54.0	57.0	- .87
Immaturity	58.5	56.2	.61
Autism	59.7	61.3	- .45
Alienation	59.2	63.1	-1.13
Manifest Aggression	54.5	58.0	- .86
Withdrawal	51.1	49.5	- .87
Social Anxiety	47.8	45.3	.80
Repression	50.7	48.4	.63
Denial	47.0	41.9	1.47
Asocial Index	50.3	58.5	-2.27*

*$p < .05$

(see Table 3). There were significant changes in two personality scales. The juvenile delinquents' Asocial Index was significantly greater than that of the status offenders prior to treatment. A closer evaluation showed that juvenile delinquents scored higher on the Asocial Index prior to treatment but were not different from status offenders after treatment. Secondly, status offenders scored significantly higher on the Repression scale than the juvenile delinquents following treatment. The difference was due to greater repression by status offenders following treatment than prior to treatment. The Repression score of the juvenile delinquents remained the same pre- to post-treatment.

A question of concern was whether treatment produced changes in the personality characteristics of status offenders. Table 4 addresses this question by comparing pre-treatment means with post-treatment means on the 11 scales for status offenders (see Table 4). Table 5 addresses this same question for juvenile delinquents by comparing pre-treament means with post-treatment means on the 11 scales for juvenile delinquents (see Table 5). These data show none of the separate t values for any of the 11 scales are significant. Neither the scores of the status offenders nor the delinquents differed as a function of treatment.

Table 3

Mean Post-Treatment T Scores and Students´ t Values for the
Status Offenders and for the Delinquents for the Jessness
Personality Inventory Scales

Scale	Status	Delinquents	t
Social Maturity	55.2	60.3	-1.40
Values Orientation	51.5	53.4	- .54
Immaturity	56.5	57.6	- .28
Autism	57.3	62.3	-1.83
Alienation	56.7	59.3	- .76
Manifest Aggression	53.6	53.3	.10
Withdrawal	51.5	52.9	- .54
Social Anxiety	46.4	46.5	- .02
Repression	53.5	45.7	2.17*
Denial	43.8	43.6	.07
Asocial Index	51.6	57.8	-1.47

*P < .05

Table 4

Mean Pre-treatment and Post-treatment T Scores and Students'
t Values for Jessness Personality Inventory Scales for the
Status Offenders

Scale	Pre-Treatment	Post-Treatment	t
Social Maturity	56.2	55.2	.41
Values Orientation	54.0	51.5	1.00
Immaturity	58.5	56.5	.72
Autism	59.7	57.3	1.19
Alienation	59.2	56.7	1.31
Manifest Aggression	54.5	53.6	.36
Withdrawal	51.1	51.5	- .13
Social Anxiety	47.8	46.4	.65
Repression	50.7	53.5	-1.26
Denial	47.0	43.8	1.27
Asocial Index	50.4	51.6	- .33

Table 5

Mean Pre-Treatment and Post-Treatment Scores and Students'
t Values for the Jessness Personality Inventory for
Delinquent Offenders

Scale	Pre-Treatment	Post-Treatment	t
Social Maturity	62.0	60.4	.51
Values Orientation	57.1	53.5	1.13
Immaturity	56.2	57.6	- .69
Autism	61.3	62.3	- .38
Alienation	63.0	59.3	1.36
Manifest Aggression	58.0	53.2	1.60
Withdrawal	49.6	52.9	-1.31
Social Anxiety	45.3	46.5	- .46
Repression	48.4	45.7	1.04
Denial	41.9	43.6	- .48
Asocial Index	58.5	57.8	.21

Discussion

The null hypotheses were that there would be no differences between status offenders and juvenile delinquents on the 11 personality characteristics prior to treatment and following treatment, and there would be no changes in the personality characteristics of status offenders or juvenile delinquents as a function of treatment. None of the null hypotheses were rejected. The status offenders and the juvenile delinquents were not different on 10 of the 11 scales prior to treatment. A review of the normative data from Jessness (1966) revealed that on six of the 11 subscales the status offenders in this study scored like the juvenile delinquents in the normative sample, and on four of the subscales the delinquents in this study scored like the normal populations of the normative sample. On the Asocial Index the delinquents´ score was higher than the delinquent norm and the status offenders scored at the mean of the normal adolescents in the normative sample.

Therefore categorizing adolescents according to type of offense for the purpose of this study seemed inappropriate. One possible conclusion from this study is that persons working with adolescents should be cautious about using different treatment regimens for the two groups delineated by the courts as status offenders versus delinquent offenders. It might be wise to change the community mental health model to one that preclassifies according to personality

characteristics and uses different treatment regimens which are based upon the personality characteristics displayed by the individual prior to treatment.

There were no changes in personality characteristics of delinquent offenders as a function of treatment nor in status offenders as a function of treatment. The subjects in this study were treated in an outpatient setting with one group per week over 12 weeks for both status offenders and delinquents. Studies which have shown changes in personality characteristics have been conducted on adolescents who are in 24-hour programs for six to 12 months either within institutions or residential treatment centers. In one study 60 delinquents were treated in an Outward Bound program which was extremely intense but of shorter duration than institutional or residential programs (Kelly and Baer, 1969). There were significant changes in the positive direction on six of seven subscales. Thus intensity rather than length of the program may have been the most critical factor. Therefore a possible explanation for the lack of measurable treatment effects is that the treatment was not intense enough to produce changes in personality characteristics of adolescents with status or delinquent offenses. Moreover, in a general sense, low intensity, community-based programs should not expect to establish the goal of altering personality characteristics.

One exception to the present data was reflected on the Repression scale. The status offenders seemed to be more prone to Repression following treatment and the delinquent

adolescents seemed to be less prone to Repression. It was possible that in the course of treatment the status offenders became more likely to unconsciously repress feelings of anger, dislike and rebellion and became more uncritical of themselves and others because the group treatment made the adolescents realize the impact of such feelings on others and became more unwilling to explore these feelings. On the contrary, the delinquents' treatment experience focused on awareness, expression of feelings, constructive criticism of others, and problem solving. This form of treatment might have been expected to eliminate the need for repression and caused the adolescent to explore feelings and act appropriately.

The Asocial Index scores were different for the two groups. However this single pre-treatment difference for the sample in this study stood alone. The two separate groups were far too similar on the other categories to argue that the Asocial Index was a valid indicator of group differences. Some investigators had indicated that the Asocial Index was a useful single indicator of group differences. This study should serve as a caution to other investigators to use several JPI scales as delineators of group differences rather than just one.

Summary

Although none of the null hypotheses were rejected, the present study was valuable as an extension of research on the JPI. The lack of differences in the groups as a function of treatment suggested that if the goal of treatment is to

change personality characteristics of adolescents different treatment regimens may need to be devised.

Future research should focus on proper differentiation of group membership prior to treatment. Once satisfactory groups are established several treatment regimens should be attempted to assess the probability of effectiveness. After the selection process, the treatment regimen most likely to produce change should be evaluated in a doubly multivariate repeated measures design which includes a treatment group and control group that are matched for possible corresponding variables prior to testing. Both groups should be pre-tested, then the treatment group should receive treatment while the control group should receive sham treatment. Following treatment both groups should receive post-testing. Such procedures should allow the hypotheses of the present investigation to be adequately reinvestigated.

BIBLIOGRAPHY

Fisher, R. A. (1936). The use of multiple measurements in taxonomic problem. Annals of Eugenic, 7, 179-188.

Jessness, C. (1966). Manual of the Jessness Inventory, Palo Alto, California: Consulting Psychologist Press.

Jessness, C. (1977). When is a delinquent a delinquent. Journal of Consulting and Clinical Psychology, 45, 696-697.

Johnson, P. O. (1949). Statistical Methods in Research. New York: Prentice-Hall.

Kunce, J. & Hemphill, H. (1983). Delinquency and Jessness Inventory Scores. Journal of Personality Assessment, 47, 632-634.

Martin, R. D. (1981). Cross validation of the Jessness Inventory with delinquents and nondelinquents. Journal of Consulting and Clinical Psychology, 49, 10-14.

Munson, R. F. & LaPaille, K. (1984). Personality tests as a predictor of success in a residential treatment center. Adolescence, 19, 697-701.

Munson, R. F. & Revers, M.P. (1986). Program effectiveness of a residential treatment center for emotionally disturbed adolescent females as measured by exit personality tests. Adolescence, 21, 305-310.

Saunders, G. R. & Davies, M. B. (1976). The Validity of the Jessness Inventory with British delinquents. British Journal of Social Clinical Psychology, 15, 33-39.

Winer, B. J. (1971). <u>Statistical Principles in Experimental Design</u>. New York: McSweane-Hall.

Appendix A

These are the subscales as described in the JPI manual
(Jessness, 1966, pp. 3-4).

Social Maladjustment Scale (SM)-63 items. Social
Maladjustment refers here to a set of attitudes
associated with inadequate or disturbed socialization,
as defined by the extent to which a youth shares the
attitudes of persons who do not meet environmental
demands in socially approved ways.

Value Orientation Scale (VO)-39 items. Value
Orientation refers to a tendency to share attitudes and
opinions characteristic of persons in the lower
socioeconomic classes.

Immaturity Scale (Imm)-45 items. Immaturity
reflects the tendency to display attitudes and
perceptions of self and others that are usual for
persons of a younger age than the subject.

Autism Scale (Au)-28 items. Autism measures a
tendency, in thinking and perceiving, to distort reality
according to one´s personal desires or needs.

Alienation Scale (Al)-26 items. Alienation refers
to the presence of distrust and estrangement in a
person´s attitudes toward others, especially toward
those representing authority.

Manifest Aggression Scale (MA)-31 items. Manifest
Aggression reflects an awareness of unpleasant feelings,

especially of anger and frustration; a tendency to react readily with these emotions; and an obvious discomfort concerning the presence and control of these feelings.

Withdrawal Scale (Wd)-24 items. Withdrawal indicates the extent of a youth's dissatisfaction with self and others, and a tendency toward isolation from others.

Social Anxiety Scale (SA)-24 items. Social Anxiety refers to conscious emotional discomfort in getting along with people.

Repression Scale (Rep)-15 items. Repression reflects the exclusion from conscious awareness of feelings and emotions that the individual normally would be expected to experience; or it reflects his failure to label these emotions.

Denial Scale (Den)-20 items. Denial indicates a reluctance to acknowledge unpleasant events or conditions encountered in daily living.

Asocial Index. Asocialization refers to a generalized disposition to resolve social or personal problems in ways that show a disregard for social customs or rules.