Treating the Untreatable?:
Cognitive Behavioural Group Work
with Criminal Psychopaths

By

Laura Rayment

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Abstract

This thesis investigates the impact on and of criminal psychopaths participating in a cognitive-behaviour treatment programme, Enhanced Thinking Skills (ETS). The participating samples are convicted prison inmates (N = 204) and special hospital patients (N = 18).

Recently challenges to the notion of the untreatability of psychopaths have been mounted by D’Silva, Duggan and McCarthy (2004). The present work outlines the current positions on this from the research literature and concludes that not enough is known about the treatment responsivity of psychopaths to exclude them from prison based programmes. In addressing the question of responsivity, theories of psychopathy are reviewed and theoretically derived postulated cognitive deficits are identified of special relevance to the aims of an Enhanced Thinking Skills (ETS) intervention. Psychopaths were hypothesised to demonstrate less change, disrupt the learning of others and drop out at a higher rate than non-psychopaths participating in this particular programme. Additionally it was hypothesised that there would be no significant differences in change outcome demonstrated by prison or special hospital psychopaths.

Psychopathy Checklist-Revised (PCL-R) scores were assessed through interviews and case files respectively on the prison and special hospital samples. A secondary analysis of a battery of appropriate cognitive, clinical and behaviour measures assessing baseline, immediate and eight week follow up cognitive deficits were analysed. The hypotheses were not confirmed with respect to change. The results from the prison sample demonstrated that for many of the change outcomes, psychopaths were not statistically significantly different compared to non-psychopaths. Psychopaths were not found to disrupt achievement of change of non-psychopaths, nor were the former more likely to drop out of the course than the latter (although they were found significantly less likely to complete the course for reasons beyond their control such as transfer to another prison establishment).

The statistically non-significant results of the special hospital sample were similar to those of the prison sample, but there were some differences in the significant results. Thus the findings were not able conclusively to resolve the question of transferability of programme outcomes between the prison and patient samples.

Findings are discussed in terms of the theoretical propositions outlined in the literature review. Significant practical and theoretical implications are drawn from the present results and critical reading of the research literature which contribute to HM Prison Service’s development of a new treatment programme for psychopaths.
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Chapter One

Introduction

This thesis investigates the impact on and of criminal psychopaths participating in a cognitive-behavioural treatment programme. The programme under examination is Enhanced Thinking Skills (ETS) and the participating samples are (1) convicted prison inmates and (2) special hospital patients. This opening chapter presents an introduction to the thesis by describing the research, discussing its implications, and setting out the contents of the thesis.

Aims of the Research

The overall aim of this thesis is to examine whether criminal psychopaths are indeed “untreatable” or whether they may gain constructively from prison based interventions to a similar degree as non-psychopathic inmates. The intervention in question is Enhanced Thinking Skills. More particularly the thesis investigates whether psychopaths (1) change as a consequence of their participation in an ETS intervention, and (2) whether they have a disruptive and adverse effect on others in the programme they attend.

Previously, psychopaths were thought to have a negative influence through their manipulation and disruption of others. They had been found difficult to accommodate within a group, to affect drop out rates, and demonstrate less clinical improvement following treatment. Indeed, Ogloff, Wong and Greenwood (1990) found offenders with high Psychopathy Checklist-Revised (PCL-R) scores to stay in treatment for a shorter time than those with lower scores, and to be rated lower in both motivation and improvement following treatment. Such findings have led to discussions about treatability and to suggestions that psychopaths should be excluded from treatment programmes. However, Dolan and Coid (1993) concluded that the evidence base for the treatability of anti-social and psychopathic personality disorder
was "practically non-existent". They identified a body of research in which the small number of available studies had poor methodologies, vaguely defined samples, short follow-up periods and inadequate measures (Warren et al, 2003). Warren and her colleagues proposed that whilst

"Policy, service development and expectations of research methodology have progressed considerably [since the Dolan and Coid review] having conducted this present systematic review of the outcome research on personality disorder from 1993 the present authors find themselves in a very similar position. ... in many of the post 1992 studies, the diagnosis or nature of the personality disorder remains ill-defined. Where evaluation has continued beyond the end of the therapy the post treatment follow up periods are generally very short and the measures of outcome vary widely ... Only in three [post Dolan and Coid] was the PCL-R used to assess the participants and none of these three applied the PCL-R cut off score" (p. 113-114).

D'Silva, Duggan and McCarthy (2004) have also argued that not enough is known about the effectiveness of treatment interventions with psychopaths to be able to conclude that these individuals should be excluded from such treatment.

The present thesis attempts to overcome some of the methodological shortcomings identified in the systematic reviews conducted by Dolan and Coid and Warren et al by using the PCL-R to assess psychopathy and utilising the cut off criterion, having better defined and theoretically derived outcome measures and providing an eight week follow up.

The research was carried out on a database collected as part of a prison establishment's ETS programme, and a comparative data set from a Special Hospital and as such these are secondary sources utilised by the present author. The present author assessed a sample of over 200 inmates and patients for psychopathy using the Hare Psychopathy Checklist-Revised (PCL-R) which represents a primary data source. Participants had been referred for treatment on the Enhanced Thinking Skills Programme in their respective establishments. The individuals were closely monitored before, during and after their participation on the programme via a
comprehensive battery of psychometric questionnaires, and staff who had contact with them also made an independent evaluation of their behaviour. Information about the Programme tutors was also collected to enable potential tutor effects to be monitored.

The current research offers a more comprehensive assessment of outcome measures than used previously and includes a battery of psychometric questionnaires completed by the group members, as well as behavioural observations by ETS tutors.

The research question posed by the thesis concerns the impact that the ETS programme has on psychopaths and assesses the view that psychopaths do not gain benefit from their attendance on the course compared to non-psychopaths and that they (the psychopaths) disrupt the learning of others. Impact is measured by completion of various self-completion psychometric questionnaires and behavioural observations immediately after the course and eight weeks later.

**Current Interest in this Area**

There are three main reasons for current interest in the area of treating psychopaths.

a) **The (un)treatability issue**:
Attempts to treat psychopaths are typically met with disparagement. Much clinical research has concluded that psychopaths are “untreatable”, so they are housed in institutions - unable to be offered suitable interventions (Wong, 2000). This controversial population is usually found in prisons and special hospitals where they have difficulties due to their personality characteristics. Many not have been formally diagnosed. They are occasionally offered places on treatment programmes that may not be appropriate for them, and they may withdraw or be removed from courses. The implications of this are serious and wide ranging. Not only does not treating psychopaths (or treating them ineffectively) have potential human rights issues, but also they are likely to reoffend if they have not undergone any treatment interventions to address their offending behaviour.
b) Consequences of criminal psychopathic behaviour:

There are wider societal reasons for attempting to treat these offenders. It is suggested by Hodgins and Müller-Isberner (2000) that despite their relatively small numbers, psychopaths leave a large number of casualties in their wake, as well as immeasurable human and financial costs, not only to their victims, disruption resulting from their offending, but also from their trial and custody. There is a public demand that dangerous and violent offenders are rendered “safe” before their return into society. Numbers of recent high-profile cases of released prisoners or special hospital patients committing offences shortly after release have led to increased media scrutiny about the “psychopath” and damage they inflict on society (e.g. McGuigan and Brown, 2001). Therefore, it is imperative that further research is conducted on effective treatment and impact of interventions of criminal psychopaths for themselves to re-integrate into society to reduce the numbers of potential future victims and to reduce public concern about their safety when such individuals are released.

c) Debates and disagreements between professionals:

Psychopathy and personality disorder are characterised by professional disagreement concerning the diagnosis of such disorders and appropriateness of interventions. This thesis attempts to lay out the respective positions and provide some further evidence to contribute to this debate.

It is within this wider context: the lack of agreement about this disorder, public concern about safety, political pressures to manage offenders, and treatment options for those who harm others through their behaviour that this thesis offers its contribution. It hopes to answer the following questions:

- Should psychopaths be excluded from or included in treatment programmes such as ETS because of beliefs that they will not benefit from participation?
- Does the behaviour of psychopaths negatively impact others on the group enough to warrant their exclusion?
Implications of this Research

This research potentially has several implications including the provision of advice to policy makers about how to deal with this challenging and difficult group of individuals. Müller-Isberner and Hodgins (2000) suggest that there are several important points to consider within the political arena. These include communicating between those who provide the treatment and furnishing funding and encouraging harmonisation between various services involved in the treatment of psychopaths, and these may include mental health, prisons and special hospitals, social and education services. Liaising with the public, various agencies, the judiciary and government will become vital for successful management of psychopathic prisoners, calming fears and educating the public about the realistic risks of re-offending and dangerousness. Convincing these stakeholder groups that such treatment may contribute to a reduction in future serious offending may ease funding pressures and public apprehension about treatments given to psychopathic offenders.

Müller-Isberner and Hodgins (2000) put forward the view that treating these offenders “requires advocacy” and suggest three important measures to ensure success in the political sphere:

- To educate policy makers and those who make decisions about funding;
- Not to oversell treatment by implying that it necessarily “cures” criminality;
- To deal with the media to limit potential undermining of the treatment.

The successful management and delivery of such measures will be key in ensuring public confidence in the criminal justice system and the care of these difficult individuals. Research described within this thesis will contribute by providing further information about the treatment potential of psychopathic offenders and patients.

This research offers insights into cognitive-behavioural treatment of a large sample of inmates and patients, a sizeable minority of who have been diagnosed as psychopathic. Research of this scale is still fairly rare, and is important for any future development of treatment programmes. Hobson and Shine (1998) suggested that
disruptive group behaviour and higher attrition rates would be predicted to be more likely in psychopathic inmates. That conclusion is tested in the present study.

Various theorists have encouraged further research to take place. For example, Hare (1998b) suggests that “before we spend too much effort in trying to determine why therapy makes psychopaths worse, we need more evidence that it fact does so” (p. 202). Coid (1998) states, “although it is reasonable to hypothesise a strong link between psychopathy and disruptive behavior, there has been surprisingly little research with prisoners to establish the connection” (p. 436). He continues, “There is also a shortage of studies on the prevalence of personality disorders, or of psychopaths as measured with the PCL or PCL-R, among prisoners”.

The practical and theoretical implications of this research are significant. Firstly, this research encompasses a large study of psychopathy in a British forensic population. This provides a unique insight into the prevalence of psychopathy in a British forensic population, and provides a sufficiently robust sample to demonstrate the effects on and of psychopaths on an accredited offending behaviour programme. The thesis reviews theories of psychopaths and identifies hypothesised deficits which are then mapped onto the ETS programme aims and outcomes operationalised with corresponding psychometric measurement.

This research also contributes to the current work of HM Prison Service in designing a new offending behaviour programmes for psychopaths. Hare (1998b) suggests “it would be better for all concerned if we were to mount a concerted effort to develop innovative procedures designed specifically for psychopathic offenders” (p. 203). In 1992, Hare developed a broad outline of a programme designed to modify the attitudes and behaviours of violent offenders including psychopaths. More recently, Hare and his colleagues have been preparing a Treatment Programme for Psychopaths, and HM Prison Service and the National Health Service are currently collaborating in piloting a Treatment Programme for those diagnosed with Dangerous and Severe Personality Disorder.

Finally, the comparison between a prison and special hospital offers further insights into treatment of psychopathy. Much of the research already taken place
within this field is purely in one setting or the other, and this thesis compares the two. Encompassing two contexts may lead to discussing how sustainable, transferable and generalisable the results are.

Therefore, the hypotheses to be addressed during this thesis are:

1. Psychopaths will demonstrate less change following the ETS course compared to non-psychopaths.
2. The results between the prison and special hospital samples are similar enough to allow for transferability of the programme.
3. Psychopaths disrupt their ETS group to the detriment of non-psychopaths.
4. Psychopaths are more likely to drop out of the ETS course than non-psychopaths.

Outline of the Thesis

Chapter Two ('Psychopathy') looks at the literature surrounding the history, diagnosis, and measurement of psychopathy. Definitional issues are also explored. The complex relationship between psychopathy and crime is described. Evidence about the effectiveness of the treatment of psychopathy is discussed and conclusions drawn that the rather pessimistic conclusion that psychopaths are untreatable is premature. Theoretical ideas about the problems psychopaths experience are examined as a precursor to mapping potential deficits onto the outcome aims of the ETS programme.

Chapter Three ('Treatment Programmes for Offenders') concerns the history of programmes designed to address offending behaviour and describes the Enhanced Thinking Skills programme which is the intervention of interest to this research. The aims of the ETS are outlined and their fit in addressing the theoretically derived deficits of psychopaths.

Chapter Four ('Method') describes the research methodology employed in this investigation and introduces the multifaceted analyses involved in each of the studies.
In particular research design issues are discussed and the attempt to overcome the previously identified shortcomings in research with personality disordered samples.

Chapter Five ('Study One') describes the participants, instruments, procedures, and programme of analysis employed for testing the hypothesis “psychopaths will demonstrate less change following the ETS course compared to non-psychopaths” and then reports the results. In the majority of measures, the pattern of change was the same for psychopaths and non-psychopaths. For some measures, however, there were differences between psychopaths and non-psychopaths from post course to follow-up suggesting that psychopaths are less likely to sustain any gains made.

Chapter Six ('Study Two') describes the participants, instruments, procedures, and programme of analysis employed for testing the hypothesis “the results between the prison and special hospital samples are similar enough to allow for the transferability of the programme”, and then reports the results. There was some similarity between the prison and special hospital samples in the measures which showed non-significant effects, however only a limited range of measures were able to be used with the hospital sample which means that whilst the hypothesis was supported, the limitations of the measures used suggested that further confirmatory research is desirable before coming to a firm conclusion.

Chapter Seven ('Study Three') describes the participants, instruments, procedures, and programme of analysis employed for testing the hypothesis “psychopaths disrupt their ETS group to the detriment of non-psychopaths”, and then reports the results. It was found that psychopaths only disrupted their ETS group outcomes to the detriment of non-psychopaths in very limited number of ways. It was concluded that the evidence is indicative that psychopaths do not disrupt their ETS group to the detriment of non-psychopaths.

Chapter Eight ('Study Four') describes the participants, instruments, procedures, and programme of analysis employed for testing the hypothesis “psychopaths are more likely to drop out of the ETS course than non-psychopaths”, and then reports the results. It may be concluded that psychopaths are less likely to
complete the ETS course than non-psychopaths for reasons out of their control (for example, transfer to another prison, release, or removal by programme management), but that they are not more likely to drop out of the programme.

Chapter Nine ('Discussion') involves the discussion of the results in the light of the aims of the thesis. The conclusion is drawn that psychopaths are capable of learning but that their problems may more lie with their abilities to sustain change compared with non-psychopaths.

Chapter Ten ('Conclusion') evaluates the contribution of the thesis, discusses strengths and weaknesses, draws out some practice applications of the investigation, and suggests ideas for future research.

Conclusions

This thesis investigates hypotheses concerning the learning and behaviour of psychopaths on an accredited cognitive behavioural treatment programme in the two contexts of prison and special hospital. The results of the empirical investigation add to recent research which concluded that not enough is known about treatment responsivity in psychopaths to automatically exclude them from such programmes. It was found that for many of the outcome measures, psychopaths were not statistically significantly different compared to non-psychopaths, and neither did they significantly disrupt achievement of change in the latter. The results from the special hospital comparison were supportive in that there were similarities in non-significant results which showed that outcomes for psychopaths and non-psychopaths were similar. Psychopaths were not found to be significantly more likely to drop out of the programme, although they were found less likely to complete the course for a variety of reasons including transfer to other prisons. This thesis concludes that psychopaths may be suitable for treatment on the ETS programme after all.
Chapter Two

Psychopathy

This Chapter reviews the literature concerning the history and measurement of the personality disorder of psychopathy in order to place the current research into context, examine current thinking, and draw out implications for treatment.

**Psychopathy within a historical context**

Millon, Simonsen and Birket-Smith (1998) claim that psychopathy “has a long historical and clinical tradition” and that it “was the first personality disorder to be recognised in psychiatry” (p.28). However, this “long … tradition” has not been without controversy. For example, Hare (1998b) stated, “psychopathy has been and continues to be the subject of considerable debate” (p.188). Cooke (1998) suggests that “Perhaps of all psychological disorders, psychopathy remains one of the most elusive and the most contentious in regard to its identification and description” (p.260). Serin (1992) commented that psychopathy is a somewhat “pejorative, diagnostic label” (p.641) which is used differently even between psychologists. This has inevitably led to debate centred on definitional disagreement.

There are a variety of definitions of psychopathy ranging from “a psychopath is somebody you don’t like” (Leo Kanner quoted in McCord and McCord, 1964) to the rather more complicated application of the clinical checklist as employed in this thesis. Millon, Simonsen and Birket-Smith (1998) refer to psychopathy as “a rather varied collection of behaviours that have little in common other than being viewed as repugnant to the social mores of the time” (p.3). Albert, Brigante and Chase (1959) found a “vagueness of the terms often used in describing the psychopath” (p.19). Indeed, Blackburn (1993b) suggests “the treatment literature is plagued by the inconsistent use of the term ‘psychopath’” (p.189). However, Albert, Brigante and Chase (1959) did find that “there is a greater amount of agreement regarding the
concept than has appeared to be the case on the basis of a cursory reading of the literature” (p.25). Any research undertaken in the area of psychopathy is therefore influenced by these definitional problems which must be taken into account.

Psychological literature has often described persons displaying behaviour deemed to be ‘psychopathic’ in nature. For example, Cleckley (1964) reports “After losing parole, [Max] became constantly unruly in petty ways, often insulting the nurses and attendants, and several times egged on mildly psychotic patients to fight each other or to resist the personnel on the ward. On being questioned about this conduct by physicians, he glibly denied all and showed little concern at being accused” (p.30). Symkal and Thorne (1951) report William describing three murders: “The two kids started crying, wanting water. I gave them some and she [their mother] drove a while – and I turned around and started shooting in the back seat and then turned back and shot her. She fell over against me and onto the floor” (p.311). Symkal and Thorne (1951) continue to state that William had no apparent sense of guilt about his actions. The above examples are based on accounts of individuals who were diagnosed as having a psychopathic personality.

Psychopathy as a ‘disease’

The earliest descriptions of psychopathy involve the suggestion that the individual in question suffers from a disease or madness. Despite “psychopaths” being referred to in ancient history and literature, the scientific classification of psychopathy can only be traced back to the early 1800s (Doren, 1996). It was then that Philippe Pinel first described “manie sans délire” (“insanity without delirium”) (cited in McCord and McCord, 1964), this being used to refer to those with “atypical and aggressive actions” (Doren, 1996). Millon, Simonsen and Birket-Smith (1998) report that this definition suggested that “madness need not signify the presence of a deficit in reasoning powers” and that “there arose the belief that one could be insane (‘manie’) without a confusion of mind (‘sans délire’)” (p.4).

At around the same time as Pinel, Benjamin Rush described what is now termed “psychopathy” as the “lucidity of thought combined with socially deranged behaviours” (Millon, Simonsen and Birket-Smith, 1998, p. 4). In 1812, Rush
described such individuals as having an “innate, prenatural moral depravity” and that “there is probably an original defective organisation in those parts of the body which are preoccupied by the moral faculties of the mind” (p.112). Millon, Simonsen and Birket-Smith (1998) suggest that “Rush appears to have been the first theorist to have taken Pinel’s morally neutral clinical observation of defects ... and turned it into a social condemnation” (p.4). Also, Maudsley (1874) suggested that “there are some who are congenitally deprived of moral sense” (p.11). The idea that psychopathy has a “moral” element has remained; Gunn (1998) terms the disorder “an elusive concept with moral overtones” (p.32).

Rather interestingly, Carl Otto applied phrenology to describe his vision of psychopathy, writing in 1827 about the concept of the mental organ “dølgeattrå” and describing it thus: “an inclination to shamming, to intrigues, to cunning politics ... slyness and cunning ... lies, hypocrisy and sly charades” (p.376).

The research of theorists such as Pinel and Rush was continued by J. C. Pritchard (1835) who first used the term “moral insanity”, describing “those afflicted by this disease were swayed, despite their intellectual ability to understand the choices before them, by overpowering affections that compelled them to engage in socially repugnant behaviours”. The use of medical vocabulary to describe psychopathy by the use of phrases like “those afflicted by this disease” is striking here. Pritchard’s “moral insanity” was replaced by “psychopathic inferiority” by J. L. Koch in 1888 (Doren, 1996). Millon, Simonsen and Birket-Smith (1998) report that Koch selected the word “psychopathic” in 1891 to “signify his belief that a physical basis existed for these impairments” (p.8). The term “psychopathic” literally means “psychically damaged”, with Gunn (1998) suggesting that this term was introduced “to cover all forms of psychopathology” (p.34).

Psychopathy as an explanation for criminal behaviour

In the late 19th Century, there was a movement from psychopathy being viewed as a disease, to psychopathy being an explanation for criminal behaviour. Emil Kraepelin (1896), whose work is usually associated with schizophrenia, referred to the condition of psychopathy as “psychopathic states” for the first time, suggesting
that individuals with these tendencies harboured “lifelong morbid personalities” (cited in Millon, Simonsen and Birket-Smith, 1998). In 1904, Kraepelin reported four distinct types of psychopaths – “morbid liars and swindlers”, “criminals by impulse”, “professional criminals” and “morbid vagabonds”. In 1915, he suggested that such individuals were “deficient in either affect or volition ... separated into either those of morbid disposition or those exhibiting personality peculiarities” (Millon, Simonsen and Birket-Smith, 1998, p.10). Issues of psychopathy and criminality are discussed later in the chapter.

The emergence of sub-types of psychopathy

Following on from Kraepelin’s preliminary division of the psychopathic personality into different forms, the next stage in development of the diagnosis of psychopathy used today was the emergence of sub-types. The Mid 20th Century saw a variety of different labels being applied to the psychopath, including “aggressive psychopath”, “hysteric psychopath”, “schizoid psychopath”, “sociopath” and “antisocial personality disordered”. Some theorists attempted to differentiate between different types of psychopath, for example “neurotic” and “simple” (Wittels, 1937), “idiopathic” and “symptomatic” (Karpman, 1941) and “deprived” and “indulged” (Levy, 1951).

Cleckley and “The Mask of Sanity”

In 1941, Harvey Cleckley published the groundbreaking work “The Mask of Sanity”, and suggested replacing the term “psychopathy” with “semantic dementia” or the tendency to say one thing and to do another. He described the primary traits of psychopathy as “guiltlessness, incapacity for object love, impulsivity, emotional shallowness, superficial social charm, and an inability to profit from experience” (Millon, Simonsen and Birket-Smith, 1998, p.18).

Cleckley (1941) proposed a psychopathic personality as having sixteen key characteristics:

1. Superficial charm and good intelligence
2. Absence of delusions and other signs of irrational thinking
3. Absence of 'nervousness' or psychoneurotic manifestations
4. Unreliability
5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated anti-social behaviour
8. Poor judgement and failure to learn by experience
9. Pathological egocentricity and incapacity to love
10. General poverty in major affective reactions
11. Specific loss of insight
12. Unresponsiveness in general interpersonal relations
13. Fantastic and uninviting behaviour with drink and sometimes without
14. Suicide rarely carried out
15. Sex life impersonal, trivial and poorly integrated
16. Failure to follow any life plan

Cleckley's work (also 1964, 1976) has been fundamental in much of the research conducted over the last few decades in establishing accurate definitions of the psychopathic personality.

Hare and the Psychopathy Checklist

Robert Hare (1980) conducted a factor analysis of Cleckley's criteria and found five factors which describe the psychopathic personality: 1) an inability to develop warm, empathic relationships; 2) an unstable life-style; 3) an inability to accept responsibility for antisocial behaviour; 4) an absence of intellectual and psychiatric problems; and 5) weak behavioural control. Millon, Simonsen and Birket-Smith (1998) suggest that Hare's work involved the "reconceptualising of Cleckley's descriptive texts" (p.26) and from this work was borne the 'Hare Psychopathy Checklist' (PCL) in 1980, and its 1991 revision the 'Hare Psychopathy Checklist-Revised' (PCL-R). These checklists gave clinicians a diagnostic tool which would be demonstrated to be most effective in measuring psychopathy in forensic populations.

Factor analyses of the PCL-R and its forerunner the PCL, found that the PCL-R is underpinned by a two factor structure, each with its own cluster of items, but
correlated with each other. Factor 1 consisted of items connected with the affective and interpersonal features of psychopathy and was called "callous, selfish and remorseless use of others", and Factor 2 with an impulsive, antisocial and unstable lifestyle called "chronically unstable and antisocial lifestyle" (Hare, 1990; Harpur, Hare and Hakistan, 1989). Blackburn and Coid (1998) point out that Factor 1 is more closely allied to Cleckley's description of the psychopathic personality.

As has been demonstrated, definitions of psychopathy are problematic. Some theorists and researchers disagree with the concept itself and other practitioners are unwilling to use any clinical judgment. For example, Blackburn (1988) asserts that "It must be concluded that the current concept of psychopathic or antisocial personality remains a 'mythical entity' ... such a concept is little more than a moral judgment masquerading as a clinical diagnosis" (p.511). Even Hare himself recognises this: "some commentators ... overwhelmed by the inconsistent, fuzzy, and legalistic way in which the term is often used have even suggested that the disorder is mythological or, at the very least, not clinically or theoretically useful" (1998b, p. 188).

It is also important to consider that whilst "these various measures have been found to correlate with each other, but the correlations are not sufficiently high for them to be regarded as interchangeable" (Blackburn, 1993b, p.187). Blackburn continues to warn that a "psychopath" according to one assessment tool is not necessarily a "psychopath" on another. Wong (2000) recognises that there are "widely divergent approaches that have been used to measure psychopathy" (p.92). Hare, Strachan and Forth (1993) give several illustrations of this, for example, 'Antisocial personality disorder' (APD), which focuses almost exclusively on antisocial and criminal behaviours, rather than affective and interpersonal characteristics. They suggest that APD is more closely linked with persistent criminality than psychopathy.

Hare, Strachan and Forth (1993) cite a statistic from 1990 that 80% of male offenders in Canadian prisons meet the criteria for APD. Certainly the criteria for psychopathy used in this research are far more stringent, and therefore the disorder's prevalence is less widespread. Millon and Davis (1998) suggest that "such
diametrically opposed conceptions stem in part from a failure to recognise that psychopathic behaviours spring from appreciably different personality patterns” (p.161). This conclusion led Millon and Davis to suggest ten subtypes of psychopathy: unprincipled, disingenuous, risk-taking, covetous, spineless, explosive, abrasive, malevolent, tyrannical and malignant.

The literature is plagued with a long history of inconsistency between different diagnoses and descriptions of a psychopathic personality. However, the widespread clinical use of the Hare PCL-R has led to practitioners accepting this as a valid and reliable diagnostic tool for employing when assessing psychopathy. This is particularly true in HM Prison Service, where the PCL-R was used not only in the wider research project connected to this thesis, but in assessing inmates for suitability for offending behaviour programmes, and was chosen because of its psychometric properties. Whilst the Hare PCL-R is not without criticism, it has helped to sufficiently demonstrate that psychopathy is a useful construct which may be operationalised for research purposes.

**Current definitions of psychopathy**

Elliott (1992) proposes that “the psychopathic personality is the most controversial diagnosis that psychiatrists make” (p.199). He suggests that this may be partly due to disagreement over whether it should be considered as a psychiatric disorder, or even that psychopathy itself does not exist. He continues that psychopathy “straddles conventional categories of crime and disease”. An interesting parallel may be observed here by comparing the use of the words “crime and disease” with the early definitions of psychopathy discussed earlier.

The term ‘psychopathic disorder’ has been retained as a legal category of mental disorder within the English Mental Health Act (MHA) of 1959 and the 1983 amendments (Coid, 1993). The MHA defines psychopathic disorder as “a persistent disorder or disability of mind … which results in abnormally aggressive or seriously irresponsible conduct”.

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Psychopathy also suffers from a rather muddled history within the psychiatric tradition. Hare (1998b) reports that DSM-II (American Psychiatric Association, 1968) “did not provide explicit diagnostic criteria for the disorder”, preferring instead to use the term “antisocial personality disorder”. ‘Psychopathic disorder’ was omitted as a single diagnostic category from both the ICD-9 (World Health Organisation, 1978) and the DSM-III-R (American Psychiatric Association, 1987), and was replaced by ‘Antisocial Personality Disorder’ (APD). ICD-9 describes APD as a “personality disorder with predominantly sociopathic or asocial manifestation”. Interestingly, both Lombroso’s anthropological stigmata for a “born delinquent” (1872-1885) and Gouster’s (1878) list of stigmata for “moral perversion from early life” correspond closely to the DSM criteria for antisocial personality disorder (cited in Millon, Simonsen and Birket-Smith, 1998).

The problem of a diagnosis of APD is that its focus on antisocial and criminal behaviours neglects the affective and interpersonal characteristics which are essential in any diagnosis of psychopathy. Wong (2000) observes that the Cleckley, ICD-9 and DSM-II definitions are all in “overall agreement” however, these “broad diagnostic guidelines … do not present clinicians or researchers with an objective or systematic way of assessing psychopathy” (p.88). He comments that such “subjective diagnoses [are] made based on professional evaluations or global ratings” (p.88).

The 1980 DSM-III and the 1987 DSM-III-R attempted to develop the definition, however the 1980 DSM-III definition of APD “consisted almost entirely of persistent violation of social norms” (Hare, 1998b, p.189). Hare (1998b) suggested that this was due to it being “easier to agree on the behaviours that typify a disorder than on the reasons why they occur” (p.189). The diagnosis of psychopathic disorder resurfaced as that of ‘Dissocial personality disorder’ in the ICD-10 (World Health Organisation, 1992), and included both behaviour and personality traits.

In recent years, the psychiatric tradition has not narrowed the gulf between psychopathy and antisocial personality disorder. The 1994 DSM-IV (American Psychiatric Association) identifies ten personality disorders and groups them into three clusters:

A: Odd or eccentric (paranoid, schizoid, schizotypal)
Psychopathic personality is represented in the DSM-IV under Antisocial Personality Disorder (Cluster B).

Hare (1996a) was highly critical of the DSM-IV stating that there would be much confusion about the relationship between APD and psychopathy, with researchers sometimes substituting the terms with each other, and at other times treating them as two separate diagnoses. Blackburn (2000) makes the good point that individuals may meet the criteria for diagnosis for APD, but not necessarily display the affective and interpersonal traits of psychopathy originally described by Cleckley (1976). It seems that the DSM-IV criteria for APD overstates the significance of social deviance to the detriment of personality traits which are so important in the diagnosis of psychopathy using the PCL-R.

The term “severe personality disorder” is also in current use, although Blackburn (2000) suggests that the term “has too many differing meanings to be useful” (p. 1). The Home Office/Department of Health (1999) category of “dangerous severe personality disorder” (DSPD) suffers from similar problems. DSPD is described as individuals “who have an identifiable personality disorder to a severe degree, who pose a high risk to other people because of serious antisocial behaviour resulting from their disorder” (HO/DoH, 1999, p.9). At this time, any diagnosis of DSPD involves the incarceration and management of such individuals, and the treatment of some individuals in DSPD services.

Current descriptions of psychopathy include “a constellation of interpersonal, affective and behavioural characteristics that should, in principle, be strongly related to risk for recidivism and violence” (Hemphill, Hare and Wong, 1998, p.139). Wong (2000) observes that “many descriptions of psychopathy include them being unable to benefit from experience” (p.92). Hare (1998a) argues that “the personality and behaviour of offenders diagnosed as psychopathic differ in fundamental ways from other offenders, and that these difference are as important to an understanding of
crime and criminality as are the environmental, social, and situational factors emphasised by sociologists and criminologists" (p.99). Lastly, Wilson and Herrnstein (1985) describe psychopathy as the "prime criminogenic personality trait".

For the purposes of the present research, the influential work of Hare is acknowledged and it is his definition and subsequent operationalisation through the Psychopathy Checklist-Revised which will be adopted. "Psychopathy is a personality disorder", Hare (1993) suggests in Without Conscience, and is "defined by a distinctive cluster of behaviors and inferred personality traits, most of which society views as pejorative". Hare points out that among the most devastating features of psychopathy are a callous disregard for the rights of others and a propensity for predatory and violent behaviours, being without remorse, psychopaths charms and exploit others for their own gain. They lack empathy and a sense of responsibility, and they manipulate, lie and con others with no regards for anyone’s feelings.

In the next section, this chapter explores some of the theoretical ideas that have been offered in an attempt to look at possible causes and also delineate the potential deficits that psychopaths suffer.

**Theories of psychopathy**

A number of theoretical ideas about the underlying processes associated with psychopathy have been proposed. These range from sociological to biological and from personality to cognitive processing. Whilst no single formulation appears to offer a complete and comprehensive account of psychopathy, there are theoretical indications that point to cognitive and social deficits which may in part be biologically based. A critical theme underlying much theoretical work (e.g. Eysenck, Quay and Hare) proposes that psychopaths suffer learning deficits as a consequence of postulated brain dysfunction. This consideration of theoretical conceptualisations begins with the work of Gough who located the psychopath’s difficulties in deficiencies in role taking abilities.
In 1948, Gough devised a sociological theory of psychopathy which suggested psychopaths suffered a "deficiency of role-playing ability which is particularly liable to manifestation in social relationships" (1948, p.366). A deficiency in being able to role-take may lead to the individual both having difficulty anticipating the reaction of other people and also understanding their function within society as a whole. Gough suggested that "the psychopath can verbalise all the moral and social rules, but he does not seem to understand them in a way that others do" (1948, p.361). We may interpret this as an insensitivity to the rules and expectations of society which is associated with difficulties in learning from experience.

Some support for Gough's theory has been forthcoming through examination by the Socialisation (So) scale of the California Psychological Inventory (CPI) (Gough, 1957) which measures the extent to which the individual habitually internalises and utilises society's values. Widom (1976) found the So scale to successfully differentiate between psychopaths and non-psychopaths, although most of the research found differences between offenders and non-offenders rather than psychopaths per se. Gough's theory has also been supported by tests assessing the degree of ability which psychopaths appear to display in perceiving another person's role in a certain situation (Moss, 1975; Smith, 1976; Jurkovec and Prentice, 1977).

Gough's theory has not been without criticism e.g. Hare (1970) and Smith (1978) who argue it lacks of completeness and clarity. Certainly, there is no mention of any physiological characteristics which are prevalent in other theories of psychopathy (to be discussed below), nor does Gough attempt to explain many of the affective and interpersonal characteristics which are key to the psychopathic personality. Later clinicians attempt to provide a more complete theory for psychopathy and address some of the criticisms levelled at Gough.

The following formulations focus more on the learning deficits associated with the apparent inability to either learn from punishment or experience. Eysenck's (1964) three dimensional model of personality included some provision for an explanation of psychopathic behaviour. He placed psychopathic individuals as having high psychoticism, high extraversion, and high neuroticism (Eysenck, 1977), and through their genetically predisposed low level of cortical arousal, they are
hypothesised as unable to develop appropriately conditioned moral and social responses to situations. Eysenck likened this to a lack of appropriate conscience, and suggested that without a conditioned fear of punishment, the psychopathic individual will behave in morally and legally unacceptable ways.

Much research has been conducted into Eysenck’s formulation, primarily concentrating on whether psychopaths actually do score highly in psychoticism, extraversion, and neuroticism. A criticism of this approach is that research effort has focused on criminals per se rather than psychopaths specifically (for example Hare and Schalling, 1978). Further research has looked at whether scoring highly in extraversion and neuroticism corresponds to having a low level of cortical arousal. Eysenck (1977) found a direct relationship between extraversion, in particular, and low cortical arousal, and Hare (1968) found psychopaths to be less focused on environmental stimuli than non-psychopaths. A large range of experiments were conducted throughout the 1950’s and 1960’s to investigate whether psychopaths show any deficiency in their ability to condition their responses to negative or fearful stimuli. For example, in 1957, Lykken conducted passive-avoidance learning tests to investigate how able subjects are to passively avoid electric shock. He found psychopaths to make significantly more responses which led to punishment, which proved their comparatively poor avoidance learning. However, only some of these experimental results supported Eysenck’s contentions, with several even suggesting that social learning involving rewards was more easily seen in psychopaths than non-psychopaths.

Eysenck’s theory of psychopathy has also attracted methodological criticism. Firstly, questions have been raised about the validity of the psychometric tests used, and secondly, about the homogeneity of subjects categorised as psychopaths or non-psychopaths. Central to much of the research described within this thesis is this problem of defining the psychopath and using reliable and valid psychometrics. However, an important finding from Eysenck’s research and the following studies, was that psychopaths have the ability to learn better than non-psychopaths in some circumstances.
Quay’s theory of psychopathy closely followed Eysenck’s conceptualisations and was based on much of the same evidence. Quay described psychopathy as “extreme … stimulation-seeking behaviour” (1965, p180) and described two features: psychopaths have an abnormality in their physiological reaction to external stimuli, this higher level of stimulation leads psychopaths to seek out extra stimulation to recompense for their underarousal. Quay summarised that the reason for much of the psychopaths’ anti-social behaviour could be linked to their need to change the stimulation they receive. He even suggested two forms of treatment which could be offered to psychopaths to help compensate for these physiological abnormalities, drugs to increase basal reactivity and conditioning to strong and reinforced stimuli.

Research into Quay’s stimulus seeking notions of psychopathy have concentrated on either using psychometric tests to measure stimulation seeking or by measuring the reactions of psychopaths and controls to increasing and differing stimuli. Results of how psychopaths fare on psychometrics designed to measure their stimulation seeking appear to demonstrate that they do indeed have an increased need for stimulation than non-psychopaths (see Schiff, 1977; Emmons and Webb, 1974). Other research investigated learning rates of psychopaths and the desire for stimulation. Hare (1966) found that psychopaths would much rather receive a delayed (and more powerful) electric shock than a weaker immediate shock, than the non-psychopaths. This may be interpreted as psychopaths preferring increased stimulation even when it is negative. More recent research has harboured similar results (Shostak and McIntyre, 1978; Cox, 1978). This research has potentially important implications for this thesis and its findings related to the learning of psychopaths, particularly in the short term.

Efforts to support Quay’s hypothesis that psychopaths’ stimulation seeking comes from a physiological abnormality have been more difficult to demonstrate. Despite this, Quay’s formulation has been an important feature of later theoretical developments (for example Petrie, 1967; Hare, 1970).

Hare’s theory of psychopathy (1970) described a highly detailed biological framework to explain why psychopaths appeared unable to learn from punishment. He postulated that psychopaths have lesions within the limbic system of their brains.
which cause them to have difficulty in learning to prevent an action which they know
will lead to them being punished. Hare concluded that psychopaths will automatically
respond to a situation with the same reaction despite any negative consequence. This
theory explained why psychopaths appear unable to learn from punishment, and act
without thought of consequence.

Research conducted into investigating whether psychopaths actually do have
brain damage in the form of lesions in the limbic system has used the
electroencephalograph (EEG) to search for abnormalities. Early research of this kind
(Hare, 1970) appeared to suggest that psychopaths do show some EEG abnormality,
and the activity found was an immaturity not dissimilar to that of young children.
This did not help to explain the differences in behaviour between psychopathic adults
and of children and did not offer a full explanation of psychopathic behaviour.
Syndulko (1978) reviewed later EEG studies and found that although psychopaths did
have more abnormalities than non-psychopaths, they did not have more abnormalities
than individuals in other psychiatric classifications. There does however, appear to be
more conclusive evidence (apart from animal experiments, for example McCleary,
1966) to show that limbic brain lesions do cause an inability to inhibit behaviour
which will lead to punishment. More recent research has been conducted into this
and, concludes that low arousal in psychopaths may be caused by low electrodermal
activity (Lorber, 2004).

Hare’s theory of psychopathy has received criticism from researchers for
being methodologically ambiguous (Gale, 1975), and for not producing consistent
results (Syndulko, 1978). Criticism has also been levelled at Hare’s theory for using
animal experiments as evidence, and for not being able to explain many other
personality traits of psychopathy (for example superficial charm, pathological lying,
and having a lack of remorse or guilt). This appears to indicate that psychopaths
difficulty may not be in learning per se, rather in learning from adverse consequences.
The possible implications for the present work is to extend this notion and suggest
that psychopaths may indeed learn, but have problems in retaining the learning
because of the absence of experiential reinforcement.
An integrative theory of psychopathy

Following the series of unsatisfactory and incomplete theories of psychopathy postulated by Gough, Eysenck, Quay and Hare as discussed above, Doren (1996) attempted to integrate elements into a new integrative theory of psychopathy. Doren recognised that there were many strengths to be derived from previous theories, and that many of the findings had been replicated. Doren suggested that a more complete theory of psychopathy could be postulated by integrating earlier conceptualisations and developing through further empirical results.

One question which particularly troubled Doren when treating psychopaths, and that had not been adequately covered in previous theories of psychopathy, was why psychopaths appeared to enjoy fulfilment and reward in overcoming an external challenge. Doren hypothesised that psychopaths suffer from low functioning cortical arousal which leads to them seeking excessive stimulation and being unable alter their reactions to external stimuli. He suggested that these join together to create “partial helplessness conditioning” (1996, p.83) when the psychopath may be both rewarded and punished for the same behaviour. Psychopathic behaviour is developed as these problems are joined with a reduced interest in negative behavioural consequences (leading to egocentricity), poor socialisation (leading to antisocial behaviour), and repeating behaviour despite the consequences (again, leading to antisocial behaviour). This process inevitably leads to individuals who are poorly socialised and who behave in a limited number of ways to achieve short-term goals without thought for others or the consequences.

Doren’s formulations would suggest the psychopath in ETS experiences the stimulation and may gain from the experience, but because of the suggested ambiguity in reinforcing the learning, may not retain the positive outcomes.

Newman (1998) proposed an information processing deficit to help explain why psychopaths appear to have such difficulty in regulating their behaviour. Newman describes this as a “cognitive processing deficiency that hampers their ability to accommodate the meaning of contextual cues while they are engaged in the active organisation and implementation of goal-directed behaviour” (p.81). Newman
conducted a series of studies using male inmate participants who had been assessed for psychopathy using the PCL or PCL-R.

Newman, Paterson and Kosson (1987) first found psychopaths to have difficulty in modifying their responses for a reward. Newman et al (1987) suggested that due to the financial incentive in the experiment, their poor performance was an information processing deficit rather than a motivational one. Further related studies found psychopaths to have deficiencies in passive avoidance learning in certain situations (Patterson and Newman, 1993) and that they evaluate their behaviour following negative feedback less than non-psychopaths (Newman et al, 1990). The results of these experiments led Newman and colleagues to describe psychopaths as having an information processing deficit as evidenced by their problems in benefiting from experience, processing the meaning of contextual cues, and altering their responses appropriately.

Serin and Kuriychuk (1994) hypothesised that psychopaths have a greater use of violence in offending. Serin and Kuriychuk proposed that psychopaths have deficits in specific areas of social and cognitive processing, namely impulsivity and attribution of hostile intent. They argued that these specific deficits required specific treatment which acknowledged the different ways that psychopaths process information.

Much of the recent research undertaken in psychopathy has concentrated on neurological explanations, encouraged by technological advances (Vien and Beech, 2006). Current thinking is that psychopaths are biologically different from non-psychopaths and that psychopathic behaviour is caused by specific cortical dysfunction. Kiehl et al (2004) found psychopaths to have irregularities in their right hemispheres and Müller et al (2003) found psychopaths to have a dysfunctional amygdala. However, Blair (2003) summarised that any neurobiological theories for psychopathy were inconclusive as any dysfunction does not appear to be limited to one area of the brain, and that any neurological insufficiency is more widespread.
Overview of theories of psychopathy

In conclusion, there appears to be no one satisfactory theory of psychopathy. Those most relevant to this thesis focus on cognitive functioning, as it is a cognitive based intervention that is being examined and may help in providing an understanding of the specific treatment needs of psychopaths.

As previously discussed, cognitive functioning appears in many of the reviewed theoretical formulations. For example, the emphasis of Gough’s theory on role playing ability may be associated with the cognitive deficit of social perspective taking. Eysenck’s theory of a lack of appropriate conscience may be associated with the deficits of values and critical reasoning. Quay’s theory of sensation seeking may be associated with the deficits of self control and critical reasoning. Newman’s information processing theory suggests there to be deficits of cognitive style and interpersonal problem solving. Serin and Kuriychuk’s theory may be directly associated to the deficit of self control. Finally, Doren’s integrative theory is associated with all the cognitive deficits targeted by ETS.

There have also been attempts to suggest psychopathy is a result of moral reasoning deficits, which could be linked to the lack of embedded values. However the evidence to support this is inconclusive. Whilst theorists like Jurkovic and Prentice (1977) found psychopaths to have immature moral reasoning compared to non-psychopaths, others like Trevathan and Walker (1989) found no significant difference in the moral reasoning of psychopaths.

The present thesis, by drawing on these theoretical ideas, firstly identifies particular areas of deficiency including perspective taking, moral reasoning, interpersonal problem solving and which will be the focus of analysis to determine both change and rates of change compared to non-psychopaths. A second line of argument then results in investigating whether psychopaths learn and change with respect to these potential deficits? If it is the case that the postulated deficits can be addressed does this imply that the psychopath can learn? The question then becomes can the learning be maintained or is it the case that selective reinforcement biases the learning through the apparent inability to respond to punishment and or experience?
Whilst not targeted specifically at psychopaths but the antisocial personality disordered (APD), Longabaugh, Rubin et al (1994) demonstrated that alcoholic APD were treated as effectively when compared with non-APD alcoholics. McKay et al (1996) looked at personality disordered obsessive compulsive patients. Their study provided some evidence that PD patients did improve clinically in terms of their OCD behaviours. This presents some suggestive evidence that those with an APD diagnosis are responsive to treatment. An interesting study by Davidson and Tyrer (1996) reported a single case series analysis of 6 APD patients given short term cognitive behaviour therapy. They showed that some changes could be effected in dysfunctional attitudes and behaviour even with short periods of CBT but that there were no statistically significant changes over time for any patients. Whilst hardly conclusive, this research evidence does hint at a possibility that personality disordered individuals may well be responsive to interventions but perhaps they have difficulties in sustaining gains.

The ETS Programme attempts to address the identified deficits argued above to be present in psychopaths. Amongst these the ETS Programme targets self control, cognitive style, interpersonal problem solving, social perspective taking, values and critical reasoning. These then will be the focus of the present analyses.

The relationship between psychopathy and crime

There is an established link between psychopathy and crime; indeed Hare (1998b) refers to psychopathy as "arguably the single most important clinical construct in the criminal justice system" (p.189). Hodgins and Müller-Isberner (2000) suggest that psychopaths are "the most active of all offenders" (p.4). Hare (1996b) suggests that psychopaths pose a problem internationally, reporting from a 1995 NATO symposium that "In most of the countries represented psychopathy was associated with high rates of crime and violence, poor institutional adjustment, and poor response to treatment and management" (p.5).

There has been a large amount of research conducted on the likelihood of psychopaths to offend, particularly offending connected with violence. Robertson
(1981) gives a stark overview of this research stating that psychopaths were much more 'criminal' because they had committed more offences (principally theft and assault), received more prison sentences, and served more time in prison. A survival analysis conducted by Hemphill (1991) found an estimated reconviction rate in the first year following release to be 83% for psychopaths (scoring over 30 on the PCL-R) against 42% for other offenders.

Listed below are some of the main findings about offending in those diagnosed as psychopaths through their high score on the PCL-R:
Table 1 - Main findings about offending in psychopaths

| Psychopaths have an earlier onset of offending | • Begin their criminal careers earlier than non-psychopaths (Forth, Hart and Hare, 1990)  
• Their first formal contact with the criminal justice system is at an earlier age than the non-psychopaths (Wong, 1984) |
| Psychopaths are more prolific offenders | • Have more extensive criminal histories than non-psychopaths (Kosson, Smith and Newman, 1990).  
• Commit more than twice as many offences per year than non-psychopaths (Wong, 1984).  
• Are responsible for a disproportionate amount of the serious crime in most societies compared to non-psychopaths (Hare, 1991; Hart and Hare, 1997; Salekin, Rogers and Sewell, 1996).  
• Use a greater range of drugs than non-psychopaths (Kosson, Smith and Newman, 1990). |
| Psychopaths are more versatile offenders | • Commit more types of crimes than non-psychopaths (Hare, 1996b; Hart and Hare, 1997; Kosson, Smith and Newman, 1990). |
| Psychopaths are more violent | • Higher incidence of violent convictions than non-psychopaths (Hare, 1981: Kosson, Smith and Newman, 1990; Serin, 1991; Forth, Hart and Hare, 1990). One study reported that psychopaths commit 3½ times more violent crimes than non-psychopaths (Hare and McPherson, 1984).  
• Report greater use of instrumental violence than non-psychopaths (Serin, 1991).  
• Greater likelihood to attribute hostile intent in ambiguous situations than non-psychopaths (Serin, 1991).  
• Higher incidence of weapon use than non-psychopaths (Serin and Kurtychuk, 1994).  
• More likely than non-psychopaths to be violent towards strangers than towards family members (Williamson, Hare and Wong, 1987).  
• Engaged in significantly more threatening behaviour and acts of violence than the non-psychopaths (Wong, 1984). |
| Psychopaths are more troublesome whilst institutionalised | • Have almost nine times as many institutional offences as non-psychopaths (Wong, 1984).  
• Are more likely to be segregated from others and referred for treatment (McCord, 1982).  
• Higher incidence of institutional violence than non-psychopaths (Hare and McPherson, 1984; Forth, Hart and Hare, 1990; Wong, 1984). |
| Psychopaths are more likely to recidivate | • Re-offend at a higher rate than non-psychopaths (Hemphill, Hare and Wong, 1998).  
• Are more likely to violate conditional releases than non-psychopaths (Hart, Kropp and Hare, 1988; Wong, 1984).  
• More likely to recidivate violently than non-psychopaths (Harris, Rice and Cormier, 1992). |

This table demonstrates the wide ranging differences in offending between psychopaths and non-psychopaths. Psychopaths have been shown to have an earlier onset of offending, and to be more prolific and versatile in their offending. This has obvious implications for the amount of time they spend within the criminal justice system and the consequences to both the victims and the taxpayer.
These findings would also suggest that psychopaths are not only more violent than non-psychopaths, but that they also use very different forms of violence in their offending. Hemphill, Hare and Wong (1998) found that at one year, psychopaths had general recidivism rates three times, and violent recidivism rates four times those of non-psychopaths.

Serin and Kuriychuk (1994) asserted that psychopaths are not only violent because of their behaviour traits as measured by the PCL-R, but also because “they have deficits in the processing of both cognitive and social tasks that contribute to their use of violence” (p.434). They found that psychopathic offenders have severe deficits in the areas of impulsivity and attribution of hostile intent, and this finding was also replicated by the author (Rayment, 2000).

The literature also demonstrates that psychopaths are more problematic once institutionalised. This behaviour may lead to segregation and disciplinary action.

These findings lead to the conclusion that psychopaths are an important group of offenders to treat because of the proliferation, versatility, and violence connected with their offending.

**The prevalence of psychopathy**

Results of research investigating the prevalence of psychopathy have shown a huge variety of results. For example, Moran (1999) found that rates of APD in North America to vary from between 39% to 62%.

Hare (1998a) reports that in North American and several European forensic populations, between 15 and 25 per cent may be diagnosed as psychopathic. Wong (1984) found that up to 30% of Canadian federal prisoners would be diagnosed as psychopathic. Hare (1991) estimated that in North American prisons 28% of inmates would score 30 or above on the PCL-R and 44% would score between 20 and 29. Cooke (1995a, 1996) found this percentage to be somewhat lower in British forensic populations. However, a later study by Shine and Hobson (1997) found 26% of
prisoners admitted to an English prison were diagnosed as psychopathic through the PCL-R.

Cooke's (1995b) review of studies reporting psychopathy within prison found a variation in the prevalence of between 2% to 78%. Here are some examples of the variety of prevalence rates of psychopathy to which Cooke refers:
Table 2 – Prevalence rates of psychopathy

<table>
<thead>
<tr>
<th>RESEARCH FINDING</th>
<th>AUTHOR/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>73% of 81 English male prisoners on Special Units scored 30 or more on the PCL-R</td>
<td>Coid (1996)</td>
</tr>
<tr>
<td>36% of young male offenders scored 30 or more on the PCL</td>
<td>Forth, Hart and Hare (1990)</td>
</tr>
<tr>
<td>30% of 231 male prisoners scored 34 or more on the PCL</td>
<td>Hart, Kropp and Hare (1988)</td>
</tr>
<tr>
<td>An estimated 23% of adult male prisoners in North America would score over 30 on the PCL-R</td>
<td>Hare (1991)</td>
</tr>
<tr>
<td>17% of 93 male prisoners scored 31 or more on the PCL</td>
<td>Serin, Peters and Barbaree (1990)</td>
</tr>
<tr>
<td>An estimated 3% of Scottish adult male prisoners would score over 30 on the PCL-R</td>
<td>Cooke (1994b)</td>
</tr>
</tbody>
</table>

The PCL-R Cut-off Score

Hare (1998a) suggests that although the PCL-R provides a dimensional score, a cut-off score of 30 is a suitable one with which to diagnose psychopathy. Hare (1991) also suggested a mid-range band of scores of between 20 and 29 to indicate “moderate” levels of psychopathy, with under 20 indicating a “non-psychopath”. However, even Hare himself also states that the cut off score of 30 is “nothing magical” (Hare 1998a, p.110). In research conducted by Ogloff, Wong and Greenwood (1990), they used three groups to divide their sample: ‘non-psychopathic’ scoring between 0 and 17, ‘mixed’ scoring between 18 and 26, and a ‘psychopathic’ group for those scoring over 27.

However, Cooke and Michie (1997) found that the most appropriate cut-off scores might differ among cultures. Cooke (1998) later suggested that “A PCL-R score of 25 in Scotland is metrically equivalent to the diagnostic cut off of 30 within North America” (p.268). The cut off score has varied greatly in research from 25 (Harris, Rice and Cormier, 1989) to almost 32 (Serin, Peters and Barbaree, 1990). For the purposes of this research, the traditionally used British cut off score of 25 was employed, as recommended by HM Prison Service.

Hare (1998a) describes how psychopathy has been traditionally described as a “constellation of affective, interpersonal, and behavioural characteristics” (p.100). Similarly, Millon and Davis (1998) describe psychopaths as having a “parade of
characteristics” (p.161). Should we therefore view psychopathy as a continuum or a discrete category, as a condition that an individual either possesses or not? Widger and Lynam (1998) argue not, suggesting that psychopathy should be viewed as “a collection of personality traits rather than a homogenous, qualitatively distinct condition” (p.185). Cooke (1998) agrees, stating that “The PCL-R can be used either as a continuous measure of psychopathy or as a categorical diagnostic measure” (p.264).

Harris, Rice and Quinsey (1994) found psychopathy to be a discrete category in their research which had a large sample of 653 male forensic patients. They found the optimal PCL-R score for inclusion in their “psychopathy taxon” to be about 25. Cooke (1994a) found an optimal score of between 28 and 32 for his two studies.

Perhaps a conclusion to the question of whether psychopathy should be viewed as a discrete personality construct or as a dimension is one best left to the future research.
Chapter Three

Treatment Programmes for Offenders

This Chapter reviews the position regarding the efficacy of imprisonment and interventions: i.e. movement from the pessimistic "nothing works" to the more optimistic "what works" and addresses the treatability issue. Thus the research literature outlining the history of treatment programmes for offenders is described with special emphasis on the programme which is the subject of the current research, the Enhanced Thinking Skills programme. In addition the chapter examines the view that psychopaths do not benefit from treatment interventions and current challenges to this view.

History of treatment programmes

There has been a long history of programmes designed to reduce re-offending, and when various evaluations were undertaken, the conclusion was that nothing worked. This view was subsequently challenged and the question was re-orientated into the "What Works" debate.

The first type of intervention that was psychological in nature utilised behaviour modification, the Macnochie Three Stage Marks system. This was introduced into English prisons in the Nineteenth Century, and replicated in the borstal system with adolescents (Bosworth and Liebling, 1995). By the 1960's psychotherapeutic treatment programmes were introduced in Europe and North America which were expressly aimed at "treating" criminal behaviour. Although they were enthusiastically adopted into prison regimes, their results were unsatisfactory. Little quality evaluation of these programmes occurred, and where it did, it was at a fairly superficial level. However, a glimpse into how the programmes were delivered
suggests inconsistencies in content, quality, theoretical foundation, amount of structure involved, tutors and setting (Home Office, 2001).

“Nothing Works” to “What Works”

The expansion of treatment programmes, and perhaps less than satisfactory evaluations, eventually resulted in reviews being undertaken such as Brody (1976). This came at a time when the crime and reoffending rates were also escalating. Robinson (1971) asserted that the criminal could not be treated either by longer sentences, more intensive treatment or closer supervision. Studies such as these led some researchers to question the value of such interventions and collectively resulted in the view that ‘nothing works’. This doctrine had significant consequences for the treatment of criminal behaviour and many treatment interventions were abandoned. Martinson (1974), who became the proponent of ‘nothing works’, found in his study that only a very small proportion of prison based treatment programmes produced positive results.

With the introduction of meta-analytic procedures this rather gloomy position was challenged. Gendreau and Ross (1987) concluded that there were a large number of studies that demonstrated reduction in recidivism. Thornton (1987) offered a critique of the Martinson position, claiming that much of the ‘nothing works’ doctrine was based on studies which had methodological flaws, selectively reported results, and used treatment which was poorly implemented. He concluded that either the studies demonstrated treatment can positively affect recidivism, or that no conclusion could be drawn, but not that ‘nothing works’.

Research following this led to the ‘what works’ movement and the analysis of effective offending behaviour treatment. McGuire (1995) found skills-based, cognitive behavioural approaches to be amongst the most successful interventions identified for offenders. A number of treatment programmes were developed and introduced into the prison system by psychologists running the Offending Behaviour Programmes Unit (formerly Programme Development Section) of HM Prison Service Headquarters. These included the Sex Offenders Treatment Programme (SOTP),
Reasoning and Rehabilitation (R&R), and more recently Controlling Anger and Learning to Manage it (CALM).

The CDATE Project (Lipton, Pearson, Cleland and Yee, 1988) also found that "cognitive-behavioural approaches constitute one of the most successful types of intervention with offenders" (Blud, Travers, Nugent and Thornton, 2003, p.70). However, Blud, Travers, Nugent and Thornton (2003) also recognise that "concerns have been raised about the over-reliance on cognitive-behavioural approaches" (p.71). They mention the work of Merrington and Stanley (2000) who found that there is very little published evidence of these approaches being effective in a British forensic setting.

Another important concept to come out of the 'what works' literature is the idea of treatment responsivity (see Andrews, 1995; McGuire and Priestley, 1995). This involves the consideration of the individual offenders' requirements and capabilities when allocating them to a form of treatment which aims to maximise the bearing on their criminogenic needs.

Warren and colleagues (2003) concluded from their systematic review that from a large corpus of research conducted since 1992, various treatments have been demonstrated as having a positive impact on personality disordered offenders on a range of outcome measures. In particular, cognitive behavioural therapies have been found helpful compared to pharmacological or physical treatments.

There is currently a greater degree of consensus about 'what works' in reducing re-offending, and characteristics that effective programmes for offenders should include are detailed below (Accreditation Criteria for Programmes as cited in 'What Works: Second report from the Joint Prison/Probation Accreditation Panel 2000-2001'):

1) A clear model of change backed by research evidence (i.e. the programme has realistic evidence-based plan for creating change in offenders’ future behaviour)
2) Selection of offenders (i.e. the programme chooses participants who need to change and whose risk is likely to be reduced by the programme)
3) Targeting dynamic risk factors (i.e. the programme chooses the areas of risk which need to be and can be reduced)
4) Range of targets (i.e. chooses a range of risk areas to focus upon)
5) Effective methods (i.e. uses those proven to work)
6) Skills orientated (i.e. teaches skills for offence-free living)
7) Sequencing, intensity and duration (i.e. timetables for maximum impact in reducing risk)
8) Engagement and motivation (i.e. encourages a positive response)
9) Continuity of programmes and services (i.e. co-ordinates them to maximise the effect of treatment and monitoring)
10) Ongoing monitoring (i.e. checks the programme in action)
11) Ongoing evaluation (i.e. checks and develops what works)

It is important to note that often treatment outcomes have been defined in terms of reconviction rates. There are other useful outcome measures to consider apart from recidivism. It is easy to become preoccupied with reoffending rates and forget about the shorter-term outcomes which are measured by psychometric tests taken before and after programme attendance and the sustainability of these over the longer term. Purely focussing on reconviction (or not) tells us relatively little about the ways interventions may be impacting on the individual offender that contributes to their not reappearing within the criminal justice system.

The Enhanced Thinking Skills Programme

The Enhanced Thinking Skills (ETS) Programme is founded on the cognitive deficits theory of criminality proposed by Ross and Fabiano (1990). This model advocates that offenders are more likely to lack certain cognitive skills, which lead them to behave in an anti-social manner. It is suggested that specific cognitive deficits lead to specific anti-social behavioural tendencies, and that these deficits may be improved through cognitive-behavioural programmes such as Enhanced Thinking Skills. Many of the individual cognitive deficits had been previously discussed in the
literature, but Ross and Fabiano’s (1990) contribution was unique in that they drew the deficits together to present a unified theory of criminality.

The six main cognitive deficits are:

- **Self Control**
  Self control or impulsivity, described by Ross and Fabiano (1990) as an inability to insert a period of thought between impulse and action, has long been identified as a deficit for offenders (Glueck and Glueck, 1950; Porteus, 1964; Gibson, 1964).

- **Cognitive Style**
  Blud (1999) describes many offenders lacking concrete cognitive style which may be thought of as a difficulty with abstract concepts and likelihood to think in a rigid, inflexible and dogmatic manner.

- **Interpersonal Problem Solving**
  The difficulties that offenders have in effective problem solving broadly fall into two categories, that of failing to generate enough alternative strategies and poor judgement about the consequences of their strategies (Home Office, 2001). Blud (1999) adds that offenders also often lack ability to recognise what their problems are and do not see a relationship between means and ends.

- **Social Perspective Taking**
  Blackburn (1993a) found some offenders to be deficient in perspective taking. Evidence from various experiments (for example, Enright and Mc Mullin, 1977; Little and Kendall, 1979 and McDougall, Barnett, Ashurst and Willis, 1987) suggests that perspective taking in a problem for many offenders and that this may be improved through group work.

- **Values**
  Offenders typically lack moral reasoning skills. Blud (1999) describes this as an inability to see the inconsistency between their values and their actions.
• **Critical Reasoning**

Porporino, Fabiano and Robinson (1991) state that many offenders have never attained critical reasoning skills and they show a variety of thinking errors. Blud (1999) describes the irrational and illogical thinking of offenders, their lack of self-reflection and self-analysis, and their externalisation of blame.

The ETS course consists of 21 two hour sessions, with each session following a similar format of recap of previous session, various exercises for all participants, summary of session, and assignment setting. The various exercises depend on the main themes of the session, but range from discussions and debates, role plays and small group exercises, to practical tasks and games. Blud (1999) describes the learning process as “achieved through systematic modelling, reinforcement, role playing and social and problem solving skills practice” (p.50).

The style of teaching by course tutors is interactive and Socratic, with the focus on the offender to be fully involved in his/her own learning and practice using his/her new skills in everyday situations. The course hinges on the teaching of a seven-step Problem Solving Strategy, several social skills (based around assertive behaviour), and emotional management. The course does not address offending directly, but aims to introduce and encourage skills which will enable offenders to behave more pro-socially.

The ETS Programme is generic, and not targeted to any particular group of offenders, although Robinson (1995) found offence type to be an important factor in programme success as measured by reconviction rates. Robinson found that this type of programme is most effective with violent, drug abusing, or sexual offenders. The level of exposure at between 40 and 50 hours, suggests that the Programme is most effective with medium risk offenders. ETS may also be effective for high risk offenders if combined with further treatment programmes afterwards (Home Office, 2001). Due to the fact the Programme does not specifically address offending, it is also suitable to those denying their offences.

The most important criterion for acceptance onto the course is demonstration of cognitive deficits, as ascertained by a semi-structured interview conducted before
the Programme. Due to the amount of reading and writing involved on the course, potential course participants should also have their literacy and intellectual functioning assessed. If the participant has a specific offending history (for example, sexual or violent offending), then successful completion of ETS may enable them to be referred onto a further cognitive-behavioural Programme targeting this area.

It was suggested in Chapter Two that there are a number of theoretically derived areas of deficiency that beset the psychopath that are suitable for evaluation by the ETS programme. Different areas of cognitive functioning appear in many of the reviewed theoretical formulations. The ETS Programme targets the deficits of self control, cognitive style, interpersonal problem solving, social perspective taking, values and critical reasoning which will be the focus of the present analyses.

**Evaluation of the ETS Programme**

Since the ETS Programme was first delivered in 1993 (Friendship, Blud, Erikson, Travers and Thornton, 2003), it has expanded to be the largest Offending Behaviour Programme in England and Wales. In the year 2000/01 alone, 3,914 inmates had completed the Programme successfully (Home Office, 2001). Friendship, Blud, Erikson, Travers and Thornton (2003) report that the chances of inmates being reconvicted of another crime are reduced by 52% following successful completion of the ETS Programme.

The work of Friendship et al (2003) represented the first major evaluation of the ETS programme in the UK, although there were some important methodological issues which should be considered. The retrospective quasi-experimental design of the study would have been improved by using a prospective matching approach. Motivation to change was not controlled for, and it could be argued that inmates who volunteered to take part in the programme were more motivated to complete the course and make changes in their life once released from prison. Therefore, the more positive results following treatment could be due to higher motivation rather than what they learnt on the ETS programme. Finally, this research took place in the earlier years of ETS delivery before the more scrupulous annual audit procedures
were implemented. Programme delivery has undoubtedly improved since then, and also as numbers of inmates recruited has greatly increased, the proportion of those who are highly motivated may have fallen.

Due to the massive expansion of the ETS Programme, and of other Offending Behaviour Programmes managed by HM Prison Service, it became necessary to organise and implement a system of accreditation. This system was initiated in 1996 and the accreditation process "promotes and regulates quality not only in the design of programmes but in the implementation or delivery of programmes" (Friendship, Blud, Erikson, Travers and Thornton, 2003, p.104).

Later evaluation research has also demonstrated ETS to be effective in relation to reconviction rates. Friendship, Blud, Erikson and Travers (2002) found two-year reconviction rates to be up to 14% lower for offenders who had completed ETS (or the other cognitive skills programme R&R) than for matched comparison groups. However, Falshaw, Friendship, Travers and Nugent (2003) found no differences in reconviction rates between their sample of offenders who had completed ETS or R&R and a matched comparison group. The contrasting results between Falshaw et al to the more positive results of Friendship et al may be explained by variation in reconviction rates found internationally, changes in inmates motivation, or a possible decline quality of programme delivery following the rapid expansion of the programmes.

Cann, Falshaw, Nugent and Friendship (2003) also conducted a reconviction study to assess the effectiveness of ETS and R&R. Whilst they found no differences in both the one and two year reconviction rates for inmates who started a course and their matched comparison group, when programme drop outs were excluded from the analysis, the one year reconviction rate was significantly lower and represented a 2.5% difference between completers and their matched comparison group.

In summary, the evaluation literature has demonstrated that the ETS programme has had some positive impacts on reconviction of inmates who complete the course. Although the rapid expansion of cognitive behavioural programmes may have affected the quality of programme delivery, the implementation of an
accreditation process is attempting to control this. Various methodological issues need to be taken into account when assessing the evaluation literature, as does the inclusion or not of programme drop outs.

**The treatment of psychopathy**

Research evaluating attempts to treat psychopathy can be traced back to the 1970s. Maddocks (1970) followed 52 untreated psychopaths for five years. He found that 17% had “settled down”, 66% “not settled down”, 5% had died, and 12% were not found. However, psychopathy was not measured as it is today, and the outcome of “settled down” was measured by a reduction in the individuals’ impulsivity. Maddocks concluded that lack of treatment led to a continuation of impulsive behaviour which led to further criminal activity. Even back in the 1970s, Hare (1970) and Cleckley (1978) concluded that traditional therapeutic procedures were ineffective in changing psychopathic behaviour.

Many researchers remain sceptical about the benefits of treating psychopaths and the effectiveness of the treatment of criminal psychopaths has been traditionally regarded with pessimism (for example, Quality Assurance Project, 1991) and there is much evidence to suggest that psychopaths would not be successful in treatment. Examples of this include:
Table 3 – Are psychopaths successful in treatment?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Over a period of many years I have remained discouraged about the</td>
<td>Cleckley (1976) (p.438)</td>
</tr>
<tr>
<td>effect of treatment on the psychopath”</td>
<td></td>
</tr>
<tr>
<td>“There is … no evidence to demonstrate or to indicate that psychiatry</td>
<td>Cleckley (1976) (p.440).</td>
</tr>
<tr>
<td>has yet found a therapy that cures or profoundly changes the psychopath”</td>
<td></td>
</tr>
<tr>
<td>“Even a quick review of the literature suggests that a chapter on</td>
<td>Suedfeld and Landon (1978) (p.347)</td>
</tr>
<tr>
<td>effective treatment should be the shortest in any book concerned with</td>
<td></td>
</tr>
<tr>
<td>psychopathy. In fact, it has been suggested that one sentence would</td>
<td></td>
</tr>
<tr>
<td>suffice: ‘No demonstrably effective treatment has been found’”</td>
<td></td>
</tr>
<tr>
<td>“Most of these individuals continue to have severe deficits throughout</td>
<td>Black, Baumgard and Bell (1995, cited in Paris,</td>
</tr>
<tr>
<td>their lives”</td>
<td>1998, p. 283)</td>
</tr>
<tr>
<td>“There are no methodologically sound treatments or ‘resocialization’</td>
<td>Hare (1996a) (p.41)</td>
</tr>
<tr>
<td>programs that have been shown to work with psychopaths”</td>
<td></td>
</tr>
<tr>
<td>“Of all the personality disorders, psychopathy offers the most</td>
<td>Paris (1998) (p.283)</td>
</tr>
<tr>
<td>pessimistic prospects for treatment”</td>
<td></td>
</tr>
<tr>
<td>“Little convincing evidence that psychopaths respond favourably to</td>
<td>Hare (1998b) (p.201)</td>
</tr>
<tr>
<td>treatment and intervention”</td>
<td></td>
</tr>
</tbody>
</table>

There appear to be few examples of methodologically sound treatment programmes for psychopaths in the research literature. Indeed, Wong and Elek (1989) reviewed 18 studies, and found only four to have fairly acceptable methodological soundness. They had to reject three of these studies for various reasons, and so were left with only one study upon which to base their literature review. This study suggested psychopaths demonstrated less clinical improvement and motivation than non-psychopaths, but they concluded that the literature on this subject was poor and restricted. Serin (1995) agreed that few studies examining the treatment of criminal psychopaths have been methodologically rigorous.

A major problem in assessing the effectiveness of treatment programmes for psychopaths lies in the perpetual difficulty inherent in defining psychopathy. As previously discussed, both psychopathy and antisocial personality disorder suffer from having no one agreed definition attributed to them. Blackburn (2000) concluded that as only a few studies have found psychopaths as defined by a high PCL-R score to be unsuccessful in treatment, there is not enough evidence to suggest that nothing would work with these individuals.
One treatment setting that has attracted a great deal of research is that of the therapeutic community. This treatment approach began in the late 1940s in English prisons under the management of Maxwell Jones. Jones (1956, 1968) describes how the members of a therapeutic community show concern for each other, follow the rules they create, and acknowledge the rules laid down by the group (including enduring their punishments). Therapeutic communities are recommended for individuals with alcohol and drug addictions, or with mental disorders, or with a criminal background (De Leon, 1983; Reid, 1989; Toch, 1980).

Below is detailed some of the research connected with this environment. Some of this research offers examples of the reasons why psychopaths may be unsuccessful in treatment as described above.

Ogloff, Wong and Greenwood (1990) investigated psychopaths (those scoring over 30 on the PCL-R) in a therapeutic community program designed to treat personality disordered offenders in Canada. They found that the psychopaths stayed in the program for a shorter time, and showed less clinical improvement in psychological state and self-assessed motivation than the other offenders. The non-psychopaths stayed in the program for a significantly longer time than the psychopaths. Similarly, Rice, Harris and Cormier (1992) found high PCL-R scorers responded negatively to treatment within a therapeutic community and that they reoffended at a higher rate than those who did not receive treatment. They also found the “non-psychopaths” to demonstrate significant benefits from the treatment.

Harris, Rice and Cormier (1992 and 1994) conducted research at the Canadian prison “Social Therapy Unit” at Penetanguishene. They investigated the effects of treatment following an intensive and lengthy therapeutic community programme. They found no positive outcome for psychopathic inmates in terms of their reoffending. When they only considered those who spent at least two years in the Unit, the recidivism rates for the psychopathic offenders were unaffected, whilst the non-psychopaths showed significantly reduced recidivism rates. They found that the
non-psychopaths (PCL-R scores of under 25) had a violent recidivism rate of 22% following treatment and a 39% rate if not treated.

Interestingly, the psychopaths (PCL-R scores of over 25) had a reverse effect: a 55% violent recidivism rate is not treated and a 77% rate following treatment – the treatment actually made the psychopaths more likely to violently reoffend. Harris, Rice and Cormier (1994) suggest that within the Unit the psychopaths “had learned to be more self-confident criminals who could maintain high self-esteem while committing antisocial acts” (Dolan, 1998, p.412). Alternatively, Cooke (1997) suggests that this finding may demonstrate that their criminogenic needs were not being adequately met through this form of treatment, and even that they may sharpen their manipulating skills. This research is often cited as an example of how Therapeutic Communities are unsuitable for psychopaths.

Quinsey, Harris, Rice and Cormier (1998) also found that treatment within a therapeutic community was associated with poorer outcome for the psychopathic offenders. They also report that this treatment was connected with lower recidivism for the nonpsychopathic offenders, but higher recidivism for the psychopathic offenders. They found the psychopathic offenders to adjust more poorly in terms of problem behaviours. Most controversially, the psychopathic offenders who were in the therapeutic community had higher levels of violent recidivism than nonpsychopathic offenders who were not in the therapeutic community.

Serin and Kuriychuk (1994) speculated that one reason why Therapeutic Communities apparently failed with psychopathic offenders was that “their emphasis on was on what offenders think rather than on how they think” (p.438). Hare (1985) discussed the results of a study which suggested that psychopathic individuals are particularly interested in social cues to help them to understand other people better. Quinsey et al (1998) suggest that this innate interest combined with new social skills learned during their time within the therapeutic community could lead them manipulate others and commit new types of crime.

In conclusion, several researchers (for example, Ogloff, Wong and Greenwood, 1990; Rice, Harris and Cormier, 1992; Quinsey, Harris, Rice and
Cormier, 1998) have found psychopaths to be unsuited to therapeutic community treatment as they do not appear to benefit as much compared to non-psychopaths, and may even worsen. Psychopaths have been found to be poorly motivated and stay in treatment for less time. This research is important to the current thesis as it highlights many problems we expect psychopaths to have with the ETS programme with a different type of treatment. Several research studies have been conducted with psychopaths in therapeutic communities but not with cognitive-behavioural approaches.

Warren and her colleagues (2003) report that there is 'moderate' evidence for lowering recidivism rates up to seven years for PD prisoners post treatment in Therapeutic Community regimes. They argue that the TC model represents a useful framework within which other treatment interventions can be applied. But what does seem important is the type of intervention with some appearing more effective than others with PD inmates.

Any conclusion that psychopaths are unsuitable for treatment should be regarded as premature. Development of specialised interventions is more likely to be appropriate for this target group and to harbour useful results. These interventions would be likely to consider the unique learning needs of psychopaths, in particular to encourage skill reinforcement once any treatment programme was completed.

**Potential reasons why treating psychopathy may not be effective**

One major difficulty in attempting to treat psychopathic offenders may be that it is unreasonable to assume that individuals who score over a certain threshold on the PCL-R form a homogenous group with respect to their treatment needs. From the experience of interviewing the inmates for this research, it is difficult to imagine those "high" PCL-R scorers as a single treatment group. One of the potential reasons for this is because it is possible to become a "high" scorer on the PCL-R through scoring very highly on either of the Factors 1 or 2. The two Factors measure different types of behaviours and therefore individuals may present as extremely different people with different responses to and needs from treatment.
Paris (1998) suggests that there are two main factors explaining why there is such difficulty in treating psychopathy. He terms one “the nature of the personality traits underlying the disorder” and the second “the psychosocial factors leading to the amplification of these traits” (p.284). Paris proposes that the psychopathic personality traits are difficult to reverse once they are reinforced by social factors. The important social skills learnt in adolescence are missed by psychopaths who then inevitably fail to hold down employment or relationships. He concludes that it is unsurprising that psychopathy is so difficult to treat when their behaviour appears to them to be reinforced over time.

Müller-Isberner and Hodgins (2000) found psychopaths to be disruptive in treatment settings, preferring to undermine others’ treatment rather than simply refusing to comply with the programme. They suggest that psychopathic offenders are able to manipulate treatment “in order to use what they learn to perfect their antisocial skills” (p.11). They therefore conclude that programme tutors and managers should be wary about the potential for making any psychopathic offenders “better” after treatment. This may lead them becoming more adept at offending. Indeed, Rice, Harris and Cormier (1992) found this very result and suggest that such an unintended outcome presents a difficult ethical dilemma.

Whilst Müller-Isberner and Hodgins do not directly explain why psychopaths are so disruptive and manipulative, perhaps it is not so surprising when their behaviour traits are considered. The manipulation of others in treatment may be directed at programme tutors as the psychopaths may attempt to ‘fake good’ their progress in order to achieve positive reports for parole or Home Detention Curfew boards. Disruption of treatment may occur for the selfish entertainment of the psychopaths who enjoy watching the ramifications of their behaviour and upsetting others in their group.

Shine and Hobson (2000) argue it is the style of interpersonal communication which psychopathic individuals display that may present certain management difficulties for the treatment team involved in their care. In particular, they found psychopathy to be associated with hostile-dominant interpersonal relations, which lead to problems with both staff and other inmates when dealing with them. Serin
(1995) found that psychopaths may exploit unstructured programmes (although it should be argued here that the ETS Programme is not "unstructured") and that they disguise this exploitation with their oral communication skills. These findings demonstrate that psychopaths use these skills to the anti-social end of disrupting the group. Therefore, it must be considered that a challenge for treating psychopathic individuals successfully is channelling these verbal skills (which are all too often used for anti-social purposes) to return more pro-social results for all concerned.

Gunn (1998) claims that "The term 'psychopathic disorder', a largely moral term, is a trigger for rejection. Patients labelled in this way are excluded from all sorts of arrangements and are often dealt with via punitive rather than therapeutic responses" (p.35). Gunn's finding has important implications for the research described in this thesis. If psychopaths are to be excluded from ETS, then their perceived rejection may affect recruitment of non-psychopathic inmates. Also, the treatment of psychopaths with punitive responses may not be effective in the longer term and may lead to institutional violence or adjudications.

Non-completion

There is some evidence to suggest that psychopathic individuals prematurely "drop out" of the treatment process. Levine and Bornstein (1972), Suedfeld and Landon (1978) and Serin (1995) found psychopaths to have much higher attrition rates than non-psychopaths. Doren (1996) stated that "psychopaths often simply get bored of the therapeutic process" (p.167). Wong (2000) concludes that "The psychopath may decide that treatment is too boring, intrusive, threatening or demanding for him to devote any effort to it. When the 'game' is no longer fun or challenging, it is time to switch to something else" (p.105).

Ogloff, Wong and Greenwood (1990) also found psychopathic inmates to fail to complete treatment programmes due to a lack of motivation and/or commitment. This later lack of motivation which leads them to drop out of treatment may follow an initial interest in taking part in treatment for administrative reasons. For example, inmates are all too aware that Parole Boards are more likely to look favourably upon an inmate who has made the effort to seek out and complete a treatment programme.
Whilst this may initially motivate a psychopathic inmate to take part in treatment, when they become bored in treatment, they are more likely to drop out. Ogloff, Wong and Greenwood (1990) certainly found their psychopathic group to be less motivated and to put in less effort during the treatment process.

**Removal from Treatment by Programme Management**

Ogloff, Wong and Greenwood (1990) found psychopathic inmates to be more likely to be removed from treatment by management because of security concerns or difficulties in their control. Shine and Hobson (2000) reported that psychopaths are more likely to have their treatment concluded prematurely by programme management due to their misconduct. Further to this, Hobson, Shine and Roberts (2000) found that the psychopaths whose behaviour was disruptive and manipulative according to staff perception had higher Factor 1 PCL-R scores.

**Manipulation**

Another reason why psychopaths may be unsuccessful on treatment programmes is because they manipulate the group environment. Serin (1995) suggests that one reason for psychopaths’ lack of success on treatment programmes is that they view their participation in treatment as a vehicle for achieving particular goals (notably early release from prison). Hare (1998b) agrees, reporting that “Group therapy and insight-oriented programs may help psychopaths to develop better ways of manipulating, deceiving, and using people, but do little to help them to understand themselves” (p.202). Hare (1998b) continues: “They suffer little personal distress, see little wrong with their attitudes and behaviour, and seek treatment only when it is in their best interests to do so” (p.202).
Clinical Improvement

Ogloff, Wong and Greenwood (1990) found psychopathic inmates showed less clinical improvement than non-psychopaths. They found the non-psychopaths became "less angry and hostile, less anxious and depressed, more at ease in social situations, and more assertive in their interpersonal interactions" (p.187). Whilst this research was conducted in a Therapeutic Community and not a prison cognitive-behavioural programme, the similarities in the clinical indicators they utilise are sufficient to make their research relevant.

The nature of psychopathy itself.

Some theorists suggest that the reason that psychopaths may fail at treatment is the nature of their disorder itself. Newman and Wallace (1993) found that psychopaths have deficits in passive avoidance and it is therefore unrealistic to attempt to train them to pause and reflect about their actions. Ogloff, Wong and Greenwood (1990) found that psychopaths may be discharged from treatment for lack of motivation or other disciplinary actions.

One potential problem in treating psychopaths is that whilst diagnosis is typically through use of the PCL-R tool, those diagnosed as psychopathic are not a homogenous group (Hare, 1981). The implication of this has to do with our ability to treat a group including such different individuals with a single treatment programme. It has already been shown that inappropriate treatment does not confer benefit, and may even worsen, participating individuals. Perhaps psychopaths require a more individualised approach to their treatment than a 'one size fits all' style programme like ETS?

Importance of treatment for psychopathy

Wong (2000) states that "There is an urgent need to develop an effective treatment programme for this group of highly destructive and recalcitrant individuals" (p.87). He continues, "The literature suggests that putting psychopaths in the off-the-
shelf treatment programmes available in most prison institutions will not suffice” (p.98). Wong’s observation informs this research by claiming that psychopaths should not be treated with programmes like ETS and that they require specialised treatment. Underlying this thesis is the proposition that psychopaths not only will not benefit from a treatment intervention such as ETS but also disrupt meaningful gains for other participants. As such those scoring over thresholds indicative of psychopathy should be excluded from ETS and treated only using specialised programmes.

One of the most important reasons to treat criminal psychopaths, is that despite their relatively small number, they inflict distress on huge numbers of victims and cause a disproportionate amount of financial, psychological, physical and emotional damage.

However, pressure has been growing to formulate an effective treatment programme for psychopaths due to their high likelihood to re-offend, particularly in a violent capacity. Coid (1998) recognises that “containment and management of the most disruptive, psychopathic prisoners can still be highly stressful for the prison staff” (p.431). He continues, “ultimately, a small subgroup of psychopathic prisoners will continue to remain unresponsive to all therapeutic attempts at treatment and rehabilitation, recalcitrant in the face of all punishment, and still be able to exert a malign and destructive influence, even within the most highly secure and segregated environments” (p.431). If this is true, then psychopaths should certainly not be included in a programme like ETS which involves far less serious offenders. The implications on both the other group members and the tutors could be highly negative.

Wong (2000) suggests that “the primary objective of a treatment programme for violent psychopaths should be the reduction of the frequency and severity of violent behaviour, rather than the modification of psychopathic personality characteristics” (p.99). Paris (1998) proposes that “… in the long run, we will need entirely different forms of treatment to manage psychopathy” (p.284). Therefore, any treatment programme for psychopaths has therefore got much to achieve. Whilst a treatment programme like ETS may go some way to reducing violent behaviour rather than altering personality traits, it would be unlikely to wholly achieve this due to the
low dosage of treatment and generalised focus of the programme. Psychopaths inevitably would require many more hours of treatment of a less general nature.

Wong and Hare have recently published “Guidelines for a psychopathy treatment programme” (Hare, 2005) which is described as “a strategy of self-management that helps the participant develop a prosocial lifestyle, reducing the frequency and the extent of violent behaviour”. They point out that the intervention is not attempting to modify any psychopathic personality traits, but help the psychopathic offenders to recognise the factors which led to their offending and attempt to learn skills to prevent this reoccurring. Future evaluations of this treatment will be interesting to contrast with past research discussed in this thesis.

Not all of the research into treating psychopaths has shown such pessimistic results, and there may be some treatment that would be effective. For example Doren (1996) and Serin and Kuriychuk (1994) (as reported in Serin, 1995) found that “psychopaths have a particular style of interpersonal interaction and manner of processing information that must be considered in designing treatment” (p.24). Blackburn (2000), whilst recognising that a few studies have found psychopaths to not respond well to therapeutic intervention, there is not enough evidence to conclude that nothing will work with this group.

Toch (1998) suggested that “because psychopathy is generally equated with untreatability, offenders that clinicians do not want to deal with can be turned away by adjudging them psychopathic, and hence unamenable to treatment” (p.152). He also claims that “psychopathy is a label used by clinicians to distinguish run-of-the-mill offenders considered serious, obdurate, and refractory to treatment” (p.153). Hare (1998b) found that “many psychopaths take part in all sorts of prison treatment programs, put on a good show, make ‘remarkable progress’, convince the therapists and parole board of their reformed character, are released, and pick up where they left off when they entered prison” (p.202). Wong (2000) considers that “those who drop out of treatment are likely those who need it most. A key part to treating psychopaths, therefore, is to find ways to keep them engaged in treatment and to minimise drop-out” (p.105). We may conclude from these observations that any attempts to treat
psychopaths require a great deal of thought not only in the programme content, but also in the delivery and presentation.

We can gain some optimism from the research described earlier by Quinsey et al (1998). The fact that the treatment in a therapeutic community environment made the psychopaths behaviour “worse” (as measured by their increased violent recidivism) indicates that psychopathic individuals *can* change their behaviour. Even if it is for the worse, the fact that their behaviour is subject to change after all, suggests that it is the method of treatment which has been used which is ineffective for this client group, rather than the premise that *no* form of treatment will ever be effective. Warren et al’s systematic review mentioned earlier does find supportive evidence for change in PD inmates experiencing a therapeutic regime.

D’Silva, Duggan and McCarthy (2004) conclude that not enough is known about treatment effectiveness and psychopathy to arrive at any definite conclusions, especially regarding excluding psychopaths from treatment. They also criticise previous researchers for using correlational studies and scoring the PCL-R solely on file information. This paper lends further credence to the research undertaken for this thesis which can does not use correlational studies and scores the PCL-R by both interview and file information.

**How do we expect psychopaths to perform on ETS?**

There is some research which suggests that psychopaths could benefit from a course like ETS. For example, Serin (1995) describes the research of Rice, Harris and Cormier (1992) who proposed that “treatment targets should be criminogenic needs, not merely symptoms” (p.23). As previously shown, the treatment targets of ETS include criminogenic needs. Rice, Harris and Cormier (1992) and Ogloff, Wong and Greenwood (1990) reported that psychopaths tended to take advantage of unstructured programmes and mask their resistance with their conversational ability. ETS is a highly structured programme and great emphasis is made on adhering to the programme manual.
However, other research suggests that psychopaths would not benefit from a programme like ETS. Harris, Rice and Cormier (1992) found that higher levels of psychopathy can inhibit the efficacy of Programmes like ETS. Doren (1996) suggests that treating psychopaths whilst they are in prison is unlikely to “facilitate the intrinsic motivation of the clients to attend therapy sessions or to change their behaviours” (p.159). Doren (1996) also found that psychopaths “tend to act aggressively and passive-aggressively when attempting to satisfy their desires” (p.162) and that “assertiveness is not typically part of their behavioural repertoire” (p.162). He also raises the concern that “does training psychopaths to be more assertive ... amount to training them simply to be better manipulators?” (p.163).

Hare (1998b) suggested that “it is therefore not surprising that they [psychopaths] derive little benefit from traditional prison programs, particularly those aimed at the development of empathy, conscience, and interpersonal skills” (p.202). He suggests this is because psychopaths “suffer little personal distress, see little wrong with their attitudes and behavior, and seek treatment only when it is in their best interests to do so” (p.202). The ETS course would certainly be included in Hare’s description of “traditional ... programs” here, therefore we would expect psychopaths to perform badly.

Richards (1998, p.71) reports that “Cleckley suggested that psychopaths have a selective dementia that involves affect and language. This dementia is difficult to detect because the psychopath adaptively simulates normal reality orientation, normal affect, and interpersonal attachment. Only the shallowness of higher social affects, the absence of guilt and loyalty, and the inability to appreciate consequences indicate a concealed disregard for the value of reality and a misunderstanding of consensual meanings”. What Cleckley (1941) termed “semantic dementia”, or a failure to process the emotional meaning of language would inevitably lead psychopaths to perform badly on programmes like ETS due to the amount and importance of perspective taking exercises in the course.

It is important to consider the six cognitive deficits targeted by the ETS Programme and link these to deficits already described in psychopaths. Firstly, with self control, we would expect psychopaths to exhibit high levels of impulsivity. Not
only is ‘impulsivity’ one of the items on the PCL-R, but it is related to many of the other items and behaviours. Self control could also be linked to Quay’s (1965) theory of psychopathy that psychopaths are extreme stimulation seekers and to Serin and Kuriychuk’s (1994) theory that psychopaths have a specific deficit in impulsivity which leads to their greater use of violent offending. Doren (1996) also found psychopaths to behave in a limited number of ways to achieve short-term goals without thought for others or the consequences.

With cognitive style, we would expect psychopaths to have a likelihood to think in a rigid and inflexible manner. Cognitive style could be associated with Hare’s (1970) theory of psychopathy where he concluded that psychopaths will automatically respond to a situation with the same reaction despite any negative consequence. As mentioned above, Doren’s (1996) theory of psychopathy concluded that psychopaths are likely to behave in a limited number of ways to achieve short-term goals without thought for others or the consequences. Newman, Paterson and Kosson (1987) found psychopaths to have difficulty in modifying their responses for a reward, and later research by Newman et al (1990) led them to the conclusion that psychopaths have an information processing deficit as evidenced by their problems in benefiting from experience, processing the meaning of contextual cues, and altering their responses appropriately, all of which may be linked to cognitive style.

We would expect psychopaths to have problems with the cognitive deficits of interpersonal problem solving and social perspective taking. Gough’s (1948) theory of psychopathy, which suggested psychopaths to be deficient in role-playing ability, is clearly linked to these cognitive deficits, as psychopaths would have difficulty anticipating the reaction of other people and understand their function within society as a whole. Doren’s (1996) integrative theory of psychopathy also concluded that psychopaths suffered from poor socialisation which inevitably led to their antisocial behaviour.

The cognitive deficit of values is strongly linked to several of the theories of psychopathy outlined earlier in this thesis. Gough’s sociological theory suggested that “the psychopath can verbalise all the moral and social rules, but he does not seem to understand them in a way that others do” (1948, p.361). Eysenck’s (1977) theory
concluded psychopaths to be unable to develop appropriately conditioned moral and social responses to situations which he likened to a lack of appropriate conscience. There was also some evidence from Jurkovic and Prentice (1977) found psychopaths to have immature moral reasoning compared to non-psychopaths.

The final cognitive deficit of critical reasoning is also apparent in several of the theories of psychopathy presented in this thesis. Gough (1948) concluded that psychopaths suffer from an insensitivity to the rules and expectations of society which inevitably causes them to find it difficult to learn from experience. Hare (1970) also found psychopaths to be unable to learn from punishment, and act without thought of consequence. Newman et al (1990) also found psychopaths to have problems in benefiting from experience, processing the meaning of contextual cues, and altering their responses appropriately.

In conclusion, it has been demonstrated that the goals of the ETS Programme, to encourage change in specific cognitive deficits, are not only important for offenders in general, but have particular relevance to the psychopathic offender. It is expected, when examining various theories of psychopathy, that psychopathic offenders would have greater needs in the improvement of these cognitive deficits, and we would therefore expect psychopaths to perform less well on the Programme than non-psychopaths. So it is not that the psychopath is unresponsive but that their deficits may well be more severe and as such be expected to show less improvement.

**Conclusions**

Despite some evidence to suggest psychopaths may change and benefit from treatment programmes, there is, at present a greater amount of research evidence to suggest that they will not, and further to this, they will disrupt the learning of others. However, recently a review by D'Silva, Duggan and McCarthy (2004) concluded that not enough is known about psychopathy and treatment effectiveness to draw any firm conclusions, and certainly current research is not sufficiently conclusive to warrant excluding psychopaths from treatment. This thesis takes up the challenge of D'Silva, Duggan and McCarthy's view that research conclusions are premature with respect to
the treatability of psychopathy and contribute to the accumulated research evidence to decide on the question.
Chapter Four

Method

This Chapter concerns the epistemology taken by this thesis and discusses some methodological issues inherent in research of this kind, describing the general methodology and samples, and explaining the selection of the research instruments.

Methodological Issues

This section will discuss problems with evaluative research with treatment interventions and explain the reasoning behind the research design employed in the present research.

Friendship, Street, Cann and Harper (2005) suggest that Randomised Control Trial (RCT) design should be applied to outcome research. They state this is important so that the control and treatment groups do not differ in any significant respects nor are either group biased in any way before treatment. In the present research, this was not possible for ethical or practical reasons. The ethical reason was that it was not appropriate to offer a treatment programme to one group of inmates and not to another. The ETS programme was available to all convicted inmates in the establishment who demonstrated particular cognitive deficits, had enough time left to serve in prison to complete the course, and whose spoken and written English was adequate. Practically, the reasons for not employing a RCT were that it is not an outcome study per se and was not evaluating the ETS programme. Rather the study was concerned with analysing how psychopathic inmates perform on the programme in one prison establishment compared to non-psychopath participants. The question being addressed related rather to the potential treatability of psychopaths rather than an evaluation of the efficacy of the programme per se.

Friendship et al (2005) state that a failure to use a RCT design means that studies are likely to include variables which are uncontrolled for. In the present study,
the implied advice was heeded insofar as potentially confounding variables such as sentence length and demographics were taken into account and analyses to this effect are presented later in the chapter. This research does seek to demonstrate the sustainability of findings by utilising eight week follow up data and generalisability of findings to the Special Hospital sector. The control group for demonstrating effects of psychopathy are the non-psychopaths experiencing the same prison regime as the focal sample of psychopaths utilised in this study.

Both Hollin et al (2004) and Friendship et al (2005) discuss the debate surrounding whether to include or exclude people who do not complete the treatment intervention. Whilst it is recognised that inclusion of non-completers may counter selection effects, this was not possible in the present research where the analysis involved comparing psychometric test scores from two or three testing sessions. If the inmate/patient did not complete the test at each of the testing sessions, their data were not included in the analysis. This was because the analysis conducted utilised Repeated Measures ANOVAs and Linear Regression with change variables, which both required the inmates’ scores at more than one time. It is recognised that not only did this reduce the possible sample size for many of the variables, but also that it excluded the data from many of the individuals whom this thesis is directly interested in. It could be argued that many of the inmates/patients who were less motivated in completing the programme (and therefore may have had poorer outcomes) may have chosen not to have completed the psychometrics and therefore their data would be automatically excluded. The important issue of drop out from treatment is addressed in the present research in Chapter Eight which addresses the hypothesis “psychopaths are more likely to drop out of the ETS course than non-psychopaths”.

Hollin et al (2004) also discuss the importance of their dataset being “clean” and enable their statistical analysis to be as complete and error-free as possible. Whilst it is recognised that this is important, in the current research the dataset was not cleaned to such high standards. This was mainly due to the fact that the sample size was far smaller (current research sample size 204, Hollin et al sample size nearly 14,000) and Hollin et al’s level of data cleaning would have erased a large proportion of the data. However, because the inmates who did not complete the measures at each
of the testing times were excluded from the main analysis, much of the data analysed would have been clean from missing data.

Another important methodological issue inherent in this research is the outcome measure employed. Many research studies in this field use the outcome measure of reconviction. However, using reconviction data is not without its own problems. For example, reconviction does not account for changes in severity and frequency of offending, it is only a replacement measure of actual re-offending (Lloyd, Mair and Hough, 1994; Friendship, Blud, Erikson and Travers, 2002). It is also important to consider the underlying factors which may cause change via a treatment intervention (Pawson and Tilley, 1994). After all, it is only when these factors are changed through intervention that offending behaviour will reduce. There is a recognised differentiation between factors which sustain offending behaviour and those which do not (Gendreau and Andrews, 1991), and these factors are measured by the psychometric test battery employed in this thesis. As these have a proven link to re-offending, they may be viewed as a provisional measure for re-offending and reconviction.

The outcome measures for the present study were guided by theoretically derived deficits as reviewed on Chapter Two and mapped onto the areas to be addressed by the ETS programme. A series of psychometric measures were chosen to assess change with respect to these deficits.

It should be noted that there were many similarities between the large-scale study by Hollin et al and the current research. For example, both studies involved recognised the problems with RCT and instead employed a quasi-experimental design with two groups of offenders (Hollin et al - experimental and comparison; current research - psychopaths and non-psychopaths). Whilst Hollin et al matched their two groups of offenders, this was not possible with the current research, however it was established that the groups were not statistically different in terms of their demographics and sentence length. Both studies began their analysis by describing the characteristics of the samples, then multivariate analysis was employed to investigate differences between the groups.
To conclude, both Hollin et al and the current research have undertaken studies concerning treatment interventions with offenders and witnessed difficulties in conducting research of this type. Potential problems include choosing an experimental design, deciding whether to include programme non-completers in the analysis, the ability to match offenders or establish that the sample groups are not fundamentally different, and choosing an appropriate outcome measure.

**Description of the general methodology**

Analytically, the methodology includes descriptive, conceptual, predictive and comparative analyses:

- **Descriptive** – the thesis begins with a detailed description of the phenomenon of psychopathy and its potential treatment outcome (which are disputed).

- **Conceptual** – the thesis reviewed theoretical formulations concerning postulated deficits associated with psychopathy and mapped these onto the ETS programme aims.

- **Predictive** – the thesis includes a predictive element in that it hypothesises that psychopaths will not gain as much from their participation as non-psychopaths and further will disrupt the potential learning of others.

- **Comparative** – a comparison of the different contexts of the prison and special hospital.

The primary data were derived from assessment of psychopathy using the PCL-R collected by the present author. Secondary data comprised the battery of psychometric measures completed by respondents as part of their participation in the programme and observations derived from the semi-structured interview scoring by the ETS tutors.
This research involves two samples of individuals: the prison inmate sample and the special hospital patient sample.

The Prison Inmate Sample

This sample of participants were assessed with the PCL-R and a battery of psychometric tests at various points during their participation on the ETS Programme. These data contributed toward studies looking at three of the research questions which are:

1. To assess the clinical impact that the ETS course had on the inmates, with the hypothesis that psychopathic inmates would demonstrate less improvement following completion of the ETS course. This was assessed by comparing a sample of the tutor evaluations and psychometric questionnaires for before and after the course for the psychopathic and non-psychopathic inmate samples.

2. To assess whether having psychopathic group members had a disruptive influence on the group dynamic, with the hypothesis that they would. This was assessed by comparing ETS groups with various numbers of psychopaths starting the course with the inmates’ scores on tutor evaluations and psychometric questionnaires.

3. To assess the programme non-completers, with the hypothesis that psychopathic inmates would be more likely to drop out of the ETS course than non-psychopathic inmates. This was assessed by analysing the non-completers and their PCL-R score.

The Special Hospital Patients sample

This sample of participants were used to make a comparison between individuals in different contexts: a prison establishment and a special hospital. These patients were assessed with the PCL-R and completed some of the psychometric test battery that the prison inmate sample completed.
Explanation of selection of research instruments

By the nature of this research project, instruments were required to measure psychopathy, and also cognitive performance before and after the ETS programme, and various judgments and personal beliefs before and after the ETS programme.

The Psychopathy Checklist-Revised (PCL-R)

The PCL-R was selected as the instrument with which to measure psychopathy because it has sound psychometric properties. The PCL-R is used extensively within HM Prison Service and in Special Hospitals to measure psychopathy, and professionally run training is organised for its staff.

The PCL-R is found to be a sound instrument e.g. Fulero (1995) described the tool as “state of the art ... both clinically and in research use” (p.454). Toch (1998, p.150) stated that “The Hare Checklist has good psychometric properties, and it can lay claim to empirical validation”.

Cooke and Michie (1997) conducted an Item Response Theory analysis and found that the PCL-R is consistent in different settings and cultural groups, and stated that “there is no evidence detectable in these comparatively large samples that suggests that the test is biased due to race or presence of mental disorder” (p.10).

In the present study, it was Home Office practice to double score each PCL-R. This was undertaken as a routine by the Prison Service. The reliability of scoring was found to be satisfactory but unfortunately the reliability data were not made available to the present researcher.

Tutor evaluation

1 - The Semi Structured Interview (SSI):

The SSI was selected as the instrument with which to measure cognitive deficits before the beginning of the ETS course because it was developed and used by HM Prison Service for this purpose. Tutors then make this assessment as part of the
accredited ETS programme. Again, unfortunately, there is no reliability analysis available that double codes these assessments. As the tutors are accredited, it was deemed a weak, but sufficient indicator that the participants were selected as appropriate for the programme.

2 - ETS Post Programme Report (PPR):
The PPR was selected as the instrument with which to measure cognitive deficits after the ETS course because it was developed and used by HM Prison Service for this purpose. The report serves to describe the behaviour and progress of the inmate when they have completed the course and provides tutors' assessment of cognitive deficits with scores which may be compared to those provided in the SSI.

Psychometric questionnaires

Selected measures from the extensive battery of psychometric questionnaires were chosen by the author to assess the six cognitive deficits.

1 - Locus of Control:
This measure was chosen as a proxy measure of critical reasoning.

2 - Long Questionnaire:
Three measures from this questionnaire were chosen to measure three cognitive deficits. The measure of impulsivity was chosen to measure the cognitive deficit of self control, the measure of socialisation was chosen to measure interpersonal problem solving, and the measure of Hogan empathy was chosen to measure social perspective taking. A study by HM Prison Service demonstrated these questionnaire scales to have a large test retest correlation, and to have good internal consistency.

3 - Psychological Inventory of Criminal Thinking Styles (PICTS):
Three measures from this questionnaire were chosen to measure two cognitive deficits. The measures of mollification and cut off were chosen to measure the cognitive deficit of values, and the measure of cognitive indolence was chosen to measure critical reasoning.
4 - Social Problem Solving Inventory:

Two measures from this questionnaire were chosen to measure the cognitive deficit of cognitive style. These measures were the number of alternatives A-H and the number of alternatives I+J. A study by HM Prison Service demonstrated these questionnaire scales to have either a medium test retest correlation.

It proved very difficult to obtain Cronbach Alpha reliability coefficients for some of these psychometric measures. The database made available for the current study was constructed by Prison Service personnel. The individual ratings by participants were not entered into the database, rather subscale and overall scores were entered. Thus it was not possible to locate the individually completed measures because of the anonymity of the data entry, and not possible to calculate Cronbach Alpha. Where this was possible, the reliabilities are recorded. It is recognised that this presents a weakness to the current analysis. However, despite this shortcoming, the data set does provide some indicative evidence in the absence of research on this population and the basis for exploration of the issues concerned.

Experimental effects

In the current study, it is important to discount possible artificial effects that may account, in part, for the findings. Two factors which may contribute toward the results are the demographics of the inmates and the experience of the tutors.

Demographics

The demographics of inmates across samples (namely psychopaths and non-psychopaths, and non-psychopaths in groups with increasing numbers of psychopaths in) were compared to assess whether factors such as ethnic group or index offence may have affected the results. When considering index offence, the “other” offences were excluded from the analysis as the category included such a miscellany of offences.
a) Psychopaths and non-psychopaths

Table 4 – Summary table of demographic information comparing the psychopaths and non-psychopaths from the prison inmate sample

<table>
<thead>
<tr>
<th></th>
<th>Non-psychopaths</th>
<th>Psychopaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inmates</td>
<td>171</td>
<td>33</td>
</tr>
<tr>
<td>Number of non completers</td>
<td>19 (11%)</td>
<td>8 (24%)</td>
</tr>
<tr>
<td>Age</td>
<td>Mean 30.71</td>
<td>28.76</td>
</tr>
<tr>
<td></td>
<td>SD 8.06</td>
<td>5.48</td>
</tr>
<tr>
<td>Ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>83 (49%)</td>
<td>12 (36%)</td>
</tr>
<tr>
<td>Non-white</td>
<td>88 (51%)</td>
<td>21 (64%)</td>
</tr>
<tr>
<td>Index offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence/Weapons</td>
<td>60 (35%)</td>
<td>10 (30%)</td>
</tr>
<tr>
<td>Theft/burglary</td>
<td>37 (22%)</td>
<td>9 (27%)</td>
</tr>
<tr>
<td>Drugs</td>
<td>42 (25%)</td>
<td>4 (12%)</td>
</tr>
<tr>
<td>Sex offences</td>
<td>4 (2%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Other</td>
<td>28 (16%)</td>
<td>10 (30%)</td>
</tr>
<tr>
<td>Sentence length</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 2 years</td>
<td>51 (30%)</td>
<td>15 (45%)</td>
</tr>
<tr>
<td>2–5 years</td>
<td>101 (59%)</td>
<td>15 (45%)</td>
</tr>
<tr>
<td>6–10 years</td>
<td>17 (10%)</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>10+ years</td>
<td>2 (1%)</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

A t-test was conducted to assess whether there was a significant difference between the age of psychopaths and non-psychopaths. The results showed the non-significant result of $t(62.28) = 1.723, p = 0.090$.

A $\chi^2$ analysis was conducted to assess whether there was a significant difference in the frequency of psychopaths and non-psychopaths belonging to the different ethnic groups. The results showed the non-significant result of $\chi^2(1) = 1.6, p = 0.19$.

A $\chi^2$ analysis was conducted to assess whether there was a significant difference in the frequency of psychopaths and non-psychopaths having different index offences (excluding “other” offences). The results showed the non-significant result of $\chi^2(3) = 2.9, p = 0.1$.

A $\chi^2$ analysis was conducted to assess whether there was a significant difference in the frequency of psychopaths and non-psychopaths having different sentence lengths. The results showed the non-significant result of $\chi^2(3) = 3.2, p = 0.2$. 

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The results of these analyses demonstrate that there are no significant differences between the demographics of the psychopaths and non-psychopaths.

b) Non-psychopaths in ETS groups including increasing numbers of psychopaths

Table 5 – Summary table of demographic information comparing non-psychopaths in ETS groups including increasing numbers of psychopaths from the prison inmate sample

<table>
<thead>
<tr>
<th>No psychopaths in group</th>
<th>1 psychopath in group</th>
<th>2 psychopaths in group</th>
<th>3 psychopaths in group</th>
<th>4 psychopaths in group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inmates</td>
<td>42</td>
<td>64</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Number of non completers</td>
<td>5 (12%)</td>
<td>5 (7.8%)</td>
<td>1 (3%)</td>
<td>8 (31%)</td>
</tr>
<tr>
<td>Age</td>
<td>Mean</td>
<td>28.69</td>
<td>30.47</td>
<td>32.15</td>
</tr>
<tr>
<td>SD</td>
<td>6.80</td>
<td>6.95</td>
<td>8.50</td>
<td>9.86</td>
</tr>
<tr>
<td>Ethnic group</td>
<td>White</td>
<td>21 (50%)</td>
<td>31 (48%)</td>
<td>15 (45%)</td>
</tr>
<tr>
<td></td>
<td>Non-white</td>
<td>21 (50%)</td>
<td>33 (52%)</td>
<td>18 (55%)</td>
</tr>
<tr>
<td>Index Offence</td>
<td>Violence/weapons</td>
<td>21 (50%)</td>
<td>25 (39%)</td>
<td>13 (39%)</td>
</tr>
<tr>
<td></td>
<td>Theft/burglary</td>
<td>11 (26%)</td>
<td>9 (14%)</td>
<td>10 (30%)</td>
</tr>
<tr>
<td></td>
<td>Drugs</td>
<td>6 (14%)</td>
<td>23 (36%)</td>
<td>6 (18%)</td>
</tr>
<tr>
<td></td>
<td>Sex offences</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>4 (9%)</td>
<td>7 (11%)</td>
<td>4 (12%)</td>
</tr>
<tr>
<td>Sentence length</td>
<td>Under 2 years</td>
<td>11 (26%)</td>
<td>16 (25%)</td>
<td>8 (24%)</td>
</tr>
<tr>
<td></td>
<td>2 - 5 years</td>
<td>26 (62%)</td>
<td>41 (64%)</td>
<td>21 (64%)</td>
</tr>
<tr>
<td></td>
<td>6 - 10 years</td>
<td>5 (12%)</td>
<td>5 (7.8%)</td>
<td>4 (12%)</td>
</tr>
<tr>
<td></td>
<td>10 + years</td>
<td>0 (0%)</td>
<td>2 (3.1%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

A one way ANOVA with number of psychopaths in group as a factor (0, 1, 2, 3, 4) and age as a DV was conducted to assess if the ages of the four groups were different. The results showed a non-significant results on age of non-psychopaths for the four groups: F (4) = 1.597, p = 0.177.

A \( \chi^2 \) analysis was conducted to assess whether there was a significant association between the number of psychopaths in group and the ethnic group of non-psychopaths. The results showed the non-significant result of \( \chi^2 (9) = 1.0, p = 0.90 \).

A \( \chi^2 \) analysis was conducted to assess whether there was a significant association between the number of psychopaths in group and the index offence (excluding “other” offences) of non-psychopaths. The results showed the highly significant result of \( \chi^2 (14) = 75.4, p < 0.01 \).
A $\chi^2$ analysis was conducted to assess whether there was a significant association between the number of psychopaths in group and the sentence length of non-psychopaths. The results showed the non-significant result of $\chi^2 (19) = 20.5, p = 0.06$.

The results of this analysis demonstrate that there are no significant differences between the age, ethnic group and sentence length of the non-psychopaths in groups with increasing numbers of psychopaths in. However, there were significant differences between index offence of non-psychopaths in groups with increasing numbers of psychopaths in. This is inevitably due to there being 4 sex offenders in the ‘3 psychopaths’ group, but no sex offenders in the other groups. Given the relatively small number, this was not felt to compromise the study design or unduly compromise interpretation of findings.

**Experience of the tutors**

In order to examine whether the ETS tutors’ level of experience may have affected the results, the researcher divided the tutor sample into two groups of experienced and inexperienced tutors after listing them in rank order of experience of ETS tutoring. Out of the total 11 tutors, 6 were classified as “experienced” and the remaining 5 as “inexperienced”. A $\chi^2$ analysis was conducted between two samples and ETS groups with either no or some psychopaths in.

<table>
<thead>
<tr>
<th></th>
<th>Inexperienced tutors</th>
<th>Experienced tutors</th>
</tr>
</thead>
<tbody>
<tr>
<td>No psychopaths in</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychopaths in group</td>
<td>18</td>
<td>31</td>
</tr>
</tbody>
</table>

The association between experience of tutor and whether there was a psychopath in the group was investigated. No significant association was found: $\chi^2 (1) = 0.557, p$ (Fisher’s Exact) = 0.646. Therefore, it may be concluded that tutor experience is an insignificant factor when considering the number of psychopaths in their group.
Chapter Five

Study One

This Chapter reports the method and results of the first study conducted in order to test the hypothesis “psychopaths will demonstrate less change following the ETS course compared to non-psychopaths”

The current research derives from a specific cohort of ETS courses running from November 1999 to September 2001. During this period of the programme, the PCL-R was administered for the purposes of the present research. In the routine administration of the ETS a battery of psychometrics would have been completed by course participants, i.e. before, immediately after, and an 8-week follow-up. This was compiled by Prison staff and a database created. The current study draws on this secondary data source. In addition, the ETS tutors complete their reports. This data too were made available for use in the current research and as the reports are integral to the ETS programme, rather than being designed as a research instrument, as such the tutor’s report is a further secondary source. The PCL-R was administered by the present author and is treated as a primary source.

Sample

The respondents recruited for this research all came from the same prison establishment. This prison is a large Victorian built prison located in London. There is an average population of 1,100 inmates, with 60% of those being convicted, the remainder being remand prisoners.

ETS was established with the prison some years previously, so was an up and running programme. Inmates may request or be recommended to undertake an ETS programme. Whether volunteered or recommended, potential participants undertake a pre-course assessment. Eligibility for the programme includes an adequate amount of
English, sufficient sentence length to complete the course, and assessment of motivation and cognitive deficits by means of a semi-structured interview.

Selected ETS participants were recruited for the present study between the dates set out below through well established Prison Service routines.

Table 7 – Group Numbers and their Testing Dates

<table>
<thead>
<tr>
<th>GROUP NUMBER</th>
<th>TESTING DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>November 1999 to January 2000</td>
</tr>
<tr>
<td>39</td>
<td>December 1999 to February 2000</td>
</tr>
<tr>
<td>41</td>
<td>January to February 2000</td>
</tr>
<tr>
<td>42</td>
<td>January to February 2000</td>
</tr>
<tr>
<td>43</td>
<td>February to April 2000</td>
</tr>
<tr>
<td>44</td>
<td>February to May 2000</td>
</tr>
<tr>
<td>45</td>
<td>April to June 2000</td>
</tr>
<tr>
<td>46</td>
<td>April to June 2000</td>
</tr>
<tr>
<td>48</td>
<td>May to August 2000</td>
</tr>
<tr>
<td>49</td>
<td>March to August 2000</td>
</tr>
<tr>
<td>50</td>
<td>September 2000</td>
</tr>
<tr>
<td>51</td>
<td>October to November 2000</td>
</tr>
<tr>
<td>54</td>
<td>November to December 2000</td>
</tr>
<tr>
<td>55</td>
<td>January to February 2001</td>
</tr>
<tr>
<td>56</td>
<td>February to March 2001</td>
</tr>
<tr>
<td>58</td>
<td>March 2001</td>
</tr>
<tr>
<td>59</td>
<td>April to June 2001</td>
</tr>
<tr>
<td>61</td>
<td>April to July 2001</td>
</tr>
<tr>
<td>64</td>
<td>July to September 2001</td>
</tr>
</tbody>
</table>

The total number of prison inmates in this study was 204.

Sample Demographics

Table 8 - Ethnic origin of the prison inmates sample:

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th>% (NUMBER OF INMATES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>46.6% (95)</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>32.4% (66)</td>
</tr>
<tr>
<td>Black African</td>
<td>9.3% (19)</td>
</tr>
<tr>
<td>Missing</td>
<td>4.4% (9)</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>3.4% (7)</td>
</tr>
<tr>
<td>Other</td>
<td>1.5% (3)</td>
</tr>
<tr>
<td>Asian Pakistani</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Asian Other</td>
<td>0.5% (1)</td>
</tr>
<tr>
<td>Arab</td>
<td>0.5% (1)</td>
</tr>
<tr>
<td>Black Other</td>
<td>0.5% (1)</td>
</tr>
</tbody>
</table>
The age range of the inmates was 21 to 68 with a mean age of 30.4.

Table 9 - Current index offence committed by the prison inmates sample:

<table>
<thead>
<tr>
<th>TYPE OF OFFENCE</th>
<th>NUMBER OF INMATES</th>
<th>% OF SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence (robbery/wounding/assault/weapons)</td>
<td>81</td>
<td>39.7%</td>
</tr>
<tr>
<td>Drugs (possession/supply/importation)</td>
<td>51</td>
<td>25%</td>
</tr>
<tr>
<td>Theft and burglary</td>
<td>47</td>
<td>23%</td>
</tr>
<tr>
<td>Other (forgery/motoring/breaches)</td>
<td>18</td>
<td>8.8%</td>
</tr>
<tr>
<td>Sex (rape/indecent assault)</td>
<td>7</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Table 10 - Current length of sentence served by the prison inmates sample:

<table>
<thead>
<tr>
<th>LENGTH OF SENTENCE</th>
<th>NUMBER OF INMATES</th>
<th>% OF SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2 years</td>
<td>36</td>
<td>17.6%</td>
</tr>
<tr>
<td>2 years to 4 years</td>
<td>80</td>
<td>39.2%</td>
</tr>
<tr>
<td>4 years to 6 years</td>
<td>56</td>
<td>27.5%</td>
</tr>
<tr>
<td>6 years to 8 years</td>
<td>19</td>
<td>9.3%</td>
</tr>
<tr>
<td>8 years to 10 years</td>
<td>5</td>
<td>2.5%</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>8</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Table 11 - Level of education achieved by the prison inmates sample (it is worth noting that this information is self-report and so may be incorrect):

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
<th>NUMBER OF INMATES</th>
<th>% OF SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>86</td>
<td>42.2%</td>
</tr>
<tr>
<td>GCSEs or equivalent</td>
<td>53</td>
<td>26%</td>
</tr>
<tr>
<td>Vocational qualifications (NVQs, City and Guilds)</td>
<td>50</td>
<td>24.5%</td>
</tr>
<tr>
<td>A Levels or higher</td>
<td>15</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

**Measures**

The outcome measures utilised by the present study were chosen from the available battery in response to the theoretically derived deficiencies described in Chapter Two. It should be noted that the Psychopathy Checklist-Revised (PCL-R) was assessed by the present researcher whilst working in the research prison establishment, self-completion psychometrics were collected as routine and maintained in a Prison Service database, ETS tutors completed further evaluation of
the progress made by ETS participants and these have been made available for analysis by the present study.

The particular deficits of interest to the present study are described below. Appropriate psychometric instruments from the available battery (i.e. the secondary data set) were chosen to measure change.

**Self Report Psychometrics**

The inmates completed a comprehensive battery of psychometric tests, but for the purposes of this study, a reduced battery of measures was used. These were selected as the most appropriate to assess cognitive and social deficits of particular relevance to psychopathy.

1) **Impulsivity (measuring self control)**

This measure of impulsivity came from the Long Questionnaire which was completed by this sample on the first day of the ETS course, on the last day of the ETS course, and eight weeks after they completed the course. This questionnaire is an amalgamation of several personality scales and consists of 109 items. The questionnaire measures impulsivity, empathy, socialisation, and self-esteem.

The source of the 22 statements used to measure impulsivity originates from the Eysenck and Eysenck Impulsiveness Scale (1978). This scale is replicated in the Long Questionnaire, apart from the omission of two questions, and the re-wording of questions into statements.

Sample statements from this questionnaire are: "It is hard to amount to anything at present" (Qu. 17), "What others think of me does not bother me" (Qu. 28), "I usually think carefully before doing anything" (Qu. 42), "I get bored very easily doing the same old things" (Qu. 67), and "I frequently undertake more than I can accomplish" (Qu. 79).

A copy of the questionnaire is given at Appendix 1.
The respondent is to answer “true” or “false” to each question.

Scoring for impulsivity:
- Positive items (3, 4, 6, 22, 23, 24, 25, 35, 43, 44, 45, 66, 67, 68, 69, 89, 90, 99, 100, 101) are scored 1 if answered “true”.
- Negative items (5, 42) are scored 1 if answered “false”.
- The range of scores is from 0 to 22.

A high score for impulsivity indicates the inmate has a high deficit in these areas.

The Offending Behaviour Programmes Unit (OBPU) at Prison Service Headquarters conducted a test-retest reliability study where inmates completed the Long Questionnaire both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient for impulsivity as 0.86, which may be interpreted as a large correlation (Cohen, 1988). The Cronbach Alpha value was 0.89 for impulsivity, which may be interpreted as showing good internal consistency.

The direction of desired change following treatment is that the score for impulsivity is expected to decrease.

2) Number of Alternatives A-H (measuring cognitive style)

The measure of number of alternatives A-H came from the Social Problem Solving Inventory which was completed by this sample on the first day of the ETS course, on the last day of the ETS course, and eight weeks after they completed the course. This questionnaire measures the individual’s ability to choose the most appropriate solution and generate different solutions to a given problem. The questionnaire consists of 8 problem scenarios which the individual has to rank the appropriateness of given solutions to and to generate new solutions to, and 2 problem scenarios which the individual has to generate new solutions to.
This questionnaire is based on the five stage model proposed by Freedman, Rosenthal, Donahoe, Schulundt and McFall in their development of the Adolescent Problem Inventory (1978).

Sample situation:
- A friend borrowed some money from you several weeks ago. You asked if he could return it as soon as possible because you might need it. He has made no effort to pay you back nor has he mentioned the money on the last few occasions you have seen him. You get the impression he is avoiding you. (Situation A)

The respondent is asked to write down any other possible solutions he can think of than the ones offered in the questionnaire, and the number of alternative solutions for situations A-H was calculated.

A copy of the questionnaire is given at Appendix 2.

OBPU conducted a test-retest reliability study where inmates completed the Social Problem Solving both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient for alternatives A-H was 0.59, which may be interpreted as having a large correlation, (Cohen, 1988).

The direction of desired change following treatment are that the number of alternatives written is expected to increase.

3) Number of alternatives I&J (measuring cognitive style)

The measure of number of alternatives I&J also came from the Social Problem Solving Inventory which has just been described for self report measure 2.

For this measure, the respondent is asked to write down any possible solutions which can be thought of for a situation where there are none offered in the questionnaire, and the number of alternative solutions for situations I&J was calculated.
OBPU conducted a test-retest reliability study where inmates completed the Social Problem Solving both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient for alternatives I and J as 0.37, which may be interpreted as having medium correlation (Cohen, 1988).

The direction of desired change following treatment are that the number of alternatives written is expected to increase.

4) Socialisation (measuring interpersonal problem solving)

The measure of socialisation also came from the Long Questionnaire which has just been described for self report measure 1.

The source of the 45 statements used to measure socialisation originates from the Gough and Peterson (1952) socialisation scale (also see Gough, 1960).

Scoring for socialisation:

- Positive items (18, 31, 34, 36, 58, 59, 60, 62, 63, 65, 82, 83, 92, 94, 97, 102, 103, 107) are scored 1 if answered “true”.
- Negative items (13, 14, 15, 16, 17, 32, 33, 56, 57, 61, 64, 81, 84, 86, 87, 88, 91, 93, 95, 96, 98, 104, 105, 106, 109, 109) are scored 1 if answered “false”.
- The range of scores is from 0 to 45.

A low score for socialisation indicates the inmate has a high deficit in these area.

OBPU conducted a pre-pre study where inmates completed the Long Questionnaire both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient for socialisation as 0.82, which may be interpreted as a large correlation (Cohen, 1988). Cronbach Alpha value was 0.68 for socialisation; this is a marginal Alpha value but considered acceptable for the present study.
The direction of desired change following treatment is that the score in socialisation is expected to increase.

5) Hogan's Empathy (measuring social perspective taking)

The measure of Hogan’s empathy also came from the Long Questionnaire which has just been described for self report measure 1.

The source of the 34 statements used to measure empathy originates from the shorter version of the Hogan empathy scale (Hogan, 1969).

Scoring for Hogan empathy:

- Positive items (9, 11, 26, 29, 30, 41, 46, 49, 50, 51, 53, 54, 72, 73, 77, 78, 79, 80) are scored 1 if answered “true”.
- Negative items (7, 8, 10, 12, 27, 28, 40, 47, 48, 52, 55, 70, 71, 74, 75, 75, 76) are scored 1 if answered “false”.
- The range of scores is from 0 to 34.

A low score for empathy indicates the inmate has a high deficit in this area.

OBPU conducted a test-retest reliability study where inmates completed the Long Questionnaire both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient for Hogan’s empathy as 0.54, which may be interpreted as a large correlation (Cohen, 1988). The Cronbach Alpha value was 0.23 for Hogan’s empathy.

The direction of desired change following treatment is that the score in Hogan’s empathy is expected to increase.
6) Mollification (measuring values)

The measure of mollification came from the Psychological Inventory of Criminal Thinking Styles (PICTS) which was completed by this sample on the first day of the ETS course, on the last day of the ETS course, and eight weeks after they completed the course. This questionnaire was designed by Walters (1995b) and measures eight thinking styles which have been shown to be associated with serious criminal conduct, for example entitlement, sentimentality and superoptimism.

The PICTS has been shown to have good levels of reliability and validity (Palmer and Hollin, 2003, 2004; Walters, 1995a, 1996; Walters and Elliott, 1999; Walters, Elliott and Miscoll, 1998).

Sample statements for this questionnaire are: “I see no reason to change my behaviour at this point in my life” (Qu. 7), “The way I look at it, I’ve paid my dues and am therefore justified in taking what I want” (Qu. 12), “Even when I was caught for a crime I would convince myself that there was no way they would convict me or send me to prison” (Qu. 22), “I tend to get easily sidetracked so that I rarely finish what I start” (Qu. 62) and “I rarely considered the consequences of my actions before coming to prison” (Qu. 74).

A copy of the questionnaire is given at Appendix 3.

The respondent is presented with 80 questions and asked to answer on a four-option Likert scale (“Strongly agree”, “Agree”, “Uncertain”, and “Disagree”)

The respondent receives scores in eight thinking styles including mollification -“when a person justifies and rationalises his norm-violating behaviour by focusing on social injustice, minimises the seriousness or specific antisocial acts, or projects blame onto the victims of his crimes” (Prison Service “Cognitive Skills Psychometric Test Battery Guide”).

Each scale is scored using 8 items with a range of 8 to 32. A high score indicates a greater deficit in that area.
The direction of desired change following treatment is that the score in mollification is expected to decrease.

7) Cut off (measuring values)

The measure of cut off also came from the PICTS which has just been described for self report measure 6.

The respondent receives scores in eight thinking styles including cut off - “a rapid elimination of fear, anxiety, and other psychological deterrents to criminal action” (Prison Service “Cognitive Skills Psychometric Test Battery Guide”).

Each scale is scored using 8 items with a range of 8 to 32. A high score indicates a greater deficit in that area.

The direction of desired change following treatment is that the scores in cut off is expected to decrease.

8) Cognitive indolence (measuring critical reasoning)

The measure of cognitive indolence also came from the PICTS which has just been described for self report measure 6.

The respondent receives scores in eight thinking styles including cognitive indolence - “an inclination toward lazy thinking, short-cut problem solving, and uncritical acceptance of personal ideas and plans” (Prison Service “Cognitive Skills Psychometric Test Battery Guide”).

Each scale is scored using 8 items with a range of 8 to 32. A high score indicates a greater deficit in that area.

The direction of desired change following treatment is that the score in cognitive indolence is expected to decrease.
9) Locus of control (measuring critical reasoning)

This questionnaire was completed by this sample on the first day of the ETS course, on the last day of the ETS course, and eight weeks after they completed the course. This questionnaire measures the extent to which the individual accepts responsibility for his behaviour and recognises that events are under his control. The questionnaire has 18 items.

The source for this questionnaire is a short selection of questions measuring locus of control and was successfully used at HMP Wakefield for many years. The original source of many of the questions was the Craig, Franklin and Andrews (1984) Locus of Control Behaviour (LCB) scale.

Sample questions for this questionnaire are: “I can anticipate difficulties and take action to avoid them” (Qu. 1), “When I make plans I am almost certain I can make them work” (Qu. 5), “My life is controlled by outside actions and events” (Qu. 9), “I believe people are victims of circumstances beyond their control” (Qu. 10), and “I am confident of being able to deal with future problems” (Qu. 16).

A copy of the questionnaire is given at Appendix 4.

The respondent is to answer on a five point scale from “always agree” to “always disagree”.

The respondent receives a score in Locus of control

Scoring:

- Positive items (1, 5, 7, 8, 13, 15, 16) are scored 4 if answered “always agree”, scored 3 if answered “agree”, scored 2 if answered “unsure”, scored 1 if answered “disagree”, and scored 0 if answered “always disagree”.
- Negative items (2, 3, 4, 6, 9, 10, 11, 12, 14, 17, 18) are scored 4 if answered “always disagree”, scored 3 if answered “disagree”, scored 2 if answered
"unsure", scored 1 if answered "agree", and scored 0 if answered "always agree".

- The range of scores is from 0 to 72.

OBPU conducted a test-retest reliability study where inmates completed the Locus of Control both a month before they were due to begin the programme, and then again on the first day of the programme. Pearson Product Moment Correlation Coefficient as 0.61 which may be interpreted as a large correlation (Cohen, 1988).

A low score indicates the inmate has a more external Locus of Control. Therefore, the desired direction of change is an increase in score.

**Psychopathy Checklist-Revised (PCL-R)**

The PCL-R is the Hare Psychopathy-Checklist Revised (Hare, 1991) which measures psychopathy by assessing behaviours and personality traits considered fundamental to that personality type. Hare (1998b) describes the PCL-R as "a research tool for operationalizing the construct of psychopathy" (p.192).

The PCL-R consists of a twenty-item scale of items which are scored on a three point scale (score 0, 1 or 2) depending on the extent to which it applies to the offender. The total score can therefore range from 0 to 40. The PCL-R is scored on the basis on a semi-structured interview (see Appendix 5 for interview script) and review of file information, and may be scored solely on file information if it is detailed enough. The final score provides an estimate of the extent to which the offender matches the profile of a prototypical psychopath.

Topics covered in the file review are: demographic data, family history, educational history, employment history, marriage/common-law relationships, medical history, criminal history, substance use history, institutional behaviour, psychological text reports, and miscellaneous additional information.
Table 12 - The twenty items on the PCL-R with their factor loading.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Glibness/superficial charm</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Grandiose sense of self worth</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Need for stimulation/proneness to boredom</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Pathological lying</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Conning/manipulative</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Lack of remorse of guilt</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Shallow affect</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>Callous/lack of empathy</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>Parasitic lifestyle</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Poor behavioural controls</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td>Promiscuous sexual behaviour</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Early behavioural problems</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>Lack of realistic, long-term goals</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Impulsivity</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>Irresponsibility</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>Failure to accept responsibility for own actions</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>Many short-term marital relationships</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Juvenile delinquency</td>
<td>2</td>
</tr>
<tr>
<td>19.</td>
<td>Revocation of conditional release</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>Criminal versatility</td>
<td></td>
</tr>
</tbody>
</table>

Factor 1 consists of items connected with the affective and interpersonal features of psychopathy, and Factor 2 with an impulsive, antisocial and unstable lifestyle. Items 11, 17 and 20 do not load onto either factor, and contribute solely to the total score.

Detailed below is a description of each of the PCL-R items and which characteristics contribute to its scoring –

**Item 1: Glibness/Superficial Charm** (loads onto Factor 1)
Glibness, insincerity, using entertaining conversation, displaying superficial knowledge, not being entirely believable, and casually using jargon.

**Item 2: Grandiose Sense of Self Worth** (loads onto Factor 1)
Being opinionated, exaggerating his own abilities, unashamed about his imprisonment, having a superior attitude toward others, and wants to pursue a career with importance.

**Item 3: Need for Stimulation/Proneness to Boredom** (loads onto Factor 2)
An extreme need for excitement, risk-taking behaviour, frequent moving between jobs and relationships, and trying many different types of drugs.
**Item 4: Pathological Lying** (loads onto Factor 1)
An effortless use of lying in everyday conversation, boasting about his ability to lie, giving conflicting stories of his past, and using aliases.

**Item 5: Conning/Manipulative** (loads onto Factor 1)
Using deceit and deception to manipulate others, not caring about the effects of such behaviour on victims, cheating on family or in relationships, and exploiting others’ weaknesses.

**Item 6: Lack of Remorse or Guilt** (loads onto Factor 1)
A lack of concern for victims, his family or society, minimising the seriousness of offences, and blaming others.

**Item 7: Shallow Affect** (loads onto Factor 1)
The inability to express a normal breadth and intensity of emotion, either expressing no emotion at all, or else displaying brief but dramatic emotions which appear as false.

**Item 8: Callous/Lack of Empathy** (loads onto Factor 1)
A lack of feeling for others, an egocentric attitude, a casual attitude toward his crimes and victims, and heartless treatment of others.

**Item 9: Parasitic Lifestyle** (loads onto Factor 2)
Purposely depending on others for money, avoiding consistent employment, and supporting himself through criminal activity.

**Item 10: Poor Behavioural Controls** (loads onto Factor 2)
Being quick-tempered and irritable, having a criminal record of violent offences, and acting like nothing has happened following one of his outbursts.

**Item 11: Promiscuous Sexual Behaviour** (does not load onto either factor)
Having a sexual history which includes frequent ‘one night stands’, continuing several relationships simultaneously, indulging in a wide variety of different sexual practices, and involvement in prostitution or sexual offences.
Item 12: Early Behaviour Problems  (loads onto Factor 2)
A history of problems under the age of 12, possibly including committing crimes, involvement with sex, alcohol, and drugs, and problems at school.

Item 13: Lack of Realistic, Long-term Goals  (loads onto Factor 2)
Either having no goals at all and drifting from day to day, or having an completely unrealistic goal of pursuing a career with huge status.

Item 14: Impulsivity  (loads onto Factor 2)
An impulsive attitude toward relationships and jobs, a history of committing impulsive crimes, and a lack of considering the consequences of his actions.

Item 15: Irresponsibility  (loads onto Factor 2)
An irresponsible attitude toward family and friends, money, business, and jobs, and partaking in risky behaviour.

Item 16: Failure to Accept Responsibility for Own Actions  (loads onto Factor 1)
Failing to accept responsibility for his criminal and non-criminal actions and their consequences, either through denial, minimisation, or blaming others.

Item 17: Many Short-term Marital Relationships  (does not load onto either factor)
A propensity for several live-in or marital relationships compared to his age.

Item 18: Juvenile Delinquency  (loads onto Factor 2)
A criminal record which includes offences committed under the age of 18.

Item 19: Revocation of Conditional Release  (loads onto Factor 2)
A criminal record which may include escaping from prison, breaching bail, parole violations, or failing to appear at court.

Item 20: Criminal Versatility  (does not load onto either factor)
A criminal record which includes many different types of offences over the age of 18.
The psychometric properties of the PCL-R are well established (e.g. see Pham, 1998) in which inter-rater reliability parameters, Alpha Cronbach coefficient and factor correlations were all found to be satisfactory. Cronbach Alpha coefficient of 0.87 have been found amongst offender populations (e.g. Edens, Poythress and Lilienfeld, 2000) and of 0.90 in a Special Hospital population (e.g. Reiss, Leese, Meux and Grubun, 2006). In the present study, the Cronbach Alpha reliability was 0.803 and inter-rater reliability was found to be satisfactory (Offending Behaviour Programmes Unit, personal communication).

Tutor Evaluation

1 - The ETS Semi-Structured Interview (SSI)

The ETS semi-structured interview is used in all prisons in England and Wales which are assessing inmates’ suitability for the ETS programme. The interview schedule was adapted for this use by the Offending Behaviour Programmes Unit at Prison Service Headquarters from an interview by “T3 Associates” (a Canadian training and consultancy company).

The interview took about 45 minutes to conduct and was conducted by a member of the Programmes team (typically a psychologist or prison officer). That staff member would then score the interview on various ratings each representing a cognitive deficit. The scores allocated for each rating run from 5 to 1. It was then decided, on the basis of these ratings, whether the inmate would be appropriate for treatment on ETS. It was necessary for the inmate to have no more than five ratings scoring above 3 (excluding the two ratings measuring motivation) to be accepted.

The interview covered issues including personal problems, their current and previous offences, their goals, their dealings with other people, and their motivation for attending the programme. The interview also included a number of scenarios following which the inmate was asked to discuss what they would do and the potential consequences of their actions, and some statements which they were asked to complete (see Appendix 6 for interview script).
Examples of questions from the interview include: "What do you feel will be the biggest problem(s) while you are on probation?" (Qu. 3), "What do you do when you are really angry with people?" (Qu. 8), "Was there any other way you could think of achieving what you wanted?" (Qu. 13), "Are you satisfied with the way you get along with people?" (Qu. 22), and "What do you hope to gain from attending this programme?" (Qu. 37).

The ratings for the SSI included those which measured the following cognitive deficits: impulsivity (measuring self control), cognitive style (measuring cognitive style), ability to solve problems (measuring interpersonal problem solving), social perspective taking (measuring social perspective taking), moral reasoning (measuring values), and critical reasoning (measuring critical reasoning). The new ratings of moral reasoning and critical reasoning were introduced by the Offending Behaviour Programmes Unit part of the way through the study, therefore, only some of the subjects have these scores.

2 - ETS Post Programme Report

The ETS post programme report is used in all prisons in England and Wales which run the ETS programme. The report serves to describe the behaviour and progress of the inmate when they have completed the ETS course. The report template was designed by the Offending Behaviour Programmes Unit at Prison Service Headquarters.

The report takes about two hours to write and is written by one of the ETS tutors who ran that particular course (typically a psychologist or prison officer). That tutor would then score the interview on various ratings each representing a cognitive deficit. These ratings correspond to those given at the semi-structured interview stage before the course. The scores allocated for each rating run from 5 to 1.

The report covers the following areas: attendance, participation and indications of appropriate motivation for doing the course, overall progress, interpersonal problem solving, social skills, cognitive style, self control, social perspective taking, moral reasoning, critical reasoning, application of skills covered to
real-life situations. At the end of the report, there was a section called ‘recommendations’ where the tutor gave objectives for the inmate based on continuing course skills, changing their offending behaviour, and any additional needs (typically with drugs, alcohol or gambling).

The ratings for the Post Programme Report included those which measured the following cognitive deficits: impulsivity (measuring self control), cognitive style (measuring cognitive style), ability to solve problems (measuring interpersonal problem solving), social perspective taking (measuring social perspective taking), moral reasoning (measuring values), and critical reasoning (measuring critical reasoning).

Table 13 – Psychometric instruments chosen to measure cognitive deficits and their internal consistency and test retest reliability

<table>
<thead>
<tr>
<th>Cognitive Deficit</th>
<th>Measure</th>
<th>Cronbach Alpha</th>
<th>Test Retest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Control</td>
<td>Self report - Impulsivity</td>
<td>0.89</td>
<td>0.86</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – Impulsivity</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td>Cognitive Style</td>
<td>Self report – Number of</td>
<td>Unavailable</td>
<td>0.59</td>
</tr>
<tr>
<td></td>
<td>alternatives A-H</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self report – Number of</td>
<td>Unavailable</td>
<td>0.37</td>
</tr>
<tr>
<td></td>
<td>alternatives I&amp;J</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – Cognitive</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>style</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Problem</td>
<td>Self report - Socialisation</td>
<td>0.68</td>
<td>0.82</td>
</tr>
<tr>
<td>Solving</td>
<td>Tutor evaluation – Ability to</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>solve problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Perspective</td>
<td>Self report – Hogan Empathy</td>
<td>0.23</td>
<td>0.54</td>
</tr>
<tr>
<td>Taking</td>
<td>Tutor evaluation – Social</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>perspective taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values</td>
<td>Self report - Mollification</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>Self report – Cut off</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – Morals/Values</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td>Critical reasoning</td>
<td>Self report – Cognitive indolence</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>Self report – Locus of control</td>
<td>Unavailable</td>
<td>0.61</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – Critical</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td></td>
<td>reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Procedures

Once the inmate had been accepted onto the ETS course and was put on the waiting list, the present researcher would arrange for the inmate to undergo the PCL-R assessment. An appointment was arranged with the inmate. The assessment was explained as a “personality assessment” and the terms “PCL-R” or “psychopathy” were not used. It was felt that the use of such terms may upset or confuse the inmates unnecessarily.

Collateral file information of the inmate was studied beforehand so that section of the assessment was completed before the interview.

The assessments were generally conducted in one interview session, and held in a quiet office or classroom. The interview took any time between one and three hours. The inmate was allowed a toilet or cigarette break if they requested it. The sessions were videoed for reliability checks and training purposes. There was a debriefing session when the interview had finished and the video camera had been switched off. This was important for the inmate as some aspects of the interview could have been emotional or difficult for the inmate.

The PCL-R assessments were scored as per Hare’s guidelines and rating book.

The psychometric test battery was routinely collected by the ETS tutors.

An SPSS database was designed to hold all of the demographic information, and SSI, PCL-R and PPR scores for each inmate. The psychometric questionnaires were sent to Prison Service Headquarters for scoring and entry on their national database (see Appendix 7 for raw data tables). Later disks of this data were obtained to complete the database used in the present research.

Ethical Considerations

Once accepted on the ETS programme and before beginning the pre-course assessment, the selected inmate had the research explained to them and the voluntary
requirement to complete the PCL-R. The inmate was asked to sign a consent form (see Appendix 8) to say he had understood and agreed that data generated may be used for research or training purposes. The consent form was designed by the Offending Behaviour Programmes Unit and fulfilled two main functions. Firstly, it described the assessment process and the necessity of the video-taping of the interview for double scoring purposes to the inmate. The inmate was required to sign this part of the consent form for the assessment to continue.

All of the interviews were videotaped as per Prison Service guidelines. The videotapes were sent to Prison Service Headquarters after the interview where they were sent to other PCL-R raters for double scoring for their research. The videotapes were then kept at Headquarters for training purposes, if not videotapes were wiped clean.

This there was also an understanding that the pooled anonymised data gathered through the psychometric assessment as part of the ETS programme may be used for other research. Consent for the current research was secured from Prison Service Headquarters (see Appendix 9) who are responsible for the governance of the ETS programme on a national level.

Results

Classifying psychopathy

The Psychopath group comprised of inmates scoring 25 or over on the PCL-R (n = 25) and the Non-psychopath group were inmates scoring under 25 on the PCL-R (n = 152).
Table 14 – Breakdown of psychopaths and non-psychopaths for Study One

<table>
<thead>
<tr>
<th>PCL-R Score</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychopath (25 and over)</td>
<td>25</td>
<td>14%</td>
</tr>
<tr>
<td>Non-psychopath (under 25)</td>
<td>152</td>
<td>86%</td>
</tr>
</tbody>
</table>

Differences between psychopaths and non-psychopaths

The results are grouped within sections examining the six cognitive deficits, with the self report measure followed by the tutor evaluation. The full tabulation of the raw data is available in Appendix 7. The analyses examined the effects of group membership (i.e. psychopath/non-psychopath) and time in terms of immediate and follow up assessments.

There are various ways to analyse data from pre-post designs – Repeated Measures ANOVAs, Change scores and ANCOVAs can all be used and there are strengths and weaknesses to each approach (Bonate, 2000). Whilst change scores are easier to interpret and analyse, it is recognised that they often fail at removing effect of the pre score as it is often correlated with the change score (Dugard and Tolman, 1995). The use of ANCOVA with the pre scores as a covariate was considered, however this was not possible as several important assumptions were not met, for example the pre scores could not be considered to be measured entirely without error. It was felt that the initial Repeated measures ANOVAs would give a detailed picture of the effects of time, group and the interaction between these two factors, and the post hoc t tests on the change score would provide a direct test of the research question.

There were significant interactions between time and group for two of the measures. These were:

- Impulsivity (from Long Questionnaire) – desired direction of change is decrease in score
- Cut off (from PICTS) – desired direction of change is decrease in score

For these measures, a Short Term change measure (post – pre or post – mid as appropriate) and a Long Term change measure (follow up - pre) was calculated.
Independent samples t-tests were conducted on the change measures to examine whether Psychopaths showed less Short Term or Long Term change than Non-psychopaths. The significance level for these post hoc t-tests was Bonferroni corrected at $p < 0.025$. This statistical correction is used because of the number of tests undertaken. Only those inmates who completed the measure at each time stage were included in this analysis.
Cognitive Deficit 1 - Self Control

Self Report – Impulsivity from Long Questionnaire

The desired direction of change for this measure is decrease in score.

Figure 1 – Impulsivity (from Long Questionnaire) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly higher mean scores of impulsivity than non-psychopaths: $F (1,90) = 4.58, p < 0.05$, $\eta^2_p = 0.048$.

There was an overall significant change in impulsivity between pre (Mean = 13.45, s.d. 4.78), post (Mean = 10.52, s.d. = 5.33) and follow up (Mean = 9.40, s.d. = 5.73): $F (2,180) = 24.41, p < 0.01$, $\eta^2_p = 0.213$.

There was an interaction between time and group: $F (2,180) = 4.18, p < 0.05$, $\eta^2_p = 0.044$. 

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There was no significant difference in the pattern of short term change (post – pre) between psychopaths and non-psychopaths: $t (65) = 1.74, p = 0.086$.

There was no significant difference in the pattern of long term change (follow up – pre) between psychopaths and non-psychopaths: $t (65) = 1.00, p = 0.324$. 
Tutor Evaluation – Impulsivity from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 3 – Impulsivity (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly lower mean scores of impulsivity than non-psychopaths: $F(1,175) = 14.54, p < 0.01, \eta_p^2 = 0.077$.

There was an overall significant change in impulsivity between pre (Mean = 1.57, s.d. = 0.74) and post (Mean = 3.59, s.d. = 0.77): $F(1,175) = 358.10, p < 0.01, \eta_p^2 = 0.672$.

There was no interaction between time and group: $F(1,175) = 0.07, p = 0.790, \eta_p^2 = 0.000$. Therefore the pattern of change in impulsivity was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of self control, whilst the self report assessment of impulsivity found a difference in the pattern of change between psychopaths and non-psychopaths, this was not replicated when the results were broken down into short and long term. The tutor evaluation of impulsivity found no difference in the pattern of change between psychopaths and non-psychopaths.
Cognitive Deficit 2 – Cognitive Style

Self Report (Measure 1) – Number of Alternatives A-H from Social Problem Solving Inventory

The desired direction of change for this measure is increase in score.

Figure 4 – Number of Alternatives A-H (from Social Problem Solving) mean scores for psychopathic and non-psychopathic inmates

<table>
<thead>
<tr>
<th>Time</th>
<th>Psychopaths</th>
<th>Non-psychopaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>3.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Post</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Follow-up</td>
<td>3.5</td>
<td>2.5</td>
</tr>
</tbody>
</table>

There was no significant difference in the mean scores of number of alternatives A-H between psychopaths and non-psychopaths: $F(1,95) = 0.94, p = 0.334, \eta_p^2 = 0.010$.

There was no overall significant change in number of alternatives A-H between pre (Mean = 2.83, s.d. = 3.67), post (Mean = 2.65, s.d. = 4.03) and follow up (Mean = 3.12, s.d. = 4.79): $F(2,190) = 0.18, p = 0.833, \eta_p^2 = 0.002$.

There was no interaction between time and group: $F(2,190) = 0.18, p = 0.839, \eta_p^2 = 0.002$. Therefore the pattern of change in number of alternatives A-H was the same for psychopaths and non-psychopaths.
Self Report (Measure 2) – Number of Alternatives I&J from Social Problem Solving Inventory

The desired direction of change for this measure is increase in score.

Figure 5 – Number of Alternatives I&J (from Social Problem Solving) mean scores for psychopathic and non-psychopathic inmates

There was no significant difference in the mean scores of number of alternatives I&J between psychopaths and non-psychopaths: $F(1,95) = 0.16, p = 0.692, \eta^2_p = 0.002$.

There was no overall significant change in number of alternatives I&J between pre (Mean = 5.04, s.d. = 1.96), post (Mean = 5.50, s.d. = 2.10) and follow up (Mean = 5.48, s.d. = 2.20): $F(2,190) = 0.80, p = 0.450, \eta^2_p = 0.008$.

There was no interaction between time and group: $F(2,190) = 1.74, p = 0.179, \eta^2_p = 0.018$. Therefore the pattern of change in number of alternatives I&J was the same for psychopaths and non-psychopaths.
Tutor Evaluation – Cognitive Style from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 6 – Cognitive Style (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly lower mean scores of cognitive style than non-psychopaths: $F(1,175) = 6.30, p < 0.05, \eta^2_p = 0.035$.

There was an overall significant change in cognitive style between pre (Mean = 1.98, s.d. = 0.75) and post (Mean = 3.69, s.d. = 0.71): $F(1,175) = 254.56, p < 0.01, \eta^2_p = 0.593$.

There was no interaction between time and group: $F(1,175) = 0.75, p = 0.389, \eta^2_p = 0.004$. Therefore the pattern of change in cognitive style was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of cognitive style, both the self report assessments of number of alternatives A-H and I+J, and the tutor evaluation of cognitive style found no difference in the pattern of change between psychopaths and non-psychopaths.
Cognitive Deficit 3 – Interpersonal Problem Solving

Self Report – Socialisation from Long Questionnaire

The desired direction of change for this measure is increased in score.

Figure 7 – Socialisation (from Long Questionnaire) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have lower mean scores of socialisation than non-psychopaths: \( F(1,91) = 4.17, p < 0.05, \eta_p^2 = 0.044. \)

There was an overall significant change in socialisation between pre (Mean = 19.78, s.d. = 5.43), post (Mean = 22.33, s.d. = 5.47) and follow up (Mean = 23.11, s.d. = 5.65): \( F(2,182) = 14.64, p < 0.01, \eta_p^2 = 0.139. \)

There was no interaction between time and group: \( F(2,182) = 0.12, p = 0.886, \eta_p^2 = 0.001. \) Therefore the pattern of change in socialisation was the same for psychopaths and non-psychopaths.
Tutor Evaluation – Ability to Solve Problems from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 8 – Ability to solve problems (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

There was no significant difference in the mean scores of ability to solve problems between psychopaths and non-psychopaths: \( F(1, 175) = 7.51, p = 0.07, \eta^2 = 0.041 \).

There was an overall significant change in ability to solve problems between pre (Mean = 1.73, s.d. = 0.74) and post (Mean = 3.70, s.d. = 0.66): \( F(1, 175) = 417.27, p < 0.01, \eta^2 = 0.705 \).

There was no interaction between time and group: \( F(1, 175) = 0.098, p = 0.754, \eta^2 = 0.001 \). Therefore the pattern of change in ability to solve problems was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of interpersonal problem solving, both the self report assessment of socialisation and the tutor evaluation of ability to solve problems found no difference in the pattern of change between psychopaths and non-psychopaths.
Cognitive Deficit 4 – Social Perspective Taking

Self Report – Hogan’s Empathy from Long Questionnaire

The desired direction of change for this measure is increase in score.

Figure 9 – Hogan’s Empathy (from Long Questionnaire) mean scores for psychopathic and non-psychopathic inmates

There was no significant difference in the mean scores of Hogan’s empathy between psychopaths and non-psychopaths: $F(1,89) = 0.01, p = 0.943, \eta^2 = 0.000$.

There was no overall significant change in Hogan’s empathy between pre (Mean = 16.08, s.d. = 3.21), post (Mean = 17.06, s.d. = 3.10) and follow up (Mean = 16.87, s.d. = 2.73): $F(2,178) = 1.77, p = 0.174, \eta^2 = 0.019$.

There was no interaction between time and group: $F(2,178) = 0.28, p = 0.753, \eta^2 = 0.003$. Therefore the pattern of change in Hogan’s empathy was the same for psychopaths and non-psychopaths.
Tutor Evaluation – Social Perspective Taking from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 10 – Social Perspective Taking (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly lower mean scores of social perspective taking than non-psychopaths: $F(1,175) = 7.84, p < 0.01, \eta_p^2 = 0.043$.

There was an overall significant change in social perspective taking between pre (Mean = 2.03, s.d. = 0.75) and post (Mean = 2.76, s.d. = 0.76): $F(1,175) = 241.01, p < 0.01, \eta_p^2 = 0.579$.

There was no interaction between time and group: $F(1,175) = 0.41, p = 0.521, \eta_p^2 = 0.002$. Therefore the pattern of change in social perspective taking was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of social perspective taking, both the self report assessment of Hogan empathy and the tutor evaluation of social perspective taking found no difference in the pattern of change between psychopaths and non-psychopaths.
Cognitive Deficit 5 – Values

Self Report (Measure 1) – Mollification from PICTS

The desired direction of change for this measure is decrease in score.

Figure 11 – Mollification (from PICTS) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly higher mean scores of mollification than non-psychopaths: $F(1,97) = 7.77, p < 0.01, \eta^2 = 0.074$.

There was an overall significant change in mollification between pre (Mean = 15.95, s.d. = 4.65), post (Mean = 13.30, s.d. = 4.52) and follow up (Mean = 12.66, s.d. = 3.94): $F(2,194) = 19.75, p < 0.01, \eta^2 = 0.169$.

There was no interaction between time and group: $F(2,194) = 0.87, p = 0.421, \eta^2 = 0.009$. Therefore the pattern of change in mollification was the same for psychopaths and non-psychopaths.
Self Report (Measure 2) – Cut off from PICTS

The desired direction of change for this measure is decrease in score

Figure 12 – Cut off (from PICTS) mean scores for psychopathic and non-psychopathic inmates

Cut Off (PICTS)

<table>
<thead>
<tr>
<th>Score</th>
<th>Pre</th>
<th>Post</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychopaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-psychopaths</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Psychopaths have significantly higher mean scores of cut off than non-psychopaths: $F(1,95) = 8.65, p < 0.01, \eta_p^2 = 0.083$.

There was an overall significant change in cut off between pre (Mean = 17.09, s.d. = 5.54), post (Mean = 15.24, s.d. = 4.85) and follow up (Mean = 13.84, s.d. = 5.35): $F(2,190) = 22.45, p < 0.01, \eta_p^2 = 0.191$.

There was an interaction between time and group: $F(2,190) = 5.68, p < 0.01, \eta_p^2 = 0.056$. 

Psychopaths showed significantly more short term change (post – pre) between than non-psychopaths: $t (94) = 4.21, p < 0.025$.

There was no significant difference in the pattern of long term change (follow up – pre) between psychopaths and non-psychopaths: $t (94) = 1.29, p = 0.200$. 
Tutor Evaluation – Moral Reasoning from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 14 – Moral reasoning (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

There was no significant difference in the mean scores of moral reasoning between psychopaths and non-psychopaths: $F(1,128) = 1.57, p = 0.212, \eta_p^2 = 0.012$.

There was an overall significant change in moral reasoning between pre (Mean = 2.05, s.d. = 0.73) and post (Mean = 3.30, s.d. = 0.75): $F(1,128) = 134.06, p < 0.01, \eta_p^2 = 0.512$.

There was no interaction between time and group: $F(1,128) = 0.12, p = 0.292, \eta_p^2 = 0.009$. Therefore the pattern of change in moral reasoning was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of values, the self report assessment of mollification and the tutor evaluation of moral reasoning found no difference in the pattern of change between psychopaths and non-psychopaths. However, the self report assessment of cut off did find a difference in the pattern of change between
psychopaths and non-psychopaths, which was isolated as a difference in long term change once the results were broken down.
Cognitive Deficit 6 – Critical Reasoning

Self Report (Measure 1) – Cognitive Indolence from PICTS

The desired direction of change for this measure is decrease in score.

Figure 15 – Cognitive Indolence (from PICTS) mean scores for psychopathic and non-psychopathic inmates

Psychopaths have significantly higher mean scores of cognitive indolence than non-psychopaths: $F(1, 98) = 4.24, p < 0.05, \eta_p^2 = 0.041$.

There was an overall significant change in cognitive indolence between pre (Mean = 19.01, s.d. = 4.74), post (Mean = 16.56, s.d. = 4.62) and follow up (Mean = 15.45, s.d. = 4.55): $F(2, 196) = 15.41, p < 0.01, \eta_p^2 = 0.136$.

There was no interaction between time and group: $F(2, 196) = 2.19, p = 0.115, \eta_p^2 = 0.022$. Therefore the pattern of change in cognitive indolence was the same for psychopaths and non-psychopaths.
Self Report (Measure 2) – Locus of Control

The desired direction of change for this measure is increase in score.

Figure 16 – Locus of Control mean scores for psychopathic and non-psychopathic inmates

There was no significant difference in the mean scores of locus of control between psychopaths and non-psychopaths: $F(1,82) = 0.94, p = 0.335, \eta_p^2 = 0.011$.

There was an overall significant change in locus of control between pre (Mean = 43.28, s.d. = 7.25), post (Mean = 45.80, s.d. = 6.95) and follow up (Mean = 46.37, s.d. = 6.96): $F(2,164) = 4.69, p < 0.05, \eta_p^2 = 0.054$.

There was no interaction between time and group: $F(2,164) = 0.45, p = 0.638, \eta_p^2 = 0.005$. Therefore the pattern of change in locus of control was the same for psychopaths and non-psychopaths.
Tutor Evaluation – Critical Reasoning from SSI/PPR

The desired direction of change for this measure is increase in score.

Figure 17 – Critical Reasoning (from SSI/PPR) mean scores for psychopathic and non-psychopathic inmates

![Critical Reasoning (SSI/PPR) chart]

There was no significant difference in the mean scores of critical reasoning between psychopaths and non-psychopaths: $F(1,127) = 0.90, p = 0.344, \eta^2_p = 0.007$.

There was an overall significant change in critical reasoning between pre (Mean = 1.91, s.d. = 0.69) and post (Mean = 3.35, s.d. = 0.66): $F(1,127) = 160.31, p < 0.01, \eta^2_p = 0.558$.

There was no interaction between time and group: $F(1,127) = 0.22, p = 0.643, \eta^2_p = 0.002$. Therefore the pattern of change in critical reasoning was the same for psychopaths and non-psychopaths.

In conclusion, for the cognitive deficit of critical reasoning, both the self report assessments of cognitive indolence and locus of control, and the tutor evaluation of critical reasoning found no difference in the pattern of change between psychopaths and non-psychopaths.
A summary table of the interactions between time and group was constructed to easily assess the results for this research question.

Table 15 – Significant interactions in the prison inmate sample between psychopaths and non-psychopaths

<table>
<thead>
<tr>
<th>Cognitive Deficit</th>
<th>Measure</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Control</td>
<td>Self Report – Impulsivity</td>
<td><em>P</em> &lt; 0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>p</em> = 0.086 (ST)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>p</em> = 0.324 (LT)</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Impulsivity</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Self Report – Number of alternatives I&amp;J</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Cognitive Style</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Ability to Solve Problems</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Social Perspective Taking</td>
<td>Not sig.</td>
</tr>
<tr>
<td>Values</td>
<td>Self Report – Mollification</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Self Report – Cut Off</td>
<td><em>P</em> &lt; 0.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>p</em> &lt; 0.025 (ST)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>p</em> = 0.200 (LT)</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Morals/Values</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Self Report – Locus of Control</td>
<td>Not sig.</td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation – Critical Reasoning</td>
<td>Not sig.</td>
</tr>
</tbody>
</table>

Key:
Not sig. = no significant interaction
*p* < 0.05 or *p* < 0.01 = significant interaction
ST = significant effect for short term t-test
LT = significant effect for long term t-test

**Conclusion**

Out of 15 measures, significant interactions between time and group (psychopath/non-psychopath) were found for 2 measures. Therefore, in the majority of measures, the pattern of change was the same for psychopaths and non-psychopaths.

In the tutor evaluations both psychopaths and non-psychopaths demonstrated improvement in their scores for all measures.
In the self report assessments, most of the measures demonstrated improvement from pre to post for both the psychopaths and non-psychopaths. However, from post to follow up, for many of the measures, non-psychopaths demonstrated further improvement, whereas the non-psychopaths tended to worsen to near or below pre course scores. This suggests that whilst both psychopaths and non-psychopaths make improvements from pre to post on many measures, the psychopaths are less likely to sustain or improve further on these measures than the non-psychopaths who often make further gains.

With most of the cognitive deficits, similar results were yielded from both the tutor evaluations and self report questionnaires. Only the cognitive deficits of self control and values demonstrated a difference between the tutor and inmate assessments, although more detailed investigation found these differences to be negligible.

Therefore, psychopaths and non-psychopaths appear to show similar, albeit mostly statistically non-significant, directions of change from pre to post. However, there are noticeable differences in programme follow up, where on most of the psychometric questionnaire measures, the non-psychopaths improved further from their post course score, or at least maintained the same improvement, whereas the non-psychopaths tended to worsen from their post course score, to near their pre score once more. However, this means that from pre course to follow up, on many measures, psychopaths had made a small overall improvement, although this was not statistically significant. Further research with a larger sample size may yield more significant results.

From the discussion of the direction of change of the non-significant results, and the small number of significant interactions, it may be concluded that participants do show improvement but that psychopaths do not demonstrate less improvement following the ETS course than non-psychopaths. The implications of these results on the treatment of psychopaths is that they may gain as much from the programme as non-psychopaths, but that follow up work is required to help reinforce the skills learnt during the course.
These results address the issues related to psychopaths within the prison environment. ETS programmes have been extended to the Special Hospital sector and have been implemented with mentally disordered offenders. It would be instructive to see if the results reported in the present chapter carry over and are replicated for mentally disordered psychopaths. This is the subject of the next chapter.
Chapter Six

Study Two

This Chapter reports the method and results of the study conducted in order to test the hypothesis “the results between the prison and special hospital samples are similar enough to allow for transferability of the programmes”.

In order to answer this question, it was necessary to replicate the prison data analysis by undertaking a within Special Hospital comparison between psychopaths and non-psychopaths, then making direct comparison of these results to the prison inmate analysis undertaken in Chapter Five. As in the previous study, use was made of the data generated routinely as part of the ETS programme and is treated as a secondary source. The PCL-R scores were assessed purely for the purposes of this study.

Sample

The patients recruited for this study all came from the same special hospital located near London.

The patients were recruited for this study by their involvement in the ETS programme between August and November 2001. When the patients were accepted onto the programme, they were assessed for psychopathy with the PCL-R (by file information only, no interview took place with this sample) and completed the various psychometrics as part of the course. The dates of the PCL-R assessment were November to December 2001.

The total number of patients in this study was 18 and the age range was 28 to 55 with a mean age of 36.72. All the patients in this study were male.
Consent for this study was gained from the Hospital before any data collection took place. The application form for the hospital’s research ethics committee was completed which included sections on a summary of the project, the method, and data storage.

**Measures**

The measures involved in this study were self completion psychometric tests undertaken as part of the ETS programme. The Psychopathy Checklist-Revised (PCL-R) was assessed from file data by the present author.

**Self Report Measures**

The patients completed a battery of psychometric tests, and the current study utilises measures which most corresponded to relevant cognitive deficits identified earlier.

The patients completed three psychometric tests (consequences, PICTS, and social problem solving inventory) so only two of the cognitive deficits may be investigated during this study.

For the deficit of values, the measures of mollification and cut off (both from PICTS) were chosen. For the deficit of critical reasoning, the measure of cognitive indolence (from PICTS). Therefore, the cognitive deficits of impulsivity, cognitive style, interpersonal problem solving, and social perspective taking were not investigated in this study as data were not available.
Psychopathy Checklist-Revised (PCL-R)

The PCL-R is the Hare Psychopathy-Checklist Revised (Hare, 1991) which measures psychopathy by assessing behaviours and personality traits considered fundamental to that personality type. Hare (1998b) describes the PCL-R as “a research tool for operationalizing the construct of psychopathy” (p.192).

The PCL-R consists of a twenty-item scale of items which are scored on a three point scale (score 0, 1 or 2) depending on the extent to which it applies to the offender. The total score can therefore range from 0 to 40. The PCL-R is scored on the basis on a semi-structured interview and review of file information, and may be scored solely on file information if it is detailed enough. For this study, the PCL-R was scored solely on file information, and no semi-structured interview was conducted with the patients. The final score provides an estimate of the extent to which the offender matches the profile of a prototypical psychopath.

Topics covered in the file review are: demographic data, family history, educational history, employment history, marriage/common-law relationships, medical history, criminal history, substance use history, institutional behaviour, psychological text reports, and miscellaneous additional information.

Procedures

The researcher was not involved in the selection of patients for the research, or the administration of the psychometric questionnaires. The patients were selected for the ETS Programme by hospital staff who then coordinated the course and the psychometric testing sessions. The researcher conducted PCL-R assessments on the patients using file information only and scored as per Hare’s guidelines and rating book. The psychometric test scores were obtained from database after the course had finished (see Appendix 7 for raw data tables).
Ethical Considerations

Ethical permission to conduct this study was gained through the “Special hospitals’ application form for the approval of research by research and ethics committees” procedure (see Appendix 10 for ethical approval letter).

Results

A series of ANOVAs were conducted with one Repeated Measures factor TIME (Pre, Mid, Post and Follow up as appropriate) and one Between Subjects factor GROUP (Psychopaths and Non-psychopaths). The Psychopath group were inmates scoring 25 or over on the PCL-R and the Non-psychopath group were inmates scoring under 25 on the PCL-R.

The $\eta^2$ values given below are partial $\eta^2$. For each measure, only patients who completed the evaluation at each time stage were included.

The results are grouped within sections measuring the two cognitive deficits. The full tabulation of the raw data is available in Appendix 7.
Cognitive Deficit 5 – Values

Self Report (Measure 1) – Mollification from PICTS

The desired direction of change for this measure is decrease in score.

Figure 18 - Mollification (from PICTS) mean scores for psychopathic and non-psychopathic patients

There was no significant difference in the mean scores of mollification between special hospital psychopaths and special hospital non-psychopaths: $F (1, 10) = 0.46, p = 0.515, \eta_p^2 = 0.044$.

There was no significant change in mollification between pre (Mean = 12.90, s.d. = 1.77) and post (Mean = 11.65, s.d. = 1.49): $F (1,10) = 1.06, p = 0.328, \eta_p^2 = 0.096$.

There was no interaction between time and group: $F (1,10) = 0.38, p = 0.551, \eta_p^2 = 0.037$. Therefore the pattern of change in mollification was the same for special hospital psychopaths and special hospital non-psychopaths.
Self Report (Measure 2) – Cut off from PICTS

The desired direction of change for this measure is decrease in score

Figure 19 – Cut off (from PICTS) mean scores for psychopathic and non-psychopathic patients

There was no significant difference in the mean scores of cut off between special hospital psychopaths and special hospital non-psychopaths: $F (1, 10) = 0.44, p = 0.523, \eta_p^2 = 0.042$.

There was no significant change in cut off between pre (Mean = 14.65, s.d. = 1.65) and post (Mean = 14.80, s.d. = 0.87): $F (1,10) = 0.02, p=0.905, \eta_p^2 = 0.001$.

There was no interaction between time and group: $F (1,10) = 0.48, p = 0.504, \eta_p^2 = 0.046$. Therefore the pattern of change in cut off was the same for special hospital psychopaths and special hospital non-psychopaths.
Cognitive Deficit 6 – Critical Reasoning

Self Report (Measure 1) – Cognitive Indolence from PICTS

The desired direction of change for this measure is decrease in score.

Figure 20 – Cognitive Indolence (from PICTS) mean scores for psychopathic and non-psychopathic patients

There was no significant difference in the mean scores of cognitive indolence between special hospital psychopaths and special hospital non-psychopaths: $F (1, 10) = 0.72, p = 0.417, \eta_p^2 = 0.067$.

There was no significant change in cognitive indolence between pre (Mean = 17.25, s.d. = 1.17) and post (Mean = 15.40, s.d. = 1.82): $F (1,10) = 2.07, p = 0.181, \eta_p^2 = 0.172$.

There was no interaction between time and group: $F (1,10) = 0.80, p = 0.392, \eta_p^2 = 0.074$. Therefore the pattern of change in cognitive indolence was the same for special hospital psychopaths and special hospital non-psychopaths.
A summary table of the interactions between time and group was constructed to easily assess the results for this research question.

Table 16 - Significant interactions in the prison inmate and special hospital samples

<table>
<thead>
<tr>
<th>Cognitive Deficit</th>
<th>Measure</th>
<th>Prison ANOVA</th>
<th>Special Hospital ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>P &lt; 0.05</strong></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>p = 0.086 (ST)</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>p = 0.324 (LT)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self Control</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Tutor Evaluation - Impulsivity</td>
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<tr>
<td></td>
<td></td>
<td>P &lt; 0.05</td>
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<td>Self Report - Number of alternatives I&amp;J</td>
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<td>Tutor Evaluation - Cognitive Style</td>
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<td>Self Report - Hogan Empathy</td>
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<td>Tutor Evaluation - Social Perspective Taking</td>
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<td></td>
<td>Values</td>
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<td>Not sig.</td>
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<tr>
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<td>Self Report - Mollification</td>
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<td>N/A</td>
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<td></td>
<td>Self Report - Cut Off</td>
<td><strong>P &lt; 0.01</strong></td>
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<td></td>
<td><strong>p &lt; 0.025 (ST)</strong></td>
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<td></td>
<td><strong>p = 0.200 (LT)</strong></td>
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<td>Tutor Evaluation - Morals/Values</td>
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<tr>
<td></td>
<td>Self Report - Cognitive Indolence</td>
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<td></td>
<td>Self Report - Locus of Control</td>
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<tr>
<td></td>
<td>Tutor Evaluation - Critical Reasoning</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

Key:

- Not sig. = no significant interaction
- *p < 0.05 or p < 0.01 = significant interaction*
- ST = significant effect for short term t-test
- LT = significant effect for long term t-test
- N/A = sample did not complete this measure
Conclusion

The findings of this study are that there is some equivalence between the non significant results found in the prison and special hospital samples. With the self report assessment of cut off (measuring the cognitive deficit of values), whilst the prison sample demonstrated a significantly different pattern of change between psychopaths and non-psychopaths, the special hospital sample demonstrated the same pattern of change. This may have been due to the small sample size of the special hospital sample.

Given the limitations in this study, i.e. the small sample size and the reduced number of comparable assessments, the current results provide some indicator evidence that the pattern found for the prison sample is replicated for the Special Hospital sample. There were no measures which showed a significant interaction between time and group (psychopath/non-psychopath) using ANOVA\(^1\). There was some similarity in the measures which had non-significant effects. Therefore it may be tentatively concluded that the results between the prison and special hospital samples are similar enough to allow for transferability of programmes. Further research should ensure that questionnaires are completed which measure each of the cognitive deficits. A larger sample of special hospital patients may produce more significant interactions which can be compared to the prison sample. For the present these results are promising but do require more extensive research to replicate the current findings.

The results are suggestive that there is a carry over of the pattern of results described in Chapter Five dealing with the prison population of psychopaths. The conclusion that the results support the more optimistic literature that psychopaths may indeed be receptive to treatment and challenges the treatability issue as grounds for excluding them from treatment interventions. However, the preceding two studies have not addressed the question that the presence of psychopaths actually disrupts the learning of others. The next chapter examines this question.

\(^1\) Mann-Whitney analysis was also conducted with this data with similar results. It was not included in the text as the ANOVAs were more comparable to the prison data.
Chapter Seven

Study Three

This Chapter reports the method and results of the study conducted in order to test the hypothesis “psychopaths disrupt their ETS group to the detriment of non-psychopaths”.

Sample

The sample for this study were the inmate participants who have already been described in Chapter Five – Study 1. The total number of inmates in this study was 204.

Measures

The measures utilised for this study were chosen from the available battery and have already been described in Chapter Five - Study 1.

The self report assessments were impulsivity (measuring self control), number of Alternatives A-H (measuring cognitive style), number of alternatives I&J (measuring cognitive style), socialisation (measuring interpersonal problem solving), Hogan’s Empathy (measuring social perspective taking), mollification (measuring values), cut off (measuring values), cognitive indolence (measuring critical reasoning), and locus of control (measuring critical reasoning)

Psychopathy was measured using the Hare Psychopathy-Checklist Revised (PCL-R).

Tutor evaluations came from the Semi-Structured Interview and the Post Programme Report and measured all the cognitive deficits: impulsivity (measuring
self control), cognitive style (measuring cognitive style), ability to solve problems (measuring interpersonal problem solving), social perspective taking (measuring social perspective taking), moral reasoning (measuring values), and critical reasoning (measuring critical reasoning).

**Procedures**

The procedures and ethical considerations for this study are the same as previously described for Chapter Five - Study 1.

**Results**

For this research question, it was necessary to compare the results of the non-psychopaths within various sample groups including different numbers of psychopaths. A group-by-group breakdown was analysed to assess the numbers of PCL-R scorers of 25 and above at the beginning of the ETS course. There were 4 groups with no psychopaths at the beginning of the course (38, 42, 49, and 64), 7 groups with 1 psychopath at the beginning of the course (39, 41, 44, 46, 54, 55, and 59), 4 groups with 2 psychopaths at the beginning of the course (45, 48, 56, and 61), 3 groups with 3 psychopaths at the beginning of the course (43, 50, and 51), and 1 group with 4 psychopaths at the beginning of the course (58).

The samples of inmates used within this research question were those scoring under 25 on the PCL-R and in an ETS group with no, 1, 2, 3, and 4 psychopaths in. This enabled the comparison of non-psychopaths within ETS groups containing increasing numbers of psychopaths.

For each measure a change variable (Short Term = post – pre, Long Term = follow up – pre) was calculated. Linear regression was carried out to determine the effect of the number of psychopaths in the ETS group on the amount of change for each measure (for both ST and LT).
Table 17 – Summary of regression analysis for all measures

<table>
<thead>
<tr>
<th>Cognitive deficit</th>
<th>Measure</th>
<th>R²</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self control</td>
<td>Self report – impulsivity (ST)</td>
<td>0.000</td>
<td>0.067</td>
<td>0.947</td>
</tr>
<tr>
<td></td>
<td>Self report – impulsivity (LT)</td>
<td>0.001</td>
<td>0.258</td>
<td>0.797</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – impulsivity (ST)</td>
<td>0.000</td>
<td>0.210</td>
<td>0.834</td>
</tr>
<tr>
<td>Cognitive style</td>
<td>Self report – number of alternatives A-H (ST)</td>
<td>0.004</td>
<td>0.720</td>
<td>0.473</td>
</tr>
<tr>
<td></td>
<td>Self report – number of alternatives A-H (LT)</td>
<td>0.024</td>
<td>1.445</td>
<td>0.152</td>
</tr>
<tr>
<td></td>
<td>Self report – number of alternatives I+J (ST)</td>
<td>0.004</td>
<td>0.740</td>
<td>0.460</td>
</tr>
<tr>
<td></td>
<td>Self report – number of alternatives I+J (LT)</td>
<td>0.009</td>
<td>0.883</td>
<td>0.379</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – cognitive style (ST)</td>
<td>0.003</td>
<td>0.707</td>
<td>0.481</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Self report – socialisation (ST)</td>
<td>0.005</td>
<td>0.865</td>
<td>0.389</td>
</tr>
<tr>
<td>problem solving</td>
<td><strong>Self report – socialisation (LT)</strong></td>
<td>0.057</td>
<td>2.213</td>
<td>0.030*</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – ability to solve problems (ST)</td>
<td>0.000</td>
<td>0.080</td>
<td>0.937</td>
</tr>
<tr>
<td>Social perspective</td>
<td>Self report – Hogan empathy (ST)</td>
<td>0.000</td>
<td>0.017</td>
<td>0.987</td>
</tr>
<tr>
<td>taking</td>
<td>Self report – Hogan empathy (LT)</td>
<td>0.009</td>
<td>0.834</td>
<td>0.407</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – social perspective taking (ST)</td>
<td>0.004</td>
<td>0.812</td>
<td>0.418</td>
</tr>
<tr>
<td>Values</td>
<td><strong>Self report – mollification (ST)</strong></td>
<td>0.031</td>
<td>2.165</td>
<td>0.032*</td>
</tr>
<tr>
<td></td>
<td>Self report – mollification (LT)</td>
<td>0.003</td>
<td>0.472</td>
<td>0.638</td>
</tr>
<tr>
<td></td>
<td>Self report – cut off (ST)</td>
<td>0.001</td>
<td>0.461</td>
<td>0.646</td>
</tr>
<tr>
<td></td>
<td>Self report – cut off (LT)</td>
<td>0.001</td>
<td>0.264</td>
<td>0.792</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – morals/values (ST)</td>
<td>0.026</td>
<td>1.685</td>
<td>0.095</td>
</tr>
<tr>
<td>Critical reasoning</td>
<td>Self report – cognitive indolence (ST)</td>
<td>0.000</td>
<td>0.223</td>
<td>0.824</td>
</tr>
<tr>
<td></td>
<td>Self report – cognitive indolence (LT)</td>
<td>0.026</td>
<td>1.552</td>
<td>0.124</td>
</tr>
<tr>
<td></td>
<td>Self report – locus of control (ST)</td>
<td>0.003</td>
<td>0.659</td>
<td>0.511</td>
</tr>
<tr>
<td></td>
<td>Self report – locus of control (LT)</td>
<td>0.018</td>
<td>1.178</td>
<td>0.243</td>
</tr>
<tr>
<td></td>
<td>Tutor evaluation – critical reasoning (ST)</td>
<td>0.002</td>
<td>0.468</td>
<td>0.641</td>
</tr>
</tbody>
</table>

Number of psychopaths in group was a significant predictor of 2 variables.

1) Socialisation (LT)

There was a significant association between number of psychopaths in group and socialisation (Long Term). For an increase of 1 SD on number of psychopaths in group there is a decrease of 0.239 SD on socialisation (Long Term). Therefore, the
non-psychopaths worsened on this measure as the number of psychopaths in their ETS group increased.

2) **Mollification (ST)**

There was a significant association between number of psychopaths in group and mollification (Short Term). For an increase of 1 SD on number of psychopaths in group there is an increase of 0.176 SD on mollification (Short Term). Therefore, the non-psychopaths worsened on this measure as the number of psychopaths in their ETS group increased.

**Conclusion**

Only 2 out of 24 measures found a significant association between number of psychopaths in the group and the measure.

The measures where increased numbers of psychopaths worsened the non-psychopaths’ scores were socialisation and mollification. It is perhaps unsurprising that having increasing numbers of psychopaths on their ETS group leads non-psychopaths to be less sociable and more likely to justify and rationalise their norm-violating behaviour by focusing on social injustice, minimising the seriousness of their behaviour, and to project blame onto their victims.

However, it is worth noting that whilst there are two significant associations between measures and number of psychopaths in group, the $R^2$ values are all very small and only account for small amounts of variance.

These results mean that in only 2 out of a total 24 measures, psychopaths disrupted their ETS group to the detriment of non-psychopaths. Therefore it may be concluded that psychopaths do not disrupt their ETS group to the detriment of non-psychopaths.
The evidence from the analyses presented in this chapter are suggestive that the presence of psychopaths in ETS groups does not unduly disturb the progress made by non-psychopaths in the programme. This then challenges a second reason that has been put forward for excluding psychopaths from treatment interventions. The remaining issue of their non-inclusion to be dealt with by this thesis is the issue of premature drop out. Drop out can be costly in financial terms if groups contain people who do not complete the programme, can itself be disruptive in terms of the running of the programme and the dynamics within the group. The belief that psychopaths are more likely to drop out prematurely is further grounds that they should be excluded from the ETS (and other) interventions. This issue is one that we will now turn to in the next chapter.
This Chapter reports the method and results of the study conducted in order to test the hypothesis “psychopaths are more likely to drop out of the ETS course than non-psychopaths”.

This study was conducted because of recent research which highlighted the importance of notions that programme dosage as measured by completion rates is an impact factor in the efficacy of interventions. Research by Hollin et al (2004) recognised this issue of programme non-completion and consequences of the amount of the programme that the participant needs to experience for effective change. They concluded that some exposure to a treatment programme is better than none, and total immersion is likely to be better than partial. Often programme evaluations (including RCT designs) do not differentiate between participants in terms of dosage. In the present study, the non-completers were excluded from the data analysis. In this way all participants had the same dosage. However, this led to the potential sample size being reduced and the decision was made that despite some data being excluded, which inevitably included those from the group targeted by this research (i.e. the psychopaths), it was more important to have dose equivalence between the two groups.

A further reason for examining drop out is the suggestion in the literature that psychopaths are more likely to leave programmes prematurely. This has practical implications for viability of groups and cost effectiveness in recruiting participants with predictable problems in failing to complete. The research literature (for example, Levine and Bornstein, 1972; Suedfeld and Landon, 1978; Ogloff, Wong and Greenwood, 1990; Serin, 1995; Doren, 1996; Wong, 2000) appears to suggest psychopaths are less likely to complete treatment for reasons discussed in detail in Chapter 3. As the issues of programme non-completion and drop out were considered
to be important, there was a research question devoted to investigating this issue further.

Miller, Brown and Sees (2004), when examining drop out rates from a prison therapeutic community, noted the importance of distinguishing different types of drop out. Thus they identified unsuitable for treatment, required to leave and voluntary premature exit from the community. These early terminations from the community were associated with different PD diagnosis and demographic characteristics. They conclude that their results “emphasise the importance of distinguishing between the different categories of therapy leavers” and further that their “findings do not corroborate previously identified with drop out” (p. 195).

Sample

The sample for this study were the inmate participants who have already been described in Chapter Five – Study 1. The total number of inmates in this study was 204.

Measures

The measure utilised for this study was the Hare Psychopathy Checklist-Revised to assess psychopathy, and has already been described in Chapter Five - Study 1.

Procedures

Once the inmate had been accepted onto the ETS course and was put on the waiting list, the present researcher would arrange for the inmate to undergo the PCL-R assessment. An appointment was arranged with the inmate. The assessment was explained as a “personality assessment” and the terms “PCL-R” or “psychopathy” were not used. It was felt that the use of such terms may upset or confuse the inmates unnecessarily.
Collateral file information of the inmate was studied beforehand so that section of the assessment was completed before the interview.

The assessments were generally conducted in one interview session, and held in a quiet office or classroom. The interview took any time between one and three hours. The inmate was allowed a toilet or cigarette break if they requested it. The sessions were videoed for reliability checks and training purposes. There was a debriefing session when the interview had finished and the video camera had been switched off. This was important for the inmate as some aspects of the interview could have been emotional or difficult for the inmate.

The PCL-R assessments were scored as per Hare’s guidelines and rating book.

The psychometric test battery was routinely collected by the ETS tutors.

An SPSS database was designed to hold all of the demographic information, and SSI, PCL-R and PPR scores for each inmate. The psychometric questionnaires were sent to Prison Service Headquarters for scoring and entry on their national database. Later disks of this data were obtained to complete the database used in the present research.

**Results**

From the total inmate sample of 204, there were 27 inmates who did not complete the ETS course for various reasons.

**Inmates dropping out before the course started**
9 inmates dropped out of the course before it started. Their PCL-R scores were 8.2, 13, 17, 19, 24, 24, 24, 26 and 30 respectively.

**Inmates dropping out during the course**
7 inmates dropped out of the course at various points during the course. Their PCL-R scores (and stage/session when they dropped out in parenthesis) were 12 (second half
of the course), 18.9 (first half of the course), 20 (first half of the course), 20 (first half of the course), 28 (at Session 16), 28.4 (at Session 4) and 29.5 (first half of the course).

Inmates transferred out of the prison before the course started
3 inmates were transferred out of the prison before the course started. Their PCL-R scores were 12, 18.9 and 19.

Inmates transferred out of the prison during the course
1 inmate was transferred out of the prison during the course. His PCL-R score was 20.

Inmates released from the prison during the course
1 inmate was released from prison during the course. His PCL-R score was 21.

Inmates removed from the course by programme management
3 inmates were removed from the course by programme management before the course started. Their PCL-R scores (and reasons for their removal in parenthesis) were 5.6 (medical reasons), 29 (poor written English) and 30 (had already completed the course).

3 inmates were removed from the course by programme management during the running of the course. Their PCL-R scores (and reasons for their removal in parenthesis) were 20 (poor behaviour), 22.1 (too many absences) and 29 (health reasons).

Table 18 – Summary table of programme non-completers

<table>
<thead>
<tr>
<th></th>
<th>Dropped out before course started</th>
<th>Dropped out during course</th>
<th>Transferred before course started</th>
<th>Transferred during course</th>
<th>Released during course</th>
<th>Removed by programme management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-psychopaths</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Psychopaths</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

In summary, out of the 27 non-completers, 8 of them had PCL-R scores of 25 or over.
Table 19 – Crosstabulation of high/low PCL-R score with ETS completed/not completed

<table>
<thead>
<tr>
<th></th>
<th>ETS completed</th>
<th>ETS not completed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-psychopaths</td>
<td>152</td>
<td>19</td>
<td>171</td>
</tr>
<tr>
<td>Psychopaths</td>
<td>25</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>177</td>
<td>27</td>
<td>204</td>
</tr>
</tbody>
</table>

A $\chi^2$ analysis of PCL-R total score and ETS completion found a significant result of $\chi^2 = 4.1, p < 0.05$. Therefore, psychopaths are less likely to complete the ETS programme than non-psychopaths, although their non-completion is for a variety of reasons.

It was then investigated whether there was a difference between psychopaths and non-psychopaths dropping out of the programme, rather than being transferred, released or removed from the programme.

Table 20 – Summary table of drop outs and those transferred, removed or released

<table>
<thead>
<tr>
<th></th>
<th>Dropped out</th>
<th>Transferred, Removed or Released</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-psychopaths</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Psychopaths</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

A $\chi^2$ analysis of PCL-R total score and drop out / transfer, removal, release found a non-significant result of $\chi^2 = 4.2, p = 0.1$. Therefore, psychopaths are not more likely to drop out of the ETS programme than non-psychopaths.

**Conclusion**

In conclusion, out of the 27 non-completers, 8 of them had PCL-R scores of 25 or over. In addition, another 3 of the non-completers scored 24 on the PCL-R. It was necessary to investigate reasons for non-completion as some were not in the inmates control. It was found that whilst psychopaths are less likely to complete the ETS course than non-psychopaths, they were not more likely to drop out of the course. The implications of this study are that psychopaths should not be excluded
from treatment on the grounds that they are more likely to drop out of the course, as non-completion is often due to reasons such as release, transfer, or removal by programme management, which is not in the inmates control.
Chapter Nine

Discussion

Introduction

The underlying aim of this thesis is an exploration of the issue of the treatability of criminal psychopaths in respect to a particular programme, ETS. The research literature, by and large, concludes that this group do not gain constructively from interventions and further, that they potentially disrupted the learning of others. More recently, this position has been challenged (Warren et al, 2003; D’Silva, Duggan and McCarthy, 2004). Their criticisms were largely methodological in that studies had relatively small sample sizes, PCL-R measures when used did not employ the cut off criterion, follow up intervals for re-test were short, outcome measures limited and they have an over-reliance on correlational studies. On the specific question of psychopaths and the effectiveness of treatment as measured by recidivism, D’Silva et al made the valid point that a high score on the PCL-R is a strong predictor of recidivism, and thus it might be expected that psychopaths have higher recidivism rates irrespective of treatment. They concluded, as this thesis does, that not enough is known about the treating of psychopaths to infer that they should be automatically excluded from such treatment.

The thesis has attempted to overcome some of the previous methodological shortcomings by constructing a larger sample (over 200) of inmates who were assessed using the PCL-R and employing the criterion generally recommended in the literature as a cut off to define psychopathy. The study also examined the theoretical literature and utilised cognitive deficits that have been postulated to be of relevance to psychopaths. These then were attuned to the aims of the ETS programmes and psychometric measures mapped onto these to demonstrate any changes. There are however, some shortcomings that the study was not able to address. In an attempt to use psychological changes as outcomes rather than the criticised recidivism, the present study was not able to demonstrate comprehensive statistical reliability for the
chosen measures. This was due to the reliance on secondary data and the manner in which the original database was constructed. Nevertheless, it is felt that the current findings do add to the rather meagre literature of empirical research that supports the conclusion of a small but growing challenge to the proposition that psychopaths are untreatable.

This thesis also investigated a sample of special hospital patients in order to determine the transferability of findings to another incarcerated group of psychopaths. Inmates and patients were assessed for psychopathy by means of the Hare PCL-R. They also undertook a comprehensive battery of psychometric tests throughout their attendance on the programme to measure change immediately after the programme and some eight weeks later. As explained above the cognitive deficits postulated from the theoretical literature such as problems with interpersonal perspective taking were the focus of the empirical investigation. The analyses assessed whether psychopathic inmates demonstrated any change following the programme compared to non-psychopathic inmates, whether the results of inmates and patients were comparable, whether psychopathic inmates disrupted the non-psychopathic inmates whether psychopathic inmates disrupted the non-psychopathic inmates, and whether psychopathic inmates were more likely to drop out of the programme.

The resulting analyses found that psychopaths exhibited change (in the desired direction), although not as much as the non-psychopaths, and that this change was often not transferred into the longer term. There was little evidence to support the contention that psychopaths disrupt the learning of others, as non-psychopathic inmates gained as much from the programme irrespective of how many psychopathic counterparts were in their particular ETS group. There was some support for the transferability of the ETS programme between the prison and special hospital services because the analysis demonstrated similarity in most measures having non-significant results. There was evidence to show that psychopaths are less likely to complete the ETS programme, but that in many cases this is due to circumstances beyond their control, and they are not more likely to drop out of treatment than non-psychopaths.
Chapter Three described the history of treatment programmes and the shift from 'nothing works' to 'what works'. The development of the 'what works' movement led to an expansion in treatment programmes and the analysis of effective offending behaviour treatment. The work of McGuire (1995) found skills-based, cognitive behavioural approaches to be amongst the most successful interventions identified for offenders which led to a number of treatment programmes being developed into the prison system. Since the ETS Programme was first delivered in 1993, various studies have evaluated the course, for example Friendship, Blud, Erikson, Travers and Thornton (2003) reported that the chances of inmates being reconvicted of another crime are reduced by 52% following successful completion of the ETS Programme. Friendship, Blud, Erikson and Travers (2002) found two-year reconviction rates to be up to 14% lower for offenders who had completed ETS (or the other cognitive skills programme R&R) than for matched comparison groups. Contradictory findings of Falshaw, Friendship, Travers and Nugent (2003) may be explained by a variety of methodological issues.

The evaluation study which relates most closely to this thesis (Cann, Falshaw, Nugent and Friendship, 2003) is particularly interesting as they found differences in their research when programme drop outs were excluded. Whilst they found no differences in both the one and two year reconviction rates for inmates who started a course and their matched comparison group, when programme drop outs were excluded from the analysis, the one year reconviction rate was significantly lower and represented a 2.5% difference between completers and their matched comparison group.

The current study is not an evaluation of ETS per se. Rather the focus is to examine the degree to which a particular group, psychopaths, may gain any benefit from participating in the programme. The current results do demonstrate the efficacy of the ETS programme in successfully being able to have an impact on both psychopaths and non-psychopaths on the cognitive deficits that the programme is designed to address.
Psychopathy

This thesis described the gestation of the term and understanding of psychopathy in Chapter Two. What was included in the chapter was an account of psychopathy within a historical context. Psychopathy was first described as a ‘disease’, and applied as an explanation for criminal behaviour. Later, sub-types of psychopathy emerged. The pioneering work of Cleckley and Hare presented a thorough account of the condition and constructed the means to measure psychopathy. More current psychiatric definitions of psychopathy place it through a diagnosis of Antisocial Personality Disorder.

Whilst the literature is plagued with a long history of inconsistency between different diagnoses and descriptions of psychopathy, this thesis concluded that the widespread clinical use of the Hare PCL-R has led to practitioners accepting this as a valid and reliable diagnostic tool for employing when assessing psychopathy. This is particularly true in HM Prison Service, where the PCL-R was used not only in the wider research project connected to this thesis, but in assessing inmates for suitability for offending behaviour programmes. Whilst the Hare PCL-R is not without criticism, it has helped to sufficiently demonstrate that psychopathy is a useful construct which may be operationalised for research purposes.

Cognitive deficits associated with psychopathy

The largest prison based intervention programme is the Enhanced Thinking Skills (ETS) which was founded on the cognitive deficits theory of criminality. The cognitive deficits of self control, cognitive style, interpersonal problem solving, social perspective taking, values and critical reasoning are those specifically targeted by the ETS programme.

The theoretical literature examining causes of and explanations for psychopathy suggest that the six cognitive deficits targeted by the ETS Programme may be linked to deficits of particular relevance to psychopaths. Firstly, with self control, we would expect psychopaths to exhibit high levels of impulsivity. Not only
is ‘impulsivity’ one of the items on the PCL-R, but it is related to other measured items and behaviours. Self control could also be linked to the theoretical formulations of Quay (1965), Serin and Kuriychuk (1994) and Doren (1996). The present research has demonstrated that psychopaths have this deficit but that they can improve their self control following successful completion of ETS.

Theoretical formulations (of Hare, 1970; Newman, Paterson and Kosson, 1987; Newman et al, 1990 and Doren, 1996) would also suggest that psychopaths are likely to think in a rigid and inflexible manner. We would also expect psychopaths to have problems with the cognitive deficits of interpersonal problem solving and social perspective taking; for example, the theories of Gough (1948) and Doren (1996) may be linked to poor socialisation. The present data supports the notion that psychopaths have such deficits, but again the participants of the ETS programme demonstrated that they can change with respect to these.

The thesis demonstrates that the goals of the ETS Programme, to encourage change in specific cognitive deficits, are not only important for offenders in general, but have particular relevance to the psychopathic offender. It is expected, when examining various theories of psychopathy, that psychopathic offenders would have greater needs in the improvement of these cognitive deficits, and we would therefore expect psychopaths to perform less well on the Programme than non-psychopaths as they have more to catch up. So it is not that the psychopath is unresponsive but that their deficits may well be more severe and as such be expected to show less improvement.

What follows next is an overview of the evidence that addresses the principal research hypotheses which were:

1. Psychopaths will demonstrate less change following the ETS course compared to non-psychopaths.
2. The results between the prison and special hospital samples are similar enough to allow for transferability of the programmes.
3. Psychopaths disrupt their ETS group to the detriment of non-psychopaths.
4. Psychopaths are more likely to drop out of the ETS course than non-psychopaths.

**Change**

This first study investigated the hypothesis that psychopaths will demonstrate less change following the ETS course compared to non-psychopaths.

A summary of the findings of the mean scores across time demonstrated that out of a total of 15 measures, 8 (both measures of impulsivity, cognitive style, socialisation, social perspective taking, mollification, cut off, cognitive indolence) showed a significant difference between psychopaths and non-psychopaths. Of these significant results, all of them demonstrated psychopaths to have a poorer score at baseline on the measure than non-psychopaths.

A summary of the findings of the scores across the testing sessions with all inmates treated as one group demonstrated that out of a total of 15 measures, 12 showed a significant difference between testing sessions. Therefore, for most of the measures there was a significant difference in scores for the whole sample across time, and for all of these measures, the significant different in scores across time represented an improvement. These improvements featured measures from each of the six cognitive deficits tested.

A summary of the findings of interaction effects showed whether there was a significant interaction between the psychopaths and non-psychopaths scores across the testing sessions. Out of a total of 15 measures, there were only 2 (impulsivity and cut off) which demonstrated a significant interaction between psychopaths and non-psychopaths scores across the testing sessions. Further analysis of these interactions found that of these 2 measures, 1 (cut off) had a significant positive change for psychopaths in the short term (pre to post) and none had a significant change in the long term (pre to follow up). The measures which demonstrated significant changes appear fairly random and there are not enough measures to gauge a real pattern.
To answer the research hypothesis "psychopaths will demonstrate less change following the ETS course compared to non-psychopaths", it is necessary to look at the interaction analysis. There are differences in the way that psychopaths and non-psychopaths respond to treatment across time, but only on a few measures are there differences in the pattern of change for psychopaths and non-psychopaths. Treatment in the long term is not creating any change between psychopaths and non-psychopaths, therefore psychopaths and non-psychopaths show the same pattern of change in the long term. In the short term, there was a significant difference in the amount of change between psychopaths and non-psychopaths for 1 measure.

In conclusion, psychopaths do not demonstrate less improvement following the ETS course than non-psychopaths. Whilst psychopaths have significantly poorer scores on half of the measures across time, the pattern of change they show is not significantly different from the non-psychopaths on almost all of the measures. This finding is contradictory of Ogloff, Wong and Greenwood (1990) who found psychopathic offenders to have poorer improvement following treatment than non-psychopaths. With most of the cognitive deficits, similar results were yielded from both the tutor evaluations and self report questionnaires. Only the cognitive deficits of self control and values demonstrated a difference between the tutor and inmate assessments, although more detailed investigation found these differences to be negligible.

The results indicate that psychopaths typically start the course with a lower baseline of scores than non-psychopaths. The ETS participants are screened for inclusion on the course for these cognitive deficits so it would be expected that both psychopaths and non-psychopaths do have difficulties in these domains. That the psychopaths have lower baseline scores is suggestive that indeed they do have particular problems in these areas. However, the data also appears to suggest that whatever the baseline, psychopaths and non-psychopaths show similar rates of change, and in the short term this change is in the desired direction. It is only when examining the longer term change that the differences between psychopaths and non-psychopaths emerge. In many measures, the non-psychopaths continue to make positive change, whereas the psychopaths typically fall back to near their pre course scores. It should be acknowledged that on many measures psychopaths make positive
changes from pre to follow up and that these changes may contribute to them beginning to address their offending behaviour. It is suggested that this finding should encourage offending behaviour programme developers to consider supporting psychopaths to reinforce their progress once the course has been completed to help them sustain any positive change they have made.

**Transferability**

Given that ETS is now being run in Special Hospitals, this thesis addressed the question of transferability of the programmes for psychopathic patients as opposed to psychopathic inmates. The results showed there were few statistically significant differences between the scores of psychopathic and non-psychopathic patients across all the testing sessions. Out of a total of 3 measures (mollification, cut off, and cognitive indolence), none showed a significant difference between the psychopaths and non-psychopaths. Therefore, psychopathic patients do not have significantly different scores from non-psychopathic patients on any of the measures.

There were no significant differences between the scores across the testing sessions with all patients treated as one group. Out of a total of 3 measures (mollification, cut off, and cognitive indolence), none showed a significant difference between testing sessions. Therefore, for all the outcomes measured, there was no statistical significant difference in scores over time.

The interaction effects showed whether there was a significant interaction between the psychopathic and non-psychopathic patients' scores across the testing sessions. Out of a total of 3 measures (mollification, cut off, and cognitive indolence), none showed a significant interaction between time and group. Thus, there is sufficient indicative evidence here to suggest that psychopathic special hospital patients do not demonstrate less improvement following the ETS than non-psychopathic patients.

To answer the research hypothesis “the results between the prison and special hospital samples are similar enough to allow for transferability of the programmes”, it
is necessary to compare at the interaction analyses of the prison and hospital samples. There were two significant interactions for the prison inmate sample, and no significant interactions for the special hospital patient sample.

However, it should also be considered that 2 of the 3 non-significant interactions of the special hospital patient sample were for measures which were also found to have non-significant interactions for the prison inmate sample.

In conclusion, the results between the prison and special hospital samples may be similar enough to allow for transferability of programmes. Most of the measures show a non-significant interaction for both samples. However, because the significant interactions are for different measures between the two samples, there is not enough similarity to prove the research question outright. Further research, with a larger sample of special hospital patients may help to answer the question more conclusively.

Disruption

The indications are from the findings that the presence of psychopaths in ETS groups do not unduly disrupt the progress made by non-psychopaths.

Results of a linear regression analysis found number of psychopaths in the group to be a significant predictor of only 2 out of a total 24 outcome measures. The number of measures analysed is larger for this research question than for previous questions as some of the measures have been divided into Short Term and Long Term if they had three testing sessions. The 2 measures which showed significant predictions were socialisation – long term (measuring interpersonal problem solving), and mollification – short term (measuring values). It is difficult to speculate why on these two measures there was a difference, perhaps psychopaths’ difficulties in these regards might have presented particular challenges to the group as a whole.
It is also important to recognise that whilst there are 2 significant predictors, the $R^2$ values are very small and account for small amounts of variance. For most measures, number of psychopaths is not a significant predictor of change.

It would appear from the present empirical analyses that psychopaths do not unduly disrupt their ETS group to the detriment of non-psychopaths. This finding contradicts the research of Müller-Isberner and Hodgins (2000) who found psychopaths to be disruptive in treatment settings. These results suggest that psychopaths should not be excluded from ETS on the presumption that they disrupt other learners.

**Drop out**

From the total inmate sample of 204, there were 27 inmates who did not complete the ETS course for various reasons. These reasons were dropping out, being transferred out of the prison, being released from prison, and being removed from the course by programme management. Of these 27 non-completers, 8 were classified as psychopaths. The 8 non-completers were a substantial proportion of the 33 psychopaths in the total sample, 24%. A Chi square analysis comparing psychopaths and non-psychopaths was statistically significantly different. This suggested that psychopaths are less likely to complete the ETS course than non-psychopaths. This finding supports that of Levine and Bornstein (1972), Suedfeld and Landon (1978), Serin (1995) and Ogloff, Wong and Greenwood (1990) who found psychopathic offenders to stay in treatment for a shorter time than non-psychopaths.

However, it was important to note that not all of the psychopathic non-completers dropped out of the course due to it being “too boring, intrusive, threatening or demanding” (Wong, 2000, p.105). Whilst the numbers were too small to conduct regression analyses, nevertheless it was investigated whether there was a difference between psychopaths and non-psychopaths dropping out of the programme, rather than being transferred, released, or removed from the programme. A Chi square analysis comparing psychopaths and non-psychopaths and “true” drop out rate was found to be non-significant. Thus the finding that psychopaths were less likely to
complete the course must be qualified and the indications are that when taking other
reasons for premature removal from the programme into account, then it would seem
that the drop out effect disappears.

In conclusion, whilst psychopaths are less likely to complete the ETS
programme, many of the reasons for their non-completion are not in their control, and
they were found to be no more likely to drop out of the course than non-psychopaths.

Methodological issues

The research design was an important element of the present thesis as there
were several methodological issues to take into consideration. Hollin et al (2004) has
helpfully set out relevant issues when considering programme evaluation for the
Pathfinder projects in Probation. Whilst it is recognised that Hollin and colleagues
were evaluating programmes (and this was not the focus of the present study) and
further that reconviction rates were their main outcome measure (and here it was a
series of psychological and behavioural changes), nonetheless the issues they raise are
pertinent to the present study. Hollin et al note potential problems when researching
treatment interventions including; choosing an experimental design; deciding whether
to include programme non-completers in the analysis; the ability to match offenders
or establish that the sample groups are not fundamentally different; and choosing an
appropriate outcome measure.

They propose that whilst RCT designs are often preferred it is often not
possible to apply to outcome research, for ethical or practical reasons. The ethical
reason for not employing a RCT was that it was not appropriate to offer a treatment
programme to one group of inmates and not to another. The practical reason for not
employing a RCT was that the research was not an outcome study per se nor was it
evaluating the ETS programme but analysing how psychopathic inmates perform on
the programme in one establishment. Hollin and colleagues argue that a quasi-
experimental design is appropriate and they utilised two versions, one including and
one excluding programme non-completers. In this research design, the psychopaths
were effectively the experimental group with non-psychopaths the comparison group.
Hollin and colleagues also discuss the importance of accounting for potentially confounding variables because the failure to utilise a RCT design means that studies are likely to include variables which are uncontrolled for. In the present study confounding variables were dealt with by undertaking analyses of demographic and offence details between the psychopaths and non-psychopaths. There were no significant differences between psychopathic and non-psychopathic inmates on the variables of age, ethnic group, index offence or sentence length. The lack of differences between the psychopaths and non-psychopaths on these possible confounding variables suggests that difference are more likely attributable to the level of psychopathy.

The Hollin et al discussion also recognised the issue of programme non-completion and the notion of dosage. In other words some exposure to the programme is better than none, and total immersion is likely to be better than partial. Often programme evaluations (including RCT designs) do not differentiate between participants in terms of dosage. In the present study, the non-completers were excluded from the data analysis. In this way all participants had the same "dosage". However, this led to the potential sample size being reduced and the decision was made that despite some of the excluded data inevitably included those from the group targeted by this research (i.e. the psychopaths), it was more important to have dose equivalence. As the issues of programme non-completion and drop out were considered to be important, there was a research question devoted to investigating this issue further.

It is also important to consider the clinical meaning of the change scores and the implication these have for possible behaviour changes. The change scores demonstrated several changes in both the short and longer term for psychopaths and non-psychopaths. Whether these changes translate into actual behaviour change in the longer term may be answered in further research. Suitability for treatment was another issue considered by Hollin et al; in this research all inmates were selected for treatment by demonstrating cognitive deficits through the initial semi structured interview.
Conclusion

This thesis investigated the treatability of criminal psychopaths in respect to the ETS programme. Whilst much of the research literature concluded that this group do not gain constructively from interventions and further, that they potentially disrupted the learning of others, more recently, this position has been challenged by Warren et al (2003) and D'Silva, Duggan and McCarthy (2004). They concluded, as this thesis does, that not enough is known about the treating of psychopaths to infer that they should be automatically excluded from such treatment. This thesis adds to the rather meagre literature of empirical research that supports the conclusion of the small but growing challenge to the proposition that psychopaths are untreatable.

The first study investigating change found psychopaths do not demonstrate less improvement following the ETS course than non-psychopaths. This finding is contradictory of Ogloff, Wong and Greenwood (1990) who found psychopathic offenders to have poorer improvement following treatment than non-psychopaths. It is only when examining the longer term change that the differences between psychopaths and non-psychopaths emerge. In many measures, the non-psychopaths continue to make positive change, whereas the psychopaths typically fall back to near their pre course scores. It should be acknowledged that on many measures psychopaths make positive changes from pre to follow up and that these changes may contribute to them beginning to address their offending behaviour. It is suggested that this finding should encourage offending behaviour programme developers to consider supporting psychopaths to reinforce their progress once the course has been completed to help them sustain any positive change they have made.

The study investigating transferability found the results between the prison and special hospital samples may be similar enough to allow for transferability of programmes. Most of the measures showed a non-significant interaction for both samples. However, because the significant interactions are for different measures between the two samples, there is not enough similarity to provide conclusive evidence in answer to the research question posed. Further research, with a larger sample of special hospital patients, may help to answer the question more fully.
The third study investigating disruption found the number of psychopaths in the group to be a significant predictor only in a small number of outcome measures. The actual measures which demonstrate significant results appeared difficult to construct a plausible explanation for. It may be concluded that psychopaths do not disrupt their ETS group to the detriment of non-psychopaths. This finding contradicts the research of Müller-Isberner and Hodgins (2000) who found psychopaths to be disruptive in treatment settings. These results suggest that psychopaths should not be excluded from ETS on the presumption that they disrupt other learners.

The study investigating inmate drop out found psychopaths to be less likely to complete the ETS course than non-psychopaths. However, it was noted that not all of the psychopaths failed to complete the due to reasons under their control, and so it was also investigated whether there was a difference between psychopaths and non-psychopaths dropping out of the programme, rather than being transferred, released or removed from the programme. This analysis demonstrated that psychopaths were not more likely to drop out of the ETS programme than non-psychopaths.

The evidence from the current studies is highly suggestive that the previous grounds for excluding psychopaths from treatment on the grounds of their disruption and untreatability should be challenged. The present results do indicate that psychopaths on an ETS programme can make gains from attending the course, do not disrupt other group members, and are not more likely to drop out of the course. However, attempts to reinforce the learning of psychopaths following the course, and to reduce non-completion for reasons other than drop-out remain important issues for programme managers to address.
Chapter Ten

Conclusion

This Chapter draws some conclusions from this research, by evaluating the degree to which the aims of the research have been achieved, describing the contribution to knowledge, making some practical recommendations, discussing the limitations of the thesis, and suggesting some possibilities for further research.

The specific aims of this thesis as stated in the introductory chapter, were to investigate whether psychopaths (1) have a negative effect on others in the programme they attend, and (2) whether such individuals are, in any way, affected by their participation.

The broader context for this research relates to the definition of psychopathy, the political arena in which the public demand protection from the more negative aspects of criminal psychopathic behaviour and the State’s responsibility in punishing, containing and possibly rehabilitating offenders. The philosophy of imprisonment moved from being punitive whereby the State punished those found guilty of crime to rehabilitative whereby the State sought to intervene with prisoners to effect change and desisting from further offending.

The early evaluation of interventions lead to the somewhat pessimistic “nothing works” position in which research opinion concluded that little gains were to be had from programmes aimed at rehabilitation. Added to this was the presumption, largely supported in the research literature, that the treatment of psychopathic offenders was ineffective. This was thought to be due to non-completion or removal from treatment by programme management, manipulation by the psychopath, less clinical improvement of the psychopath, and the nature of psychopathy itself. Challenges to the “nothing works” conclusion were mounted by Gendreau and Ross (1979) who found a large number of studies which demonstrated a substantial reduction in recidivism. Later, Thornton (1987) claimed much of the ‘nothing works’
doctrine was based on studies which had methodological flaws, selectively reported results, and used treatment which was poorly implemented.

D'Silva et al (2004) recently challenged the literature concerning the treatability of criminal psychopaths and criticised the methodological weaknesses of past research. Hollin et al (2004) developed arguments for particular types of research design. This thesis addressed the challenge of D'Silva et al to answer the question of treatability of psychopaths (however limited to the ETS programme) and drew upon the workable methodology of Hollin et al to inform the research design.

Conclusions may be drawn from this thesis which contribute to the political, “What works” and treatability debates which are key to this research. Primarily, if psychopaths do indeed demonstrate some positive change in the short term, which is similar to that of non-psychopaths, and that they do not disrupt the progress of the non-psychopaths in their group, then this has important implications for the justification of their exclusion from the ETS programme. If, as these results indicate, psychopaths do change as a consequence of this inclusion in an ETS programme but that support is required in sustaining positive change into the longer term, and increasing their motivation to complete the programme then the issue becomes not one of exclusion but the nature of inclusion.

Psychopaths appear less able to sustain their changes once they have completed the course than non-psychopaths. This is in line with some of the theoretical indications that psychopaths have difficulty in connecting learning with outcome. However, whilst Ogloff, Wong and Greenwood (1990) found psychopathic inmates showed less clinical improvement than non-psychopaths, the present research has demonstrated psychopaths to make short term gains. Similarly, whilst Müller-Isberner and Hodgins (2000) and Rice, Harris and Cormier (1992) found psychopaths to be disruptive in treatment, this research did not. The theoretical literature (for example, Levine and Bornstein, 1972; Suedfeld and Landon, 1978; Serin, 1995; and Doren, 1996) suggested psychopaths prematurely “drop out” of treatment, whereby this finding was confounded by the current research. The special hospital sample demonstrated similar mostly non-significant results which suggests some transferability of results.
The contribution to knowledge this thesis offers

This thesis offers an insight into cognitive-behavioural treatment of a large sample of prison inmates and special hospital patients. Whilst much of the previous research has concluded that psychopathic offenders are untreatable, this thesis suggests that this may not be so and encourages further research to take place. This may include the use of a wider range of psychometrics to measure the cognitive deficits, a sample of inmates from different prison establishments, and a larger sample of special hospital patients. As discussed in the previous chapter, this thesis has shown that, contrary to much previous research, psychopaths demonstrate a capability to change as measured through a battery of psychometric instruments. Furthermore, also contrary to previous research opinion, this study found that psychopaths do not adversely disrupt the possibilities for change of non-psychopaths in their ETS group.

A particularly important finding of the thesis is that psychopaths were found to make positive changes over the programme, but that these changes were not sustained for the longer term. It is suggested that this finding should encourage programme developers to consider supporting psychopaths to reinforce their progress once the course has been completed to help them sustain any positive change they have made. This could be achieved by follow up work consisting of booster sessions after a certain period of time, or encouraging psychopaths to complete other treatment programmes should their offence history require it. It is recognised, however, that many of the inmates who complete the ETS course are in prison for a relatively short period of time and that follow up work becomes more difficult once they are released. Support from external agencies and the probation service could help psychopaths to sustain positive attitude change and translate it into real behaviour modification.

The present study attempted to overcome weakness in previous research designs and respond to the challenge of D’Silva et al (2004) by following the Hollin et al line in developing an acceptable research methodology. This thesis used a battery of psychometric questionnaires which provided current evidence of the inmates’ attitudes and beliefs. Previous research has been criticised (see D’Silva, Duggan and McCarthy, 2004) for basing their claims about psychopaths being untreatable on correlational studies. This research did not use correlations, on the contrary the data
were subject to a range of statistical analysis which included multi-variate exploration and regression.

Following Warren et al's (2003) critique, this thesis also used the Hare PCL-R to assess psychopathy which, as has been previously stated, is widely acknowledged as a valid and reliable research tool. The prison inmate sample were also all assessed using the PCL-R through both semi structured interview and assessment of collateral file information. D'Silva, Duggan, and McCarthy (2004) made the point that the Rice, Harris and Cormier (1994) study, which is often cited as evidence that psychopaths are made worse by treatment, scored the PCL-R by file information only. The use of both interview and file information in scoring the PCL-R inevitably increases the quality of scoring as it enables the researcher to gather more interpersonal information about the individual and therefore more evidence with which to score the Factor 1 items.

**Practical recommendations of this thesis**

The practical recommendations of this thesis involve encouraging HM Prison Service to conduct further research into the suitability of psychopaths on the ETS course as this thesis suggests it may be suitable after all. If psychopaths do not demonstrate less change than non-psychopaths, nor do they disrupt non-psychopaths on their group, it is recommended that they be encouraged to complete the ETS programme.

The importance of helping psychopaths to sustain positive change through reinforcement once the programme has been completed may be recommended to programme developers. Some follow up work specifically for psychopaths is suggested to help enable them to continue their improvement once they have completed the course.

This thesis only encompasses research from one prison establishment, and it would be crucial to conduct research in several different establishments to be able to
transfer the results across the service. This is also true to transfer the results across to
the Special Hospital service.

Psychopaths have been shown to be less likely to complete the ETS course
due to factors beyond their control, although not more likely to drop out than non-
psychopaths. A recommendation of this thesis is to consider methods of reducing
non-completion by psychopaths for reasons such as transfer, release or removal by
programme management. This would inevitably involve closer monitoring of inmates
accepted onto the course to ensure that they would remain in the establishment for the
duration of the programme.

**Research Design**

There were a number of factors with the research design which should be
discussed. Firstly, the issue of not using a RCT design which is recognised as being
preferable in outcome research. A RCT design was not suitable for ethical and
practical reasons. This was overcome by the use of a quasi-experimental design and
the demonstration that potentially confounding variables were controlled for.

Secondly, the issue of whether or not to include programme non-completers.
It was decided to exclude non-completers which enabled multi-variate analysis to be
conducted on the data. The important issue of non-completers was considered in the
research question which investigated this matter by assessing whether psychopaths
were less likely to complete the course.

The final issue was choosing an appropriate outcome measure when the
typical measure of reconviction was inappropriate due to lack of time. The use of
psychometric questionnaire data as the outcome measure employed in this research
allowed a more immediate measure of change to be gained. By its very nature,
reconviction data requires many years to pass before the data may be collected.
Psychometric questionnaires may be completed at any time to assess change in beliefs
and attitudes. The use of behaviour rating scales in this research allowed an
independent assessment of the inmates’ behaviour so the analysis was not wholly
dependent on the inmates themselves. The researcher was not able to alter the time of testing at pre course, post course, and at 8 week follow up as this was when the ETS assessments took place, in line with Prison Service Headquarters guidelines.

A longer follow up time would have been preferable to gain information on any longer term change, but this was not possible due to the inmates sample coming from a local prison. Many of the inmates would have been released or transferred shortly after completing the course and so the sample size for a longer term follow up may have been very small.

The choice of using the Hare PCL-R to assess psychopathy in this research was appropriate considering the recommendations and training opportunities provided by the Prison Service. The PCL-R is the instrument used within the Prison Service for this purpose and professional training to reliably use the measure is routinely given to staff. The researcher had great experience in using the PCL-R and found it a reliable and valid measure to use.

**Limitations of this thesis**

This thesis has highlighted many general problems inherent in investigating the treatment of psychopaths. These problems were addressed by the present researcher, although it is recognised that there may be some further consideration of these points in future research.

a) **Who is a psychopath?**

A psychopath is an individual who exhibits a range of personality traits which are shown to be related to the disorder of psychopathy as defined by the PCL-R. It is recognised that there are alternative diagnoses of psychopathy which could have been employed.
b) How is psychopathy measured?

Psychopathy is measured by the Hare PCL-R, which has been shown to be a valid and reliable research tool. The cut off score used in the this research was 25, although it recognised that this score is fairly arbitrary and further research is needed to confirm that this score is the most appropriate for a British sample.

c) Is random allocation possible or ethical?

Random allocation was not used in the classical sense of allocating some subjects to treatment and some to no treatment. This was neither possible nor ethical within the clinical setting of the treatment. Within the prison establishment in which this research took place, inmates were allocated a place on the next ETS course either a) if they applied for the course or b) were recommended for the course by a member of staff, and then if they displayed the necessary cognitive deficits to warrant a place on the group. Allocation of psychopaths to group was entirely random as inmates were allocated onto their ETS group and then assessed for psychopathy. Their PCL-R scores did not alter the ETS group they then attended. Random allocation is unlikely ever to be achieved in a prison setting for ethical reasons.

d) What is an acceptable measure of outcome?

The measures of outcome in this research were psychometric questionnaires, social climate scales and behaviour rating scales. It is recognised that there are problems with having psychometrics as outcome measures. For example, is change on a psychometric questionnaire evidence of psychological and personality change, and does this change (if any) translate to meaning that the risk of reoffending is reduced? It is acknowledged that change seen on psychometrics in this research does not necessarily translate to longer term reduction in reoffending or reconviction.

However, there are major problems in choosing reconviction as an outcome measure. Dolan and Coid (1993) point out that to ensure a conviction, the individual needs to be motivation and a need to offend, an opportunity to offend, to be identified by police, and to be apprehended, charged and found guilty. Obviously there will be many individuals who offending does not reach the conviction stage. Whilst using reconviction data gives researchers a longer term indication of behaviour change, it produces many problems. The benefit of using psychometric data is that it gives a
more immediate result of any change and the results may be quickly and easily analysed.

e) How long term is follow up?

In this research, follow up means only eight weeks after the end of the ETS course. Ideally, follow up would be longer term, however this also has problems in losing inmates who are released or transferred from the prison establishment they completed the ETS course in. The benefit of having an eight week follow up is that the potential sample size is larger as more of the inmates are a) still in the establishment and b) they hopefully still remember ETS and are willing to take part in the psychometrics again.

f) What is an adequate number of subjects?

The sample of 204 inmates in this research represents one of the largest samples assessed using the PCL-R by a single researcher in the UK. However, it is recognised that the comparatively small special hospital sample of 18 led to many of the results being statistically non-significant when they may have been significant with a larger sample size.

g) Where is treatment set?

In this research, treatment was mainly set in a prison establishment, with a small comparison group in a special hospital. Obviously, for the results to be more widely transferred, they would have to be replicated over several prisons and hospitals.

h) Is there a control sample?

It was impossible to have a control sample with this type of research as it would have been unethical to have a sample of offenders who were not given any treatment.

This research also had some distinctive limitations which should be discussed here.
a) Sample size for Study 1

It is important to consider that inmates who did not complete the questionnaire at each testing session were excluded from the analysis. This was due to the statistical analysis which required the inmate to complete the measure at each of the two or three testing sessions as appropriate. This inevitably led to many subjects' data being excluded from the analysis. This had implications for Study 1 where for some measures, half of the inmates' data were excluded.

b) Sample size for Study 3

It is important to consider that inmates who begin the ETS course do not necessarily complete the course. This had implications for Study 3 where the number of psychopaths in group was used as a factor in assessing whether psychopaths disrupted the learning of non-psychopaths. Whilst there may be an ETS group with three psychopaths in at the start of the course, by the end of the course the number of psychopaths may have reduced to less than three through dropping out or removal from the course. It was too complicated to control for these changes and so the number of psychopaths in group was measured at the beginning of the course.

c) Special hospital sample did not complete all the psychometrics

The present researcher had little control over which psychometrics the special hospital sample completed. Unfortunately only a small number of the psychometrics were completed, which meant that the amount of analysis and comparison which were possible was far less than if they had completed the whole test battery.

d) All prison inmates were from the same prison establishment

It could be argued that any results found could be related to the establishment this research was conducted in, rather than levels of psychopathy in the inmates. Ideally, future research should include prison inmates from a variety of different prison establishments to assuage this potential criticism. Whilst it is recognised that this research was centred on one prison establishment, if the present research findings were both extendable across prison service programmes and replicated throughout the prison system, it has serious implications for inclusion of psychopathic offenders not only on the ETS programme, but potentially other offending behaviour treatment programmes as well.
The test battery does not test all features of psychopathy

Whilst the psychometric test battery included many different features of psychopathy, it could be argued that some of the social and interpersonal aspects of psychopathy were not tested by the battery apart from a couple of questions on the behaviour rating scales. The majority of the psychometric tests measured personal opinions and attitudes rather than social desirability per se.

Possibilities for further research

There are a number of areas which could be researched in an attempt to improve the work presented within this thesis.

a) Use of a larger sample

A larger sample, both from several different prison establishments and special hospitals, would enable the results found in this thesis to be confirmed and translated across the services.

b) Use of a different PCL-R cut off score

The PCL-R cut off score employed in this thesis was 25 which is classically used in Prison Service research. The use of a different cut off score, perhaps determined by the use of a sensitivity analysis, may yield some different results and suggest that psychopaths do show a different pattern of change and disrupt non-psychopaths in their ETS group if “psychopath” is defined differently.

c) Analysis of PCL-R Factor scores

One aspect of the data which was not investigated was if there was any difference between psychopaths with either high Factor 1 or high Factor 2 scores on the PCL-R. From personal experience of the 204 interviewees, there was a huge variety in inmates who scored highly on one of the two factors. It is possible to score over 25 on the PCL-R having scored highly on one of the two factors and far lower on the other factor. It seems reasonable to assume that there may be differences between psychopaths who score particularly highly on one of the PCL-R Factors as their
personalities would be very different. Further analysis of the data to this end may yield some interesting results.

d) Use of different outcome measures

Despite the earlier criticisms of the use of reconviction data, further research may wish to investigate this as a longer term outcome measure.

e) Use of qualitative data

Along with the substantial amount of quantitative data collected in this research, there was also a great deal of qualitative data which could have been inspected. This includes the PCL-R interview scripts and the ETS post programme reports.

**Concluding comments**

This thesis represents important personal challenges for the researcher, not only in the collection of the data, but also in the writing of the thesis. The researcher became acknowledged as an important contributor to the Prison Service’s investigation into the suitability of programmes for psychopaths. The substantial amount of effort which was required to conduct the amount of PCL-Rs for this research meant that the researcher gained valuable experience in interviewing inmates (many of whom were challenging and quite difficult). The writing of the literature review concerning the history of treatment programmes and the evaluation of ETS greatly informed the researcher during her employment as an ETS Treatment Manager.

This thesis found some unexpected results and concluded that psychopaths may not be unsuited to treatment on the ETS programme after all. Psychopaths were found to demonstrate similar patterns of change as the non-psychopaths, to not significantly disrupt the non-psychopaths in their group, and to be no more likely to drop out of the course than non-psychopaths. Similarities between the prison and special hospital samples suggest that these results may occur in different contexts. If these results are replicated across the Prison Service, they have important implications
for the inclusion of psychopathic offenders on the ETS programme, and potentially for offending behaviour treatment programmes in the whole Service.
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Appendix 1

Long Questionnaire

Respondents are given the following instructions:

*Please read each statement and decide whether the statement is true or false as it applies to you personally. If the statement is true as applied to you, then circle T. If it is false as applied to you, then circle F.*

1. I often wish I was someone else.
2. I like the sort of person I am.
3. I often long for excitement.
4. I feel at my best after taking a couple of drinks.
5. I save regularly.
6. I often buy things on impulse.
7. Once in a while I think about things too bad to contemplate.
8. I feel it is best to keep my mouth shut when I’m in trouble.
9. I am a good mixer.
10. I am an important person.
11. I like poetry.
12. My feelings are easily hurt.
13. I often feel I’ve made the wrong choice in my occupation.
14. When going to school I truanted quite often.
15. I would do almost anything for a dare.
16. I have always had a lot of bad luck.
17. It is hard to amount to anything at present.
18. I am stricter about right and wrong than most people.
19. I often feel ashamed of myself.
20. I understand myself.
21. Things are all mixed up in my life.
22. I often do and say things without stopping to think of the consequences.
23. I have often got into a jam because I do things without thinking.
24. I often like to get high (on booze or drugs).
25. I am a very impulsive person.
26. I have met problems so complication I could not make up my mind about them.
27. Often I can’t understand why I’ve been so angry and sulky.
28. What others think of me does not bother me.
29. I would like to be a journalist.
30. I like to talk about sex.
31. I am afraid of the dark.
32. I hardly ever get thrilled or excited.
33. My parents disapproved of my friends.
34. My home life was always happy.
35. I often act on the spur of the moment.
36. My parents let me make my own decisions.
37. I am pretty happy with the way I am.
38. I have a low opinion of myself.
39. I feel I am a failure.
40. My way of doing things is not understood by others.
41. Sometimes, even when things go wrong, I feel excited and happy.
42. I usually think carefully before doing anything.
43. I often enjoy breaking rules I consider to be unreasonable.
44. I mostly speak before thinking things out.
45. I often get involved in things I wish I could get out of.
46. I like to be with people who play jokes on one another.
47. My parents made me obey even when I thought it was unreasonable.
48. I easily become impatient with people.
49. Sometimes I enjoy hurting people I love.
50. I tend to be interested in several different hobbies rather than stick to one thing for a long time.
51. I am not easily angered.
52. People misunderstand when I try to put them right and be helpful.
53. I am usually calm and not easily upset.
54. I enjoy beating people at their own game.
55. I get annoyed if people push ahead of me and I confront them about it.
56. I would rather go without something than ask for a favour.
57. I have had more than my share of things to worry about.
58. When I meet a stranger I often think that he is better than I am.
59. Before I do something I try to consider how my friends will react to it.
60. I have never been in trouble with the law.
61. In school I was sometimes sent to the Head for misbehaving.
62. I keep out of trouble at all costs.
63. Most of the time I feel happy.
64. I often feel as though I have done something wrong or wicked.
65. It is hard for me to act natural when I am with new people.
66. I get carried away with new and exciting ideas.
67. I get bored very easily doing the same old things.
68. Planning things takes the fun out of life.
69. I need to use a lot of control to stay out of trouble.
70. I used to like going out to play as a child.
71. Trouble that members of my family have got into doesn't especially bother me.
72. As a rule I have little trouble putting myself in other people's shoes.
73. I have seen some things so bad I have felt like crying.
74. Disobedience to the law is never justified.
75. It is the duty of everyone to support their country regardless of right and wrong.
76. I get annoyed when people ask stupid questions.
77. I know what I would try to teach students if I were a teacher.
78. I enjoy the company of strong-willed people.
79. I frequently undertake more than I can accomplish.
80. I am often sorry, because I am so angry and sulky.
81. I have often gone against my parents' wishes.
82. I often think about how I look and what impression I am making upon others.
83. I have never done any heavy drinking.
84. I find it easy to 'drop' or 'break with' a friend.
85. I get nervous when I have to ask someone for a job.
86. Sometimes I used to feel that I would like to leave home.
87. I never worry about my looks.
88. I have been in trouble one of more times because of my behaviour towards the opposite sex.
89. Almost everything enjoyable is either illegal or immoral.
90. I am often surprised at people's reaction to what I say.
91. I go out of my way to meet trouble rather than try to escape it.
92. My home life was always very pleasant.
93. I seem to do things that I regret more often than other people do.
94. My table manners are not quite as good at home as when I am out in company.
95. It is pretty easy for people to win arguments with me.
96. I know who is responsible for most of my troubles.
97. I get pretty discouraged with the law when a smart lawyer gets a criminal free.
98. I have used alcohol excessively.
99. I get extremely impatient if kept waiting by someone who is late.
100. An evening out is more exciting if planned at the last moment.
101. I get restless staying around the same place for too long.
102. Even when I have got into trouble I was usually trying to do the right thing.
103. It is very important to me to have enough friends and social life.
104. I sometimes wanted to run away from home.
105. Life usually hands me a pretty raw deal.
106. People often talk about me behind m back.
107. I would never play cards (poker) with a stranger.
108. I don't think I'm quite as happy as others seem to be.
109. I used to steal sometimes when I was a younger.
Appendix 2

Social Problem Solving Inventory Questionnaire

Respondents are given the following instructions:

On the next pages are a series of realistic life situations which many people encounter. Each one might be seen as a problem to be solved. After a description of each situation, five possible solutions are given. Please indicate which you would consider to be the most effective solutions in order of preference. Place a 1 beside the solution you consider the most effective, a 2 beside the second most effective and a 3 against the third. Do not put anything against solutions you would not consider.

After choosing the three best from the solutions presented, write down in the space provided beneath any other ways of handling the situation that might prove effective. Write down as many different solutions as possible.

SITUATION A

A friend borrowed some money from you several weeks ago. You asked if he could return it as soon as possible because you might need it. He has made no effort to pay you back nor has he mentioned the money on the last few occasions you have seen him. You get the impression he is avoiding you.

Possible solutions:

1. Go round to his place. Threaten him that unless he pays you all he owes immediately he can expect trouble. If he still refuses to pay carry out your threats.

2. Write it off as experience, and break off the friendship. Make a resolution that you won't lend money to anyone else in future.

3. Keep mentioning it now and again. After all he is a mate and you don't want to ruin the friendship. He is sure to repay you when he can.

4. Go round to see him. Tell him you need the money and ask when he intends to pay you. If he cannot pay all the money at once take what you can and get him to agree a date for repayment.

5. Go round to see him. Tell him you need the money now. Explain if he doesn't pay up immediately that is the end of the friendship and you'll let everyone else know what he's like.
SITUATION B

At work you have a clash of personalities with your immediate supervisor. He always seems to pick on you. Apart from this difficulty you enjoy your job and would hate to leave it.

Possible solutions:

1. Wait until the next time he says anything, have it out with him there and then in front of everyone. No one should be allowed to get away with the way he’s behaving.

2. Arrange a private discussion with him to try to sort out your differences.

3. Think up some way that you can get your own back on him. Perhaps something which will make him look stupid or create problems for him.

4. Look for another job. He’s not going to change so you will be best off out of the situation.

5. Put up with it. It’s just one of those things that happens. Eventually he might start picking on someone else.

SITUATION C

You are driving a car on a very urgent matter and have broken the speed limit. A police car appears behind you and flags you down.

Possible solutions:

1. Accelerate, you can probably lose them and your journey is too important to stop and waste time.

2. Pull over and do nothing. It would only make matters worse and it’s too late now anyway.

3. Pull over, remain calm and explain about the urgent nature of your journey.

4. Pull over and complain about being stopped when you are in such a hurry. Ask why they haven’t got better things to do than pull people up for speeding.

5. Pull over, apologise, promise you will never do it again and hope he lets you off with a caution.
SITUATION D

You have been going out with a girl for several weeks. You realise she is becoming far more serious about the relationship than you are. You do not want a long term relationship at present.

Possible solutions:

1. Carry on seeing her, but show less interest. Turn up late, and cancel dates at short notice. Sooner or later she will get the message.

2. Start seeing someone else and make sure she finds out about it.

3. Take her out somewhere quiet, ask her how she sees the relationship and talk about the current situation, explaining your point of view.

4. Start an argument with her next time you meet. This will then give you a good excuse to finish with her or make her finish with you.

5. Do nothing at present. After all, you might not want a long term commitment but why end it yet? Just avoid any talk about future plans.

SITUATION E

You are taking a course which is very important to your career prospects. You are certain you will pass most of the practical work involved, but are very concerned about some aspects of the written examination. You are always very nervous and perform badly in that sort of situation.

Possible solutions:

1. Explain your difficulties to the course tutor and seek their advice.

2. Take it as it comes. There is no point worrying. If you fail, you fail.

3. Try to smuggle a few notes into the exam room just to give you that extra edge.

4. Persuade a mate who has already done the course to take the exam for you, he’s bound to pass and no one will ever know.

5. Give up the course. If you’re going to fail this part, what’s the point?
SITUATION F

You’re bored. You’ve not been out all week and you want some excitement, but you have got very little spare cash after paying off some of your debts.

Possible solutions:

1. Borrow some more money, you can have a good time tonight and always pay it back later.

2. Just stay in and put up with it. Very little can be done without money.

3. Obtain some cash in some way, take some money which belongs to someone else, or sell something which isn’t really yours.

4. Consider all the options, think of all the things you can afford and choose the best.

5. Threaten someone until they give you some money.

SITUATION G

You have arranged to meet your regular partner in a local pub. You have been held up and arrive 15 minutes late. When you get there you find they are sat laughing and talking with a stranger of about your age. They do not see you immediately.

Possible solutions:

1. Grab hold of your partner, pull them aside and demand an explanation of their behaviour.

2. Go over, sit down and start talking to your partner. Ignore the other person completely, hopefully they will get the message and go away.

3. Leave immediately before they have a chance to see you. Wait for you partner to return home then ask for an explanation of their behaviour.

4. Go over, introduce yourself and try to find out at close quarters what the situation is really about.

5. Go over and tell the other person to clear off immediately, otherwise there will be trouble.
SITUATION H

Someone sets you up to take blame for something that you did not do. You know who it was but you cannot prove it.

Possible solutions:

1. Beat them up.
2. Get your own back by arranging for them to be blamed for something they did not do.
3. Avoid them in the future.
4. Try to forget it, it's over and done with.
5. Confront them about it. Make sure they are aware how you feel and how it won't happen again.

The last two problem situations do not have any ready made solutions. For each of them try to write down all the different solutions you might use.

SITUATION I

You have been for a night out with friends in a town 10 miles from your home. Unfortunately you have missed the last bus home. You have not got enough money to pay for a taxi. You need to get home tonight.

SITUATION J

You are single and have met a girl you fancy. When you ask her out she says that she would like to go out with you. But she lives at home and her family would not approve of you. She does not wish to upset them.
Appendix 3

Psychological Inventory of Criminal Thinking Styles (PICTS) Questionnaire

Respondents are given the following instructions:

On the next page are a number of statements about one's personal beliefs. There are no right or wrong answers, for each statement there are a large number of people who agree and disagree. For each statement please indicate how strongly you agree or disagree by ticking the box which best matches your views. Please answer all the questions.

Respondents have a choice of the following boxes:
- "strongly agree"
- "agree"
- "uncertain"
- "disagree"

1. I will allow nothing to get in the way of me getting what I want
2. I find myself blaming society and external circumstances for the problems I have had in life
3. My mind is free of any serious psychological problems or difficulties
4. Even though I may start out with the best of intentions I have trouble staying "on track"
5. There is nothing I can't do if I try hard enough
6. When I am under pressure I have sometimes used drugs or committed crimes
7. I see no reason to change my behaviour at this point in my life
8. I have found myself blaming several of my adult male victims by saying things like "they deserved what they got" or "they should have known better"
9. One of the first things I consider about another person is whether they look strong or weak
10. I occasionally think of things too horrible to talk about
11. I am afraid of losing my mind
12. The way I look at it, I've paid my dues and am therefore justified in taking what I want
13. The more I got away with crime the more I thought there was no way the police would ever catch up with me
14. I believe that breaking the law is no big deal as long as you don't physically hurt someone
15. I have helped out friends and family with money acquired illegally
16. I sometimes let my thoughts and ideas run wild ignore the problems and difficulties associated with my plans until it is far too late

17. It is unfair that I have imprisoned for my crimes when lawyers, businessmen and politicians get away with all sorts of illegal and underhand behaviour every day

18. I often argue with others over relatively minor matters

19. I can honestly say that the welfare of my victims was something I took into account when I committed my crimes

20. When frustrated I find myself saying “fuck it” and then doing something stupid.

21. I have less problems than other people

22. Even when I was caught for a crime I would convince myself that there was no way they could convict me or send me to prison

23. I find myself taking shortcuts, even I know these shortcuts will create problems later

24. When not in control of a situation I feel weak and helpless and want to have power over others

25. Despite my offences, deep down I am basically a good person

26. I will frequently start an activity, project or job but then never finish it

27. I regularly hear voices and see visions which others do not hear or see

28. When it’s all said and done, society owes me

29. I have said to myself more than once that if it wasn’t for someone “grassing” on me I would have never been caught

30. I tend to let things go when I should act, in the hope that they will work out in time

31. I have used alcohol and drugs to stop fear or worry before committing a crime

32. I have made mistakes in life

33. Outside, I would tell myself I needed to rob or steal in order to continue living the life I had right to

34. I like to be the centre of attention in my relationships and conversations with others, controlling things as much as possible

35. When questioned about my motives for offending, I sometimes point out how hard my life has been

36. I have trouble following through on good initial intentions

37. I find myself expressing tender feelings towards animals or little children in order to make myself feel better after committing a crime or behaving badly

38. There have been times in my life when I felt I was above the law

39. It seems that I have trouble concentrating on the simplest of tasks

40. I tend to act impulsively under stress

41. Why should I be made to appear worthless in front of friends and family when it is so easy to take from others?

42. I have never had any regrets about living a life of crime

43. I tend to put off until tomorrow what should have been done today

44. Although I have always realised that I might get caught for a crime, I would tell myself that there was “no way they would catch me this time”

45. I have justified my offences by telling myself that if I didn’t do it someone else would

46. I make it a point to read the financial section of the newspaper before turning to the sports page or entertainment section
47. People have difficulty understanding me because I tend to jump around from subject to subject when talking
48. I get at least four to five hours of sleep most nights
49. Nobody tells me what to do and if they try I will respond with threats, or I might even get physically aggressive
50. When I commit a crime or behave badly I will perform a “good deed” or do something nice for someone as a way of making up for the harm I have caused
51. I have difficulty deciding if my thoughts, ideas and plans are good
52. Nobody before or after can do it better than me because I am stronger, smarter, or quicker than most people
53. I sometimes say “everybody else is doing it so why shouldn’t I” after behaving badly
54. If challenged I will sometimes go along by saying “yeah, you’re right,” even when I know the other person is wrong, because it’s easier than arguing with them about it
55. I am not seriously mentally ill
56. The way I look at it I’m not really a criminal because I never intended to hurt anyone
57. I still find myself saying “to hell with working at a regular job, I’ll just take what I want”
58. I sometimes wish I could take back certain things I have said or done
59. Looking back over my life I can see now that I lacked direction and a sense of purpose
60. Strange smells, for which there is no explanation, come to me for no apparent reason
61. Outside, I believed I could use drugs and avoid the negative consequences (addiction, health risks) that I noticed in others
62. I tend to get easily sidetracked so that I rarely finish what I start
63. If there is a short-cut or easy way around something I will find it
64. I have trouble controlling my angry feelings
65. I believe that I am a special person and that my situation deserves special consideration
66. There is nothing worse than being seen as weak or helpless
67. I view the positive things I have done for others as making up for the negative things
68. Even when I set goals I frequently do not obtain them because I am distracted by things going on around me
69. I have never “blackened out” except perhaps when I was drunk or using drugs
70. When frustrated, I stop thinking rationally and say to myself statement such as “fuck it” or “to hell with it”
71. I have told myself that I would never have had to commit offences if I had had a good job
72. I can see that my life would be more satisfying if I could learn to make better decisions
73. There have been times when I have been right to break the law in order to pay for a vacation, new car, or expensive clothing that I told myself I needed
74. I rarely considered the consequences of my actions before coming to prison
75. A significant portion of my life outside was spent trying to control people and situations
76. When I first began breaking the law I was very cautious, but as time went by and I didn’t get caught I became overconfident and convinced myself that I could do just about anything and get away with it.

77. As I look back on it now, I was a pretty good guy even though I was involved in crime.

78. There have been times when I have made plans to do something with my family and then cancelled these plans so that I could go out with my friends, use drugs, or commit offences.

79. I tend to push problems to the side rather than deal with them.

80. I have used my good behaviour to give myself permission to commit a crime or engage in other irresponsible activities such as using drugs.
Appendix 4

Locus of Control Questionnaire

Respondents are given the following instructions:

On the next page are a number of statements about one’s personal beliefs. There are not right or wrong answers, for each statement there are a large number of people who agree and disagree. For each statement please indicate how strongly you agree or disagree by ticking the box which best matches your views. Please answer all the questions.

Respondents have a choice of the following boxes:

- “always agree”
- “agree”
- “unsure”
- “disagree”
- “always disagree”

1. I can anticipate difficulties and take action to avoid them
2. A great deal of what happens to me is just a matter of chance
3. Everyone knows that luck or chance determines the future
4. I can control my problems only if I have outside support
5. When I make plans I am almost certain I can make them work
6. My problems will dominate all my life
7. My mistakes and problems are my responsibility
8. Becoming a success is a matter of hard work, luck has little or nothing to do with it
9. My life is controlled by outside actions and events
10. I believe people are victims of circumstances beyond their control
11. To continually manage my problems I need professional help
12. When I am under stress the tightness in my muscles is due to things outside my control
13. I believe a person really can be master of his own destiny
14. It is impossible to control irregular fast breathing when I am having difficulties
15. I understand why my problems vary so much from one occasion to another
16. I am confident of being able to deal successfully with future problems
17. In any case maintaining control over my problems is mainly due to luck
18. I have often been blamed for events beyond my control
Appendix 5

PCL-R Interview Schedule Script

A. SCHOOL ADJUSTMENT
1. How many different primary schools did you attend?
2. How many different secondary schools did you attend?
3. What was your attendance like at school?
4. What type of marks did you get at school?
5. How did you like school?
6. How did you get along with other children at school?
7. How was your behaviour at school?
8. Did you leave school at 16 with any qualifications?
9. What did you do after leaving school?
10. Have you done any upgrading or taken any vocational courses?

B. WORK HISTORY
1. What kind of work have you done in the past?
2. How many different jobs do you think you have had?
3. What is your longest job? What was the shortest?
   Ask the following questions about three or four of the individual’s longest or most recent jobs:
   - What was the position? What were the duties? How long did you do that for?
   - When? Did you enjoy it? Did you find it boring? How was the money? Why did you leave that job? Did you resign, or were you fired?
4. Are you a reliable employee?
5. Did you ever leave a job with no other job lined up?
6. Have you ever been unemployed?
7. Have you ever collected unemployment benefit, welfare, or some other form of social security?
8. On the street, how do you usually support yourself?

C. CAREER GOALS
1. Is there any trade or occupation you would like to have?
2. What are your plans after release?
3. Do you have any long-term goals?
4. What problems might you have in achieving those goals?

D. FINANCES
1. Have you ever had a bank loan or a personal loan?
2. How is your credit rating?
3. Did you ever have to pay maintenance or child support?
E. HEALTH

1. Do you have any serious medical problems?
2. Have you ever seen a psychologist or psychiatrist?
3. As a child were you ever diagnosed as "hyperactive"?
4. Were you ever on medications for your nerves?
5. Have you ever tried to commit suicide?

F. FAMILY LIFE

1. Were you raised by your natural parents?
   Ask the following questions about the primary parental home:
   What was your home life like? How did you get along with your parents? Describe them. Were they affectionate towards you? What did they do for a living? Did they get along well together? Did they argue much? Did they ever have physical fights? Did they ever separate? How did this affect you? Did you have any brothers or sisters? How did you get along with them? Were things strict at your house? Were there lots of rules? How often did you break the rules (lie, run away, steal, etc.)? At what age(s)? Why? How were you punished? Did anybody in your home have any troubles with the law? Who? What happened? Did anybody in your home have any serious mental or physical problems? Who? What about problems with alcohol or drugs?
   Ask the following questions about the individual's primary surrogate home(s):
   What was life like there? Who else lived there? How did you get along with them? Were things strict there? Were there lots of rules? How often did you break the rules (lie, run away, steal, etc.)? At what age(s)? Why? How were you punished? Did anybody there have any troubles with the law? Who? What happened? Did anybody there have any serious mental or physical problems? What about alcohol or drug problems?

2. Were you ever abused physically, sexually, or emotionally?
3. How old were you when you left home?
4. Have you ever "hit the road" and travelled without real plans?
5. What is your relationship with your family like now?

G. SEX/RELATIONSHIPS

1. How many live-in relationships have you had? (Include both heterosexual and homosexual).
   If the individual has had numerous relationships, ask:
   Why have you had so many relationships?
   If the individual denies any live-in relationships, ask:
   Have you ever had a serious girlfriend? Have you ever had a homosexual relationship?
   For three of the longest or most recent live-in relationships, ask:
   How long did the relationship last? How old were you when it started? Describe your partner. What did you like best about your partner? Were you in love with your partner, or was it just a physical relationship? Was the relationship stable? Did you argue much? Did you ever have physical fights? Why did the relationship end? How long did it take you to get over it?

2. Have you ever been deeply in love?
3. How old were you when you first had a sexual relationship?
4. How many different sexual partners have you had?
5. Have you ever had relationships with more than one person at the same time?
6. Have you ever been unfaithful to any of your partners?
7. Do you have any children or step-children?

H. DRUG USE
1. Do you use alcohol or drugs?
2. Do you ever do crazy or dangerous things for fun?
3. How often do you get into physical fights?

I. CHILDHOOD/ADOLESCENT ANTISOCIAL BEHAVIOUR
1. When you were young, did you ever do anything rowdy outside of school (like vandalise things, set fires, hurt animals for fun, or steal)?
2. Did you ever get into trouble with the police as a child? (“Child” means age 12 and below).
3. Were you arrested as a juvenile? (“Juvenile” means age 17 and below).
4. How old were you when you first started doing crime?

J. ADULT ANTISOCIAL BEHAVIOUR
1. What are you charged with (or serving time for) right now? For each specific offence, ask the following questions:
   What happened? What did you do? What do the police say that you did?
   Was the offence spontaneous, or was it planned? Were you the only person involved, or were you with others? Did you know the victim? Were you drunk or stoned at the time of the offence? How did you get arrested?
2. Do you think your current charges (or sentence) will have any effect on your life?
   If the individual is serving a sentence, ask him the following questions:
   How long is your sentence? Do you feel it is a fair one? What kind of job did your lawyer do?
3. What other types of offences have you been arrested for as an adult?
4. Who or what is it blame for your offences?
   If the individual takes personal responsibility, ask the following questions:
   What could you have done to avoid committing the offence? Have you ever tried to stop crime? How?
5. What would help to keep you out of crime?
6. Do you regret having committed any of your offences?
7. What effect have your crimes had on the victims?
8. Are your crimes usually impulsive (spur-of-the-moment) or planned?
9. How do you feel when you are doing a crime?
10. Did you ever commit crimes and not get caught?
11. Have you ever breached parole or probation, escaped, gone UAL (unlawfully at large), or had a FTA (fail to appear at court)?
12. Have you ever used aliases?
K. GENERAL QUESTIONS

1. Have you ever done anything that made you feel guilty or that you were sorry you had done (other than crime)?
2. If the price were right, is there anything you would not do?
3. When you work at something for a long time, do you get bored easily?
4. Do you lie a lot?
5. Do you think that people are easy to "con" or manipulate?
6. Do people tell you that you have a "bad temper"?
7. How many close friends do you have?
8. How do you feel about yourself?
9. Has anyone close to you died?
   If no, ask:
   Has anyone close to you ever been seriously ill? How did that affect you?
   How did you handle it? Did you go to the hospital?
10. What is the most depressed you have ever been?
11. What is the happiest you have ever been?
12. Are you satisfied with your life so far?

L. OTHER INFORMATION

Use this section to record other comments or to expand on comments from earlier questions.
Appendix 6

ETS Semi Structured Interview Script

1. Do you feel you have problems?
2. Aside from legal problems what would you say are your biggest problems now?
3. What do you feel will be the biggest problem(s) while you are on probation?
4. Do you have problems with people? Your friends, family etc.?
5. Do you get upset easily?
6. Do you ever get depressed?
7. What do you do when you get depressed?
8. What do you do when you are really angry with people?
9. Have you ever hurt anyone because you were angry?
10. I am going to read a situation to you. Please tell me what the issue is, and how you would deal with the situation.
   You are out drinking with your friends in a bar and you notice your partner sitting at a table across the room. S/he is drinking and sitting at a table with friends and you notice that one of them is her/his ex-boyfriend/girlfriend
11. Tell me briefly what your offence is.
12. What were the circumstances leading to your offence?
13. Was there any other way you could think of achieving what you wanted (state reason for offences i.e. get money, was angry etc.)?
14. I am going to read a situation to you. Tell me everything you think you could/would do if you were in this situation. What would the consequences be of these actions?
   Jo is a very good friend of yours. Jo’s car is constantly at the garage and for the last month Jo has periodically borrowed your car. The last three times Jo borrowed your car, it was returned with no petrol. You need the car tomorrow and when Jo returned the car today you noticed once again there was no petrol in the car. Jo is your friend, and you would like to continue being friends.
15. Do you have or set goals?
16. Have you always set goals?
17. Do you find it easy to achieve your goals?
18. What goals do you have for your future?
19. What plans do you have for achieving those goals?
20. Let me give you another situation. I am going to read you the beginning of a story and then I’ll read you the end. I want you to fill in the middle.
   You and your partner have just had a major fight and they have left you. The end of the story is that you are back together again, and everything is OK.
   Tell me what you did. How did you get back together again?
21. How has being in prison affected your life?
22. Are you satisfied with the way you get along with people?
23. In general, do you trust or mistrust people?
24. How do you get along with people with whom you have regular contact (including friends/family)?
25. How did you live or what was your life like before you came in here?
26. Here is another situation:
   You are looking for a job. You are offered two jobs, one where your partner and children live and one 200 miles away. The jobs are the same, with similar money, but the one 200 miles away is much more exciting and more appealing to you. Which job would you take and why?
27. Tell me about any previous offences.
28. How did you decide to commit your most recent offences? What are the other offences? Did you consider the consequences before you got involved?
29. What do you do when you get an idea, or when a thought comes to you?
30. What do you take into consideration when you have to make a decision?

I am going to give you a few statements and I want you to complete them.

31. What I think about rules ..... How important is it to obey rules? Why is it (either important or not important)?
32. When I am criticised .....  
33. When someone does not agree with me .....  
34. What I think about parents ..... How important is it for children to help their parents? Why is it (either important or not important)?
35. What I think about friends ..... How important is it to tell the truth to friends? Why is it (either important or not important)?
36. When someone does not give me the help I need ..... How important is it to help someone who is in trouble, even if they are a stranger? Why is it (either important or not important)?

37. What do you hope to gain from attending this programme?
38. How do you think you will benefit from this programme?
39. Which other offending behaviour programmes have you attended?
40. Why do you think you need this programme? How do you think this programme will meet your needs?
41. If you were to compare yourself to others in your situation, would you say you are in greater or lesser need of this programme?
Appendix 7

Raw Data Tables for the Psychometric Test Battery

Prison Inmates

Psychometric Questionnaires

a) Impulsivity (from Long Questionnaire)

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c) Number of alternative solutions I&J (from Social Problem Solving Inventory)

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### d) Socialisation (from Long Questionnaire)

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### e) Hogan's empathy (from Long Questionnaire)

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### g) Cut off (from PICTS)

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h) Cognitive indolence (from PICTS)

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i) Locus of control

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Tutor Evaluations

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b) Cognitive style (from SSI/PPR)

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c) Ability to solve problems (from SSI/PPR)

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d) Social perspective taking (from SSI/PPR)

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e) Moral reasoning (from SSI/PPR)

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f) Critical reasoning (from SSI/PPR)

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**Special Hospital Patients**

**Psychometric Questionnaires**

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Appendix 8

Consent form for prison inmates being assessed for psychopathy

CONSENT FOR PERSONALITY ASSESSMENT INTERVIEW

Name:
Prison Number:

This interview, together with other information from your records, are going to be used to provide a personality assessment. This information will help to make a decision about the type of work most suitable for you.

The results of this assessment may be used in future research into the needs of offenders. Research of this type is confidential.

This interview will be recorded on video, so an accurate record is taken of the information discussed. The video will be seen by Psychologists within this department but on occasion may be viewed by Psychologists from Headquarters. All video tapes will be stored in a secure place and will be wiped clean once the information is no longer required.

A small number of video tapes are selected for use in training staff to conduct these assessments. In this case the video may be copied and seen by Psychologists attending the training and possibly by other researchers. The names of individuals will not be used. It will not be copied or released to any other persons apart from those mentioned above.

Once consent has been given to carry out this assessment and to it being videotaped, consent cannot be withdrawn at a later date.

CONSENT/REFUSAL

I have read the information given and am / am not willing to participate in this personality assessment.

Signed .............................................. Name (in capitals) ..............................................
Witnessed by .............................................. Grade ..............................................
Date ..................................................

RECORDING OF INTERVIEW FOR TRAINING PURPOSES

I am willing to allow the recording of my interview to be used for training purposes.

Signed .............................................. Name (in capitals) ..............................................
Witnessed by .............................................. Grade ..............................................
Date ..................................................
Appendix 9

Letter of Ethical Approval from HM Prison Service

Information Management Section
Room 721
Abell House
John Islip Street
London SW1P 4LH

Phone: 020 7217 5915/5089
Fax: 020 7217 5150

Laura Rayment
Dept of Forensic Psychology
HM Prison Pentonville
Caledonian Road
LONDON N7 8TT

Your Ref:

Our Ref: Rayment cm

Date: 9 January 2001

Dear Laura

RESEARCH PROJECT

Thank you for your minute outlining your proposed PhD project.

As long as the data are anonymized and the subjects have given their informed consent, I cannot see any problem.

Good luck with the project.

MICHAEL ACHOW
Information Manager
Appendix 10

Letter of Ethical Approval from Special Hospital

West London Mental Health

Ms Laura Rayment

Ref: 27 SEPT 01

17th, September 2001

Dear Ms Rayment,

Subject: Psychopathy and Cognitive Skills

The Committee considered your application at its recent meeting.

In the light of the revision and your new submission the Committee were happy for you to proceed with your study. However, it will be necessary for you to submit a signed and dated copy to the Secretary, Mr L.C. Perkins before proceeding.

The Committee wishes you well with your study. Acceptance of your proposal has been given on condition that the Secretary receives six monthly reports, also a copy of your final findings. Any change to the protocol made subsequent to this application must be notified to the Secretary. If the project has not commenced within two years then a resubmission will be necessary.

Yours sincerely,

Reverend Dr Peter Gaold
Chairman of the Ethics Committee