

## **Adult Pretrial Test: Reliability, Validity and Accuracy Research**

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### **ABSTRACT**

The Adult Pretrial Test is an adult defendant assessment test that accurately measures defendant risk of violence (lethality), substance (alcohol and drugs) abuse, antisocial attitudes, emotional and mental health problems. There were 1,265 adult defendants used in this study. Reliability analyses showed that all Adult Pretrial Test scales had very high alpha reliability coefficients of between .85 and .94. Adult Pretrial Test scales were validated in several tests of validity. Discriminant validity was shown by significant differences on Adult Pretrial Test scale scores between first and multiple offenders (2 or more arrests). The Violence and Antisocial Scales correctly identified 100% of defendants who admitted being violent and antisocial. The Alcohol and Drug Scales correctly identified nearly 100% of the defendants who had been treated for alcohol and drug problems. Adult Pretrial Test classification of defendant risk was shown to be very accurate. All Adult Pretrial Test scale scores were within 2.2% of predicted risk range percentile scores. This study demonstrated that the Adult Pretrial Test is a reliable, valid and accurate test for adult defendant assessment.

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It has been stated that substance abuse leads hundreds of thousands of people into the criminal and juvenile justice systems each year, many in need of treatment (ONDCP, 1999). Criminal justice systems could be considered opportunities for intervention with drug and alcohol abusing offenders. An important starting point is an assessment protocol that integrates substance abuse and criminal justice risk factors. Placement of offenders based on this assessment, such as substance abuse treatment, addresses the needs of offenders.

Defendants are charged with a variety of crimes, and many use, abuse or are addicted to alcohol and other illicit drugs. Experts that understand this situation screen for alcohol and other drug use or abuse. Accurate screening helps provide attorneys, prosecutors and judges with a clear picture of each defendant's substance use and abuse. The Adult Pretrial Test, or APT, is designed to assess defendants accused of misdemeanors and/or felonies. The APT Alcohol and Drugs Scales identify the severity of substance use and abuse. This helps distinguish between "recreational use," "abuse" and "dependency." It is also important to understand the defendant's profile which encompasses antisocial attitudes, violence (lethality) potential and stress handling abilities. Stress exacerbates emotional and mental health symptomatology.

The Adult Pretrial Test (APT) is a multidimensional test that was developed to meet the needs of adult defendant screening and assessment. The APT evolved from the Defendant Questionnaire (DQ). The APT title was adopted to facilitate test purpose recognition. Both the DQ and APT have been standardized on the same adult defendant population. Many adult defendants have substance abuse problems along with other prevalent problems, such as personality and behavioral problems. Appropriate and effective defendant supervision and intervention programs must involve identifying these other important personality problems in addition to substance abuse problems. The APT evaluates the defendant's test taking attitude and identifies faking. It measures substance use and severity of abuse. The APT integrates DSM-IV substance abuse/dependency criteria with alcohol and drug severity measures and recommendations in accordance with American Society of Addiction Medicine (ASAM) guidelines. It also quantifies violence (lethality) potential and antisocial tendencies. The APT also measures the defendant's ability to cope with stress.

Accurate identification of defendant problem severity enables placement of defendants in appropriate levels of supervision, intervention and treatment. The importance of matching defendant risk/needs with levels of supervision and intervention cannot be overemphasized. Research has shown that placing low risk defendants in programs meant for high risk defendants can be detrimental to low risk defendants, often making it more likely that the low risk defendants will re-offend (Andrews, Bonta & Hoge, 1990).

The APT incorporates defendants criminal history into risk/needs assessment. According to Fulton, Gendreau and Papanozzi (1995) combining criminal history along with other offender behavioral history is essential for accurate risk/needs assessment. These important variables are contained in the APT. Defendant criminal history combined with APT criminogenic needs variables accurately identifies defendant risk/needs. In addition, a test that is multidimensional lends itself to recidivism prediction.

APT scales measure violence (lethality) tendencies (Violence Scale), antisocial attitudes (Antisocial Scale), alcohol and drug abuse severity (Alcohol & Drugs Scales) and emotional or mental health problems (Stress Coping Abilities Scale). The Substance Abuse/Dependency Classification Scale classifies offenders as substance dependent or substance abuser according to DSM-IV criteria. In addition, the Truthfulness Scale measures defendant truthfulness while completing the test. Defendants who deny or minimize their problems are detected with the Truthfulness Scale. Truthfulness Scale scores

are used to truth-correct other scale scores. APT scales and some demographic variables, such as age, gender and education, can be thought of as the criminogenic needs variables. A reliable, valid and accurate test is essential for measuring defendant risk and need. The present study investigated the reliability, validity and accuracy of the Adult Pretrial Test.

Violence, antisocial attitudes and stress coping abilities are personality factors that are relevant to defendant risk. These factors are measured by the APT. Personality, attitude and behavioral factors, often referred to as “dynamic variables” (Fulton, Gendreau & Paparozzi, 1995), are capable of change and are amenable to intervention and treatment. Positively changing defendants’ personality, attitudes and behavior can lead to behavioral change, which in turn can lead to reductions in recidivism. Identification of problem prone defendants is the first step in directing defendants to appropriate programs aimed at helping defendants to positively change their behavior.

For ease in interpreting defendant risk, the APT scoring methodology classifies defendant scale scores into one of four risk ranges: low risk (zero to 39<sup>th</sup> percentile), medium risk (40 to 69<sup>th</sup> percentile), problem risk (70 to 89<sup>th</sup> percentile), and severe problem risk (90 to 100<sup>th</sup> percentile). By definition the expected percentages of defendants scoring in each risk range (for each scale) is: low risk (39%), medium risk (30%), problem risk (20%), and severe problem risk (11%). Defendants who score at or above the 70<sup>th</sup> percentile are identified as having problems. Defendants scale scores at or above the 90<sup>th</sup> percentile identify severe problems. The accuracy of the APT in terms of risk range percentages was examined in this study.

This study validates the APT in a sample of adult defendants who were processed as part of defendant assessment in court services programs. Two methods for validating the APT were used in this study. The first method (discriminant validity) compared first and multiple offenders’ scale scores. Multiple offenders were defendants with two or more arrests and first offenders had one or no arrest. A test that measures severity level ought to show on average that multiple offenders score higher than first offenders. It was hypothesized that statistically significant differences between multiple and first offenders would exist and APT scales would differentiate between first and multiple offenders. Multiple offenders would be expected to score higher on APT scales because having a second arrest is indicative of serious problems.

The second validation method (predictive validity) examined the accuracy at which the APT identified violent prone defendants, defendants with antisocial attitudes, problem drinkers and problem drug abusers. Tests that measure severity of problems should be able to predict if defendants have problems by the magnitude (severity) of their scores. Scores that fall in problem ranges should indicate that problems exist. To be considered accurate an adult defendant test must accurately identify problem individuals, drinkers or drug abusers. Accurate tests differentiate between problem and non-problem defendants. An inaccurate test, for example, may too often call non-problem drinkers problem drinkers or vice versa. APT database information, i.e., responses to test items obtained from the defendants’, serve as criterion measures.

Having been in alcohol or drug treatment identifies defendants as having an alcohol or drug problem. If a person has never had an alcohol or drug problem it is very likely they have not been treated for an alcohol or drug problem. However, there are some defendants who have an alcohol or drug problem but have not been in treatment. Nevertheless, defendants who have been in alcohol or drug treatment would be expected to score in the problem range on the Alcohol or Drugs Scales. In regards to violence and antisocial attitude, defendants direct admissions of problems were used as the criteria.

For the predictive validity analyses defendants were separated into two groups, those who had treatment or admitted problems and those who have not had treatment or did not admit to problems. Then, defendant scores on the relevant APT scales were compared. It was predicted that defendants with an alcohol treatment history would score in the problem risk range (70<sup>th</sup> percentile and above) on the

Alcohol Scale. Similarly, offenders who had drug treatment, violence and antisocial problems were predicted to score higher than offenders not admitting to these problems. Non-problem is defined in terms of low risk scores (39<sup>th</sup> percentile and below). The percentage of defendants that have been in treatment or admit problems and also score in the 70<sup>th</sup> percentile range and above is a measure of how accurate APT scales are. High percentages of defendants with treatment and problem histories and elevated problem risk scores would indicate the scales are accurate. Because criterion measures were gotten from the APT database a lack of suitable criterion measures prevented carrying out predictive validity analyses on the other two APT scales. The test items used in these analyses were, “I have been enrolled in one or more treatment programs for alcohol problems,” “I have been enrolled in one or more treatment programs for drug problems,” “I have been arrested for assault or a violent crime,” “Two or more of the following are true: Cold or indifferent, lying or manipulative, lack of remorse or regret, harassing or threatening, unsympathetic or uncaring.”

## **Method**

### Subjects

There were 1,265 adult drug court defendants tested with the Adult Pretrial Test. There were 935 males (73.9%) and 330 females (26.1%). The ages of the participants ranged from 18 through 60 as follows: 19 & under (16.4%); 20-29 (37.2%); 30-39 (24.3%); 40-49 (16.2%); 50-59 (5.0%) and 60 & Over (0.9%). The demographic composition of participants was as follows. Race/Ethnicity: Caucasian (79.2%); Black (6.1%), Hispanic (12.1%) and Other (2.5%). Education: Eighth grade or less (7.5%); Some high school (25.1%); High school graduate/GED (49.8%); Some college (11.9%) and College graduate (5.7%). Marital Status: Single (59.2%); Married (25.8%); Divorced (9.4%); Separated (4.3%) and Widowed (1.3%).

Over 63 percent of the participants were arrested two or more times. Over 16 percent of all defendants had six or more arrests. Over 41 percent of the defendants had one or more felony arrests. Over one-fourth (25.9%) of the participants had two or more alcohol arrests and 8.9 percent of the defendants had two or more drug arrests. 30 percent of the defendants had their first arrest before the age of 18 and 60.7 percent were arrested by the age of 21.

### Procedure

Participants completed the APT as part of their screening and assessment by court services programs. The APT contains six measures or scales and the Substance Abuse/Dependency Classification Scale. These scales are briefly described as follows. The Truthfulness Scale measures the truthfulness of the respondent while taking the APT. The Alcohol Scale measures severity of alcohol use or abuse. The Drugs Scale measures severity of drug use or abuse. The Violence Scale measures offender proneness to commit violence. The Antisocial Scale measures antisocial behavior, e.g. lying, uncaring, irresponsible, unsocial, emotionally blunted, needless conning, etc. The Stress Coping Abilities Scale measures ability to cope with stress. A score at the 90<sup>th</sup> percentile or higher on this scale identifies established emotional and mental health problems. The Substance Abuse/Dependency Classification Scale contains reformatted DSM-IV criteria for classifying defendants as substance abuser or substance dependent. It is a classification and not a measurement scale, defendants either meet criteria or they do not.

## Results and Discussion

The inter-item reliability (alpha) coefficients for the APT scales are presented in Table 1. All scales were highly reliable. Reliability coefficient alphas for all APT scales were at or above 0.85. These results demonstrate that the APT is a very reliable adult defendant assessment test.

**Table 1. Reliability of the APT (N=1,265)**  
**All coefficient alphas are significant at p<.001.**

<u>APT SCALES</u>	<u>Coefficient Alphas</u>
Truthfulness Scale	.89
Alcohol Scale	.94
Drugs Scale	.92
Antisocial Scale	.85
Violence Scale	.86
Stress Coping Abilities	.93
Substance Abuse/ Dependency Scale*	.94

\*The Substance Abuse/Dependency Classification Scale is a classification as opposed to a measurement scale derived from DSM-IV criteria. Dependency and abuse items do not measure the extent to which predicted criteria are met. However, the Substance Abuse/Dependency Scale's coefficient alpha is included here because it demonstrates that DSM-IV dependency and abuse items as incorporated in the APT are also reliable.

Discriminant validity results are presented in Table 2. In this analysis the APT answer sheet item "Total number of times arrested" was used to define first offenders and multiple offenders (2 or more arrests). T-test comparisons were used to study the statistical significance between first and multiple offenders. There were 462 first offenders and 803 multiple offenders. The Alcohol and Drugs Scales were also analyzed using alcohol and drug arrests. "Number of alcohol arrests" was used for the Alcohol Scale, which had 947 first offenders and 318 multiple offenders (2 or more arrests). "Number of drug arrests" was used for the Drugs Scale, which had 1,157 first offenders and 108 multiple offenders (2 or more arrests).

**Table 2. Comparisons between first offenders and multiple offenders (N=1,265).**

<u>APT Scale</u>	<u>First Offenders Mean</u>	<u>Multiple Offenders Mean</u>	<u>T-value</u>	<u>Level of Significance</u>
Truthfulness Scale	12.49	10.66	t = 5.60	p<.001
Alcohol Scale	5.11	11.44	t = 10.79	p<.001
Drugs Scale	6.57	11.04	t = 7.28	p<.001
Antisocial Scale	11.13	23.64	t = 28.96	p<.001
Violence Scale	7.55	18.75	t = 22.31	p<.001
Stress Coping Abilities	131.56	119.52	t = 4.49	p<.001
*Alcohol Scale				
	5.41	20.21	t = 17.42	p<.001
*Drugs Scale				
	8.20	22.36	t = 10.96	p<.001

\*Note: Defendant status defined by alcohol and drug arrests. The Stress Coping Abilities Scale is reversed in that higher scores are associated with better stress coping skills.

Table 2 shows that mean (average) scale scores of first offenders were significantly lower than scores for multiple offenders on all APT scales with the exception of the Truthfulness Scale. As expected,

multiple offenders scored significantly higher than did first offenders. Truthfulness Scale results suggest that first offenders tried to minimize their problems or fake good when tested more than did multiple offenders. This result indicates that in court settings, first-time offenders minimize their problems, perhaps in an attempt to lessen consequences of their situation. The APT accurately differentiated between first offenders and multiple offenders. These results support the validity of the APT.

As shown in Table 2, both the Alcohol Scale and Drugs Scale demonstrate even greater differences than total number of arrests in scale scores between first offenders and multiple offenders. Both scales are significant at  $p < .001$ . The mean Alcohol Scale score for the multiple offender group was 20.21 while the first offender group mean score was 5.41. The mean Drugs Scale score for the multiple offender group was 22.36 while the first offender group mean score was 8.20. Higher APT scale scores mean more severity of problem behavior. These results support the hypothesis that multiple offenders, because of their history of arrests, score higher than first-time offenders do. The defendants who were believed to have more severe problems (multiple offenders) scored significantly higher on these scales than first-time offenders.

Multiple offenders scored significantly higher on the Stress Coping Abilities Scales than did first offenders. Defendants who have multiple arrests demonstrate emotional problems and problems handling stress in their lives, beyond just the expected problem-prone behaviors. Defendants exhibit emotional and personality problems and these problems must be addressed if these defendants are to be helped. Changing defendant problem-prone behavior entails resolving emotional and personality problems.

Relationships between defendants' criminal history and their APT scale scores are presented in Table 3. Statistically significant correlation coefficients between APT scales and criminal history variables also validates APT scale scores. APT scales that measure problem-prone behavior were expected to be correlated with variables that indicate defendant problems, such as the number of times they have been arrested, their age at first arrest and probation records. For example, the APT Alcohol Scale should be correlated with number of alcohol-related arrests and the Drugs Scale should be correlated with drug-related arrests. Defendant criminal history variables were obtained from APT answer sheets that were completed by the defendants.

The APT scales included in this analysis were the Alcohol, Drugs, Antisocial and Violence Scales. These scales measure problem-prone behavior that can result in defendant arrests. The Truthfulness and Stress Coping Abilities Scales are not included because these scales measure emotional and mental health factors.

**Table 3. Relationships between Criminal History Variables and APT Scales**

	<b>Alcohol Scale</b>	<b>Drugs Scale</b>	<b>Anti- social</b>	<b>Violence Scale</b>
<b>Age at first arrest</b>	-.033 <sup>^</sup>	-.162*	-.223*	-.214*
<b>Total number of arrests</b>	.317*	.210*	.610*	.545*
<b>Times on probation</b>	.279*	.133*	.517*	.401*
<b>Alcohol arrests</b>	.549*	.123*	.444*	.296*
<b>Drug arrests</b>	.164*	.480*	.414*	.284*

Significant levels, \*  $p < .001$ , \*\*  $p < .01$ , <sup>^</sup> n.s. .

Age at first arrest is significantly correlated with the Drugs, Antisocial and Violence Scales. The negative coefficients indicate that the younger a defendant was at their first arrest the higher their scale scores were. Total number of arrests is correlated with all scales. The highest correlation coefficients occur with the Antisocial and Violence Scales. This result indicates that defendants have been arrested for

crimes other than alcohol and drug offenses. Similar coefficients were obtained with number of times on probation. The Alcohol Scale is significantly correlated with alcohol-related arrests. The Drugs Scale is significantly correlated with drug-related arrests. These results are in agreement with the discriminant validity results reported above. Significant correlation with alcohol and drug arrests supports the validity of the Alcohol and Drugs Scales, respectively. The magnitude of the correlation coefficients are moderate and suggest that criminal history variables alone do not predict defendant problems. APT scales, that measure problem-prone behaviors, are needed for accurate prediction of defendant problems.

Predictive validity results for the correct identification of problem behavior (violence tendencies, antisocial attitudes, drinking and drug abuse problems) are presented in Table 4. Table 4 shows the percentages of defendants that had treatment or admitted to having problems and who scored in the problem risk range. For the Alcohol and Drugs Scales criteria, problem behavior means the defendant had alcohol treatment or drug treatment. For the Violence Scale criterion the defendant admitted having been arrested for a violent crime. For the Antisocial Scale defendant admitted being antisocial. In these analyses scale scores in the Low risk range (zero to 39<sup>th</sup> percentile) represent “no problem,” whereas, scores in the Problem and Severe Problem risk ranges (70<sup>th</sup> percentile and higher) represent alcohol, drugs, violence or antisocial problems.

As shown in Table 4, the APT Alcohol Scale was very accurate in identifying defendants who have alcohol problems. There were 240 defendants who had been in alcohol treatment and these defendants were classified as problem drinkers. Of these 240 defendants, 239 individuals or 99.6 percent, had Alcohol Scale scores at or above the 70<sup>th</sup> percentile. The Alcohol Scale correctly identified nearly all of the defendants categorized as problem drinkers. It is likely that some defendants have alcohol problems but have not been in treatment. For these individuals scoring at or above the 70<sup>th</sup> percentile on the Alcohol Scale alcohol treatment is recommended.

The APT Drugs Scale was also very accurate in identifying defendants who have drug problems. There were 186 defendants who had been in drug treatment, 185 defendants, or 99.5 percent, had Drugs Scale scores at or above the 70<sup>th</sup> percentile. These results strongly substantiate the accuracy of the APT Drugs Scale.

**Table 4. Predictive Validity of the APT**

<b><u>APT Scale</u></b>	<b><u>Correct Identification of Problem Behavior</u></b>
Alcohol	99.6%
Drugs	99.5%
Violence	100%
Antisocial	100%

The Violence Scale accurately identified (100%) defendants who admitted violence problems. Defendants who had been arrested for a violent crime scored in the problem range. The direct admission of a violence problem validates the Violence Scale. The Antisocial Scale accurately identified (100%) offenders who admitted to being antisocial. Direct admission of antisocial attitudes validates the Antisocial Scale. These results strongly support the validity of the APT Violence, Antisocial, Alcohol and Drugs Scales. The other two APT scales were not included in these analyses because of a lack of direct admission or other criterion measures within the APT database.

Risk range percentile scores are derived from scoring equations based on defendants’ pattern of responding to scale items and criminal history, when applicable. These results are presented in Table 5.

There are four risk range categories: Low Risk (zero to 39<sup>th</sup> percentile), Medium Risk (40 to 69<sup>th</sup> percentile), Problem Risk (70 to 89<sup>th</sup> percentile) and Severe Problem or Maximum Risk (90 to 100<sup>th</sup> percentile). Risk range percentile scores represent degree of severity. The higher the percentile score is the higher the severity of the defendant's problems.

Analysis of the accuracy of APT risk range percentile scores involved comparing the defendant's obtained risk range percentile scores to predicted risk range percentages as defined above. The percentages of defendants expected to fall into each risk range are: Low Risk (**39%**), Medium Risk (**30%**), Problem Risk (**20%**) and Severe Problem or Maximum Risk (**11%**). These percentages are shown in parentheses in the top row of Table 5. The actual percentage of defendants falling in each of the four risk ranges, based on their risk range percentile scores, was compared to these predicted percentages. The differences between predicted and obtained are shown in parentheses.

As shown in Table 5, APT scale scores were very accurate. The objectively obtained percentages of participants falling in each risk range are very close to the expected percentages for each risk category. All of the obtained risk range percentages were within 2.2 percentage points of the expected percentages and most (21 of the 24) were within 1.0 percentage points. Compared to predicted percentages obtained risk range percentages were 98% accurate. These results demonstrate that the APT risk range percentile scores are accurate.

**Table 5. Accuracy of APT Risk Range Percentile Scores**

<b>Scale</b>	<b>Low Risk (39% Predicted)</b>		<b>Medium Risk (30% Predicted)</b>		<b>Problem Risk (20% Predicted)</b>		<b>Severe Problem (11% Predicted)</b>	
<b>Truthfulness</b>	39.6	<b>(0.6)</b>	31.9	<b>(1.9)</b>	17.8	<b>(2.2)</b>	10.7	<b>(0.3)</b>
<b>Alcohol</b>	37.8	<b>(1.2)</b>	30.0	<b>(0.0)</b>	21.0	<b>(1.0)</b>	11.2	<b>(0.2)</b>
<b>Drugs</b>	38.8	<b>(0.2)</b>	30.4	<b>(0.4)</b>	20.0	<b>(0.0)</b>	10.8	<b>(0.2)</b>
<b>Antisocial</b>	38.7	<b>(0.3)</b>	30.6	<b>(0.6)</b>	20.2	<b>(0.2)</b>	10.5	<b>(0.5)</b>
<b>Violence</b>	38.6	<b>(0.4)</b>	30.2	<b>(0.2)</b>	20.4	<b>(0.4)</b>	10.8	<b>(0.2)</b>
<b>Stress Coping</b>	39.1	<b>(0.1)</b>	30.1	<b>(0.1)</b>	20.2	<b>(0.2)</b>	10.6	<b>(0.4)</b>

### **Conclusions**

This study demonstrated that accurate defendant assessment is achieved with the Adult Pretrial Test (APT). Results corroborate and support the APT as an accurate assessment or screening test for adult defendants. The APT accurately measures defendant risk of violence (lethality), substance (alcohol and drugs) abuse, antisocial behaviors, emotional and mental health problems. In short, the APT provides a wealth of information concerning defendants' adjustment and problems that contributes to understanding the defendants.

Reliability results demonstrated that all APT scales are highly reliable. Validity analyses confirm that the APT measures what it purports to measure, that is, defendant risk. Results demonstrate that repeat offenders exhibit more problem-prone behavior than first offenders. The APT accurately identified defendants who have alcohol, drugs, violence and antisocial problems. APT scales identified defendants who had treatment or admitted having problems. And, obtained risk range percentages on all APT scales very closely approximated predicted percentages. These results strongly support the validity of the APT.

Problem-prone individuals exhibit many characteristics that are identified with the APT. Relationships between offenders' criminal history variables and APT scale scores demonstrate that the APT measures relevant behaviors that identify offenders as problem-prone. Identification of these problems and prompt intervention can reduce an offender's risk of future arrests or recidivism. The APT facilitates understanding of defendant violence tendencies, substance abuse, antisocial attitudes and emotional and mental health problems. APT results also provide an empirical basis for recommending appropriate supervision level, intervention and treatment programs.

An important decision regarding a defendant is what supervision level, intervention program or treatment is appropriate for that defendant. APT scale scores in the low risk range suggest educational programs and minimum levels of supervision. Medium risk scores suggest counseling with medium levels of supervision, whereas, problem risk scores may require outpatient treatment along with increased supervision levels. Severe problem risk scores are often associated with intensive outpatient or even inpatient treatment. In short, the APT can be instrumental in establishing levels of supervision and when warranted recommend treatment and/or intervention options. Problem identification with appropriate treatment can reduce defendants' problem-prone behavior. This would lead to reductions in recidivism and future problem behavior.

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