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A JOURNAL OF CORRECTIONAL PHILOSOPHY AND PRACTICE

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This Issue in Brief

Estimates of Drug Use in Intensive Supervision Probationers: Results from a Pilot Study.—Authors Eric D. Wish, Mary Cuadrado, and John A. Martorana present findings from a pilot study of drug use in probationers in the New York City Intensive Supervision Probation (ISP) Program, a study prompted by ISP staff need for on-site urine testing of ISP probationers. Confidential research interviews were conducted with 106 probationers in the Brooklyn ISP program, 71 percent of whom provided a urine specimen for analysis. The urine tests indicated a level of drug use strikingly higher than the level estimated by probation officers, who depended upon the probationers to tell them about their drug use. The authors contend that the costs of reincarcering drug abusers who fail probation are substantial when compared with the costs of a urine testing program. They conclude that ISP programs, with their small caseloads and emphasis on community supervision, provide a special opportunity for adopting systematic urine testing and for learning how best to intervene with drug abusing offenders.

Felony Probation and Recidivism: Replication and Response.—As a result of the Rand report on felony probation in California, probation supervision is attracting close attention. In the present study, author Gennaro F. Vito examines the recidivism rates of 317 felony probationers from three judicial districts in Kentucky and makes some direct comparisons to the Rand report. The general conclusion that felony probation supervision appears to be relatively effective in controlling recidivism rates is tempered by the limitations of both studies. The author stresses the need to closely examine the purpose and goals of probation supervision.

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The Psychological Deficits and Treatment Needs of Chronic Criminality

By Gary Field, Ph.D.
Cornerstone Program, Oregon State Hospital

Introduction

ONE OF the problems in developing programs that are effective in changing criminal lifestyles is the lack of theoretical models to aid understanding of the chronic criminal, what maintains a life of criminality, and what is required to change to a noncriminal lifestyle. Theodore Millon (1981) suggests that the following quote from the early 1950's is as true today as it was then:

> . . . the popular labels for social deviation . . . seem merely to be a restatement of the outmoded category of "constitutional psychopathic inferiority." They do not refer to new concepts. Moreover, the accounts of psychopathic behavior given by present day behavior pathologists are still likely to be accusations rather than descriptions. (Cameron and Margaret, 1951)

Much of the writings on psychopathic, sociopathic, and, more recently, antisocial personality disorders also describe a variety of characteristics in no particular organized fashion. These terms primarily serve as convenient summary statements of some of the similarities between some individuals. For example, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders II (DSM II,* 1968) provides the following descriptors: unsocialized, incapable of loyalty, selfish, callous, irresponsible, impulsive, intolerant of frustration, incapable of feeling guilt, and incapable of learning from experience. While this list is generally true for a chronically criminal population, it is so global as to miss the mark across many individuals and situations. Under certain conditions, antisocial or criminal people are exceedingly loyal (with peers), very guilt-ridden (about their children), very anxious (about a job interview), and can clearly learn from experience (adaption to prison life). Millon puts it well: " . . . the notion of an antisocial character has served to designate a rather varied collection of behaviors that have little in common with each other than being viewed as repugnant to the social mores of the time." (p. 184)

The committee that wrote the *DSM III* (1980) addressed these problems by changing the criteria for diagnosis of antisocial personality disorder to one that leans heavily on demonstrated criminality. Instead of labeling people as criminals because of their antisocial acts, *DSM III* identifies antisocial personality disorder on the basis of criminal activity. One of the authors of this section of the *DSM III* (Millon, 1981) has described the problems with this circular reasoning.

Another conceptual model for chronic criminality comes from Yochelson and Samenow (1976) and Samenow (1984). These writers suggest that criminals generally act out of excessive need for excitement and self-gratification. They suggest that treatment should consist of modifying thinking patterns, and they present 52 disordered thinking patterns. The thinking errors presented by these writers have proved to be excellent clinical descriptions, but their work on conceptualizing a model of deficits consists only of a list of these clinical phenomena. The 52 thinking errors overlap and contradict one another and are not presented in any organized order. The work of Samenow and Yochelson also focuses on cognition and largely ignores the emotional and behavioral spheres of human existence.

Millon (1981) has provided a thorough conceptual model for a full range of personality disorders. He identifies antisocial personality disordered people as having five primary characteristics: hostile affectivity, assertive self-image, interpersonal vindictiveness, hyperthymic fearlessness, and malevolent projection (p. 198). Both Samenow and Millon present theoretical models based on psychological deficits brought on by excesses of particular characteristics.

Millon believes that the concept of antisocial personality should be much broader than criminality, and he has geared his model to encompass the devious executive as well as the highly recidivist criminal. Millon's position on separating antisocial personality disorder from chronic criminality is sound, but it leaves us without a coherent model of chronic criminality.

The purpose of this article is to provide a working model on the nature of persistent criminality that builds on previous theorizing and is helpful in the day-to-day work of parole and probation officers, alcohol and drug counselors, and other mental health professionals. The model presented here attempts to clarify what keeps people in a repetitive cycle of criminality despite punishments, incarcerations, counseling, and other interventions. The model puts forth the concept of "chronic criminality" to describe, in hopefully the least confusing terminology, the global characteristics that separate highly recidivist

criminals from other groups. The model does not explain all of criminality, only the characteristics that people with repetitive patterns of criminality seem to share.

The model of chronic criminality presented in this article raises the age-old question of whether these people are fundamentally "sick" or fundamentally "bad." When society perceives chronic criminals as "sick," society encourages helpful, supportive treatment. When society perceives chronic criminals as "bad," society wants punishment. The philosophical position taken in this article is that both of these stands are partly right and partly wrong. Chronic criminality is not presented as a disease that is beyond volitional control, but it is presented as a series of deficits that can be ameliorated, given active participation by the client in the treatment process. Chronic criminality is not presented here as primarily an aberration of morality, but recovery from the deficits of chronic criminality require sustained effort for which the criminal must be held accountable.

A Model of Psychological Deficits and Treatment Needs Associated with Chronic Criminality

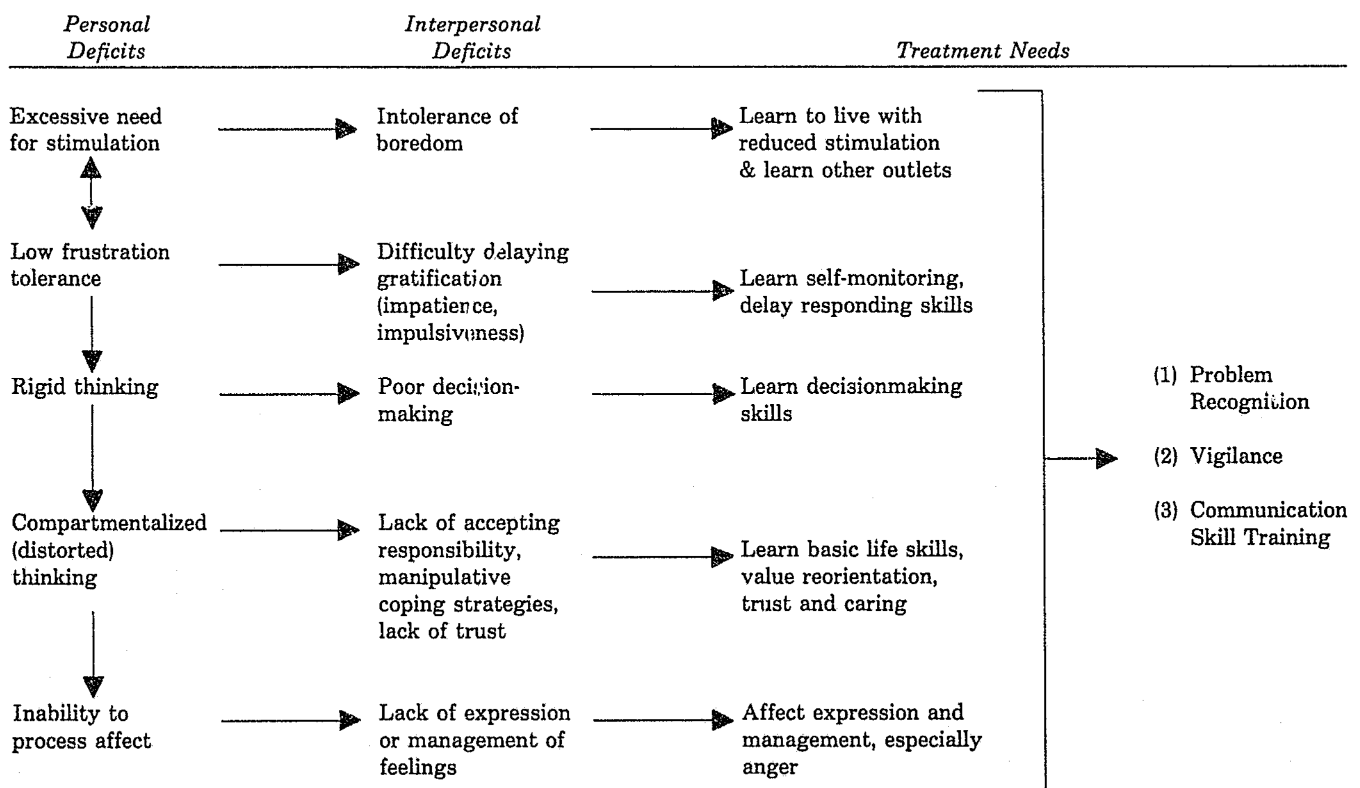
Figure 1 presents a model, in outline form, of the deficits and treatment needs of chronic criminals. The column on the left lists individual psychological (personal) deficits. The middle column lists how these personal deficits tend to show themselves in an interpersonal context. The column on the right lists the subsequent critical treatment needs of this group. The individal deficits are listed in the order that they seem to occur. That is, the combination of excessive need for stimulation and low frustration tolerance seems to be primary, with rigid thinking, compartmentalized thinking, and inability to process affect coming as almost natural results of the deficits listed above each item. Likewise, the interpersonal deficits seem to flow from all the individual deficits listed above and to the left of them. Under "Treatment Needs," those items listed on the far right are seen as resulting from the personal deficits and as necessary preconditions to all other treatment interventions. The other treatment needs are seen as flowing from the identified personal and interpersonal deficits.

Personal and Interpersonal Deficits
Excessive Need for Stimulation—Intolerance of Boredom

Excessive need for stimulation means having an intense need to feel sensations and having a drive for excitement that shows itself in intolerance of boredom and a high demand on both environment and self.

Quay (1965) presents physiological evidence that chronic criminality is associated with deficits in

FIGURE 1. A MODEL OF PSYCHOLOGICAL DEFICITS AND TREATMENT NEEDS ASSOCIATED WITH CHRONIC CRIMINALITY



neural reactivity to sensory input. Quay observes that the impulsivity of these people may stem from "lack of even minimal tolerance for sameness." Quay argues that people with low neural reactivity would frequently find themselves in a condition of stimulus deprivation and that this state is unpleasant and leads to seeking new stimulation. Quay then argues that in a highly organized society, the almost constant search for new stimulation would frequently involve breaking some moral or legal code. Quay's work has been supported and expanded (Skrzypek, 1969; Chesno and Kilmann, 1975).

From more casual observations, most recidivist criminals are easily identified as thrill seekers. They talk about the excitement of the crime with as much passion as an addict about his drug. Chronic criminals associate the criminal life with the "fast life"—fast cars, fast money, fast women, and fast drugs. Danger is stimulating and exciting. Criminal acts by this group are done more because of the danger than in spite of it. This is the "recklessness" in item C(9) of the *DSM III* criteria for antisocial personality disorder and Millon's "hyperthymic fearlessness."

The constant search for stimulation in chronic criminals shows itself in their intolerance of boredom. In any kind of routine situation, whether it is prison or employment, these people search for ways to break the routine, including trying to see how close they can come to getting into trouble. Boredom seems to create more anxiety for these people than truly fearful situations. Samenow (1984) suggests that criminals more often act out of boredom than from deep unresolved psychological conflicts.

Excessive need for stimulation also seems to convert into general high internal demand. Criminals, even the most chronic, tend to have unrealistic expectations of themselves, as well as of others and the world around them. Most sincerely voice grandiose plans concerning their future. This is partly what Millon means by "assertive self-image."

Low Frustration Tolerance—Difficulty Delaying Gratification

Low frustration tolerance simply means difficulty accepting any setbacks to goal attainment. Difficulty delaying gratification refers to a lack of ability to set aside short-term goals for the achievement of long-term goals. Excessive need for stimulation by recidivist criminals is matched only by their low resilience to frustration. Many people have high excitement needs: mountain climbers and sky divers come to mind. But, chronic criminals do not have the tenacity of mountain climbers, nor the careful foresight of sky divers. Small failures tend to be catastrophized by chronic criminals rather than accepted and put aside. They tend to have trouble tolerating anything less than full, immediate gratification. Goals are set by the minute or hour rather than the month or year. This impulsiveness and impatience (see *DSM III* criteria C(7) for Antisocial Personality Disorder) set up blocks to ordinary routes of learning—it is difficult to learn from experience if you can't see beyond the frustration of the moment. If it were true that chronic criminals had difficulties with both excessive need for stimulation and low frustration tolerance, one would expect this population to have difficulty learning tedious tasks under stressful conditions. Electrical shock experiments show that people with antisocial personality disorders have more difficulty learning rote tasks under stressful conditions than the general population (Lykken, 1957; Hare, 1965).

Samenow (1984) describes this phenomon of low frustration tolerance well:

> The slightest disappointment can trigger a total collapse of his inflated self-concept. Small daily frustrations that most people cope with routinely are calamities for him—having to wait in line when time is short, receiving criticism from his boss, having his wife disagree with him. These things are not supposed to happen . . . His self-concept is easily shattered because he defines failure as being anything short of an immediate resounding success.

The combination of excessive need for stimulation plus low frustration tolerance may be the primary ingredients of chronic criminality, or what we have recently called antisocial personality disorder. Much of continuing criminal behavior can be explained by unreasonably high stimulation needs (including excitement and achievement) combined with the lack of resiliency or adaptability brought on by low frustration tolerance.

For example, concepts such as self-centeredness and lack of anxiety are frequently applied descriptions of psychopathic or sociopathic personality (*DSM III*, 1968). A typical pattern for these people is to get a job and initially do well, but after the novelty and challenge are gone (lack of excitement), to overreact to some slight setback (low frustration tolerance) and do something that results in getting fired. This sequence is perceived as showing self-centeredness, lack of concern for others, and lack of anxiety. As Samenow points out, one need not look that "deep" for deficits. Our person has acted in a manner in which all of us have wished to act at times, but we did not for fear of consequences. Excessive need for stimulation plus low frustration tolerance are more parsimonious explanations of what leads to action with failure to evaluate consequences than are formulations of psychopathy involving inability to feel anxiety or inability to feel concern for anyone but self. However, as life goes on—with excessive need for stimulation plus low frustration tolerance—thinking becomes more rigid and compartmentalized

to deal with the dissonance between actions and values. This does lead to self-centered rationalizations and the appearance of lack of anxiety.

Rigid Thinking—Poor Decisionmaking

Rigid thinking refers to thinking that is constricted, thinking that allows consideration of only a few options, rather than consideration of a full range of options. This is sometimes called "categorical," "channel," or "concrete" thinking.

One way to keep frustrations low is to narrow the range of choices. Research on the authoritarian personality (Rokeach, 1960) shows that intolerance of ambiguity in some people leads to rigid thinking. The popular view is that recidivist criminals are anti-authoritarian. Actually, the opposite is more often true. Chronic criminals often seek out authority to reinforce their simplistic "black or white" view of the world. People and issues tend to be seen as right or wrong, good or bad, rather than as some of each. People chronically involved with criminality are concrete thinkers who have a great deal of difficulty accepting or managing ambiguity. Complex issues are forced into an over-simplified thinking set.

This rigidity of thought interferes with personal change. New ideas or ways of thinking don't soak in very fast. Rigid thinking reduces openness to new ideas and makes learning more difficult (Checkley, 1941; Eysenck, 1964). Flexibility and adaptability to new situations are then poor. Some of the inability to profit from experience noted with this population comes from rigid thinking because of the difficulty of staying open enough to adapt to slightly different situations.

Oversimplified, limited, concrete, "black or white" thinking leads to poor decisionmaking. The precursors of intolerance of boredom and low frustration tolerance further distort decisionmaking processes. Decisions tend to be made on the basis of rapid relief and impulsivity rather than by thoughtful resolution, because limited information is considered and actions quickly follow. This usually results in fight or flight resolutions rather than communication and negotiation.

Rigid thinking also applies to self. These people tend to set unreasonably high standards for themselves and anything less than total success equals total failure. This thinking pattern goes something like this: "If I have failed (in some small way), I may as well get drunk and blow it all."

Compartmentalized Thinking—Lack of Taking Responsibility, Manipulative Coping Strategies, and Lack of Trust

A simple example of compartmentalized thinking is the person who continues to attend church in the morning, commit robberies in the afternoon, and doesn't ever think about the inconsistencies of those actions. Compartmentalized thinking is a predictable result of high need for stimulation, low frustration tolerance, and rigid thinking. These three come together to force massive rationalization to justify actions by keeping the blinders on to outside information. The impulsive actions just don't mesh with the rigid view of self. Something has to be done to cope with the dissonance: compartmentalized thinking. From the vantage point of an outside observer, the criminal's rationale for perceptions or actions is distorted thinking that often looks like mental gymnastics to manage seemingly contradictory points of view. But what else is possible with high internal demand, low resiliency, and rigid borders of thought?

Actions for instant gratification plus rigid and compartmentalized thinking yield a perception on their part that it is others, not themselves, who are responsible. They thus tend to assume the victim stance and blame others to cope with the dissonance between their actions and their thoughts or feelings. Millon labels this as "malevolent projection." Samenow simply calls it "victim stance."

That same dissonance between actions and thoughts or feelings leads to a variety of coping strategies to deal with other people. Some of their better known strategies include talking around issues, clever glibness, a seductive social manner, an intimidating social manner, generally exploiting another's weakness, overwhelming themselves so they don't have to deal with their own feelings, and so on. While these coping strategies are easily the most recognizable part of the chronically criminal person's behavioral repertoire, part of the thesis here is that these are not primary deficits, but secondary deficits resulting from excessive need for stimulation, low frustration tolerance, and rigid and distorted thinking. Yochelson and Samenow (1976) have done an excellent job of cataloging these coping strategies.

Words such as "dishonest," "narcissistic," and "amoral" have been used to describe these people, and they certainly show a corrupted honesty to compensate for their deficits in their day-to-day actions. But, at least some of those day-to-day actions are driven by fear-laden tactics, and thus the bottom-line emotion is often fear. Concepts such as "lack of fear," "lack of guilt," and "lack of anxiety" miss the point that chronically criminal people do much of what they do to cope with the fear, guilt, and anxiety that result from their personal deficits.

Socrates said that all knowledge comes from the self. Because of their deficits, chronic criminals have reason not to trust themselves and therefore do not trust others. They sense their own corrupted honesty and assume that everyone acts as they do. Millon

labels this phenomenon "interpersonal vindictiveness."

Inability to Process Affect—Lack of Expression or Management of Feelings

High demand, low frustration tolerance, and rigid and distorted thinking result in an inability to process affect. High demand and low frustration tolerance produce a lot of feelings. Rigid and compartmentalized thinking do not allow those feelings to be processed internally. Chronic criminals tend to deny their feelings, overrespond to their feelings, or, most commonly, vary between these two errors. In one common scenario, after an intense interpersonal conflict, the individual denies that the conflict took place, that it was important to him, or that he is angry, frustrated, or hurt. In some cases this denial of anger is understandable in that the individual senses from past experience that he may lose control and do something he will regret later. More often, chronic criminals carry fantasies that once they let their feelings out, they will lose what little control they possess. These fears, along with their rigid thinking, keep them bottled up and do not allow for any affect expression, which eventually leads to a fulfillment of their original fears of going out of control. In another scenario, the criminal responds to every feeling, giving it full vent, without thought. Angers, hurts, and frustrations are all catastrophized and feelings know no god but the self, so it must be others who are the source of the hurt. This is affect without monitoring by cognition—feeling without thinking. Most chronic criminals vary their errors between these two scenarios and need training in both expression and management of affect. Kraeplin noted deficits in affect with this population in the early 1900's; Checkley expanded on this notion in the 1940's; and Millon has recently labeled part of this phenomenon as "hostile affectivity."

*Treatment Needs**

The items to the right of the "Treatment Needs" column in figure 1 are basic for successful treatment of all the deficits shown by criminals. Without addressing these three items, it is impossible to penetrate the other treatment needs.

Problem Recognition

The personal deficits cause the psychological process of denial to be pervasive among most criminals. Until an individual begins to recognize and admit that he or she has a problem, little else can be accomplished. Alcoholics Anonymous (1939) has been saying this for many years. Getting a chronic criminal to admit errors, limitations, and loss of control over self can be a long and arduous task, but it is only the beginning of treatment. Yochelson and Samenow (1976) suggest instilling self-disgust, an uncomfortableness with self that makes the individual open to change. Some discomfort with self is necessary to begin treatment, but that discomfort can come in a variety of ways and can be stimulated by a variety of sources (prison, family, aging, value change, fear of death, health deterioration, etc.) Some chronic criminals come to treatment with an expressed desire to change; some develop problem recognition through supportive counseling; some need peer pressure in a highly structured residential setting; some are aided by intense confrontation; and still others are unreachable by any known methods.

Vigilance

Once a criminal has identified a series of problems and a need to change, vigilance must be established in monitoring and managing those problems in much the same way that a diabetic must learn to monitor and manage his or her diet. This is very hard for chronic criminals to understand. The best example of this process comes from the alcoholism literature (Gorski and Miller, 1982). Alcoholism is seen as a disorder from which the individual is always either recovering or relapsing. Much like being on an escalator, one is either going up or down, getting better or becoming worse. One of the points in this analogy is that the personal deficits are so pervasive in the individual's personality that unless the individual is actively monitoring and compensating for them, the individual is almost certainly relapsing into showing the interpersonal deficits and, thus, into criminality.

Communication Skill Training

Primarily because of distorted thinking, chronic criminals do not have an accurate feedback loop with the world outside themselves—no "real" line to the outside world. Very basic communication skill training is therefore an essential basic tool that is needed to begin treatment. The work of Bach and Wyden (1970) is presented in terms that are easy to understand. For example, a very common problem is poor listening skill. Learning to paraphrase is usually difficult for chronic criminals, but also necessary to their getting feedback and thus necessary to their treatment.

Affect Expression and Management

Normal use and processing of feelings involve two steps. First, identification and acceptance of feelings;

* The intent here is to briefly identify the major areas of needed rehabilitation for chronic criminality and to offer some comments on how those treatment needs can be addressed. It is not the intent here to describe a full treatment regimen for the treatment of chronic criminality.

second, modulating feelings against thinking and past experiences. Chronic criminals tend to use distorted thinking to deny their feelings, to act on their feelings without thinking first, or to combine both of these processes. Part of treatment needs to consist of training to identify and accept feeling and also to cognitively process feelings before taking action. This is often best done in a group therapy setting where peers can provide feedback and support. Basic reading on feelings identification (Rubin, 1969), group discussions, and individual assignments are also helpful.

Basic Life Skills Training

Because the personal deficits of chronic criminality usually begin in childhood or early adolescence (*DSM III,* 1980), these individals have not been in a position to learn specific skills needed for independent community living. It is difficult to learn basic academic skills, for example, if you have been suspended from junior high school. The institutionalization brought on by chronic criminality also produces skill deficits in such areas as meal planning, money management, and basic work skills. Pride keeps most chronic criminals from admitting these deficits. In fact, they will go to great lengths to cover them up. But, they have these deficits and can be taught basic life skills (Field, 1985).

It follows that lack of taking responsibility for self has led to basic life skill deficits in the lives of criminals. It does not follow that basic life skill training will make responsible people out of criminals. While life skill training needs to be a part of any treatment program, many prison programs assume that providing employment skill training and fostering personal skill management will rehabilitate criminals. This might be true if chronic criminals were like other people, which they are not. Because of their psychological deficits, massive life skill training alone produces little change in long-term criminal behavior.

Value Training

The psychoanalytic view of criminality, or antisocial personality disorder, is that the individual lacks a superego. The position taken here is that a superego exists in these people, but it is underdeveloped and distorted. There are many "criminal codes" that suggest superego-like mores and standards.

Value training begins with teaching criminals to drop overtly "criminal" or "convict" value standards such as the "snitch" mentality. At the Cornerstone Program (Field, 1985), chronic criminals are taught that treatment consists of caring plus accountability and thereby the "snitch" value is directly challenged. Bush (1983) points out that the treatment of criminality is in large part value reorientation. This work involves breaking through old, self-destructive lifestyles and is thus best done where peer pressure and even confrontation can be brought to bear, such as in a group setting or residential treatment program.

Vigilance is essential for this part of treatment. Changing what are destructive, self-oriented life patterns requires sustained effort. Empathy training such as the Alcoholics Anonymous (1939) continuing moral inventories are needed. Behaviorally, the paradigm is one of overpractice to compensate for the personal deficits. If the criminal has a history of chronic lying, he needs to over-practice honest disclosure. Thus, the concept of accountability is key. Because a chronic criminal has acted in an untrustworthy way so long, he or she is uncertain whether he or she can be trustworthy. Tight accountability provides feedback for every success as well as identifying areas that need more work. Almost instant feedback is needed for people who have for so long been impatient and short on attention span.

Develop Trust and Caring

Trust and caring begin to develop when criminals start practicing honest disclosure. As they learn some power and control over themselves, they begin to learn that some other people can be trusted and then the universe begins to appear much less random. At this point, a "caring-giving" orientation to life is possible instead of a "taking-demanding" orientation to life. However, this is just the beginning of responsible living. The best treatment program available can only take the edge off the criminality. The personal deficits remain. Treatment only provides a technology, or the tools, to cope with those deficits. Criminals need to be seen and need to see themselves as chronically disabled and, like the alcoholic, as continuing to be at risk for relapse.

Decisionmaking Skills

The interpersonal context of planning by chronically criminal people involves impulsiveness and then manipulating others to cover mistakes. Residential treatment can be structured so that chronic criminals are forced to slow down, identify the problem, brainstorm options to problems, think through the advantages and disadvantages of several possibilities, and select options based on objective criteria—in short, learn basic planning and decisionmaking skills. High internal demand, low frustration tolerance, and rigid and distorted thinking all facilitate poor decisionmaking. But like any skill, decisionmaking skills can be learned.

Self-Monitoring Skills

If high stimulus-seeking and low frustration tolerance lead to impulsiveness, it follows that those so affected need to be vigilant in monitoring themselves to avoid impulsiveness. Training in self-management techniques including thought-stopping, mental emergency drills, and personal planning to avoid relapse need to be a part of a viable treatment program (Hodgson and Miller, 1982). One of the most helpful tools in the treatment of criminality, however, is the thought log (Yochelson and Samenow, 1976). These self-report journals provide an assessment and monitoring function for both counselor and client.

Living with Reduced Stimulation and Finding Other Outlets

Criminality is exciting, and as a society we are all drawn to criminality as witnessed by the sheer numbers of cops and robbers shows on commercial television year in and year out. It is hard for chronic criminals to leave the exciting lifestyle behind. When they do, they mourn it the same way an alcoholic mourns the loss of alcohol. Criminals are often "hooked" into treatment programs by the initial excitement and suspense. Serious treatment, though, involves hard work day in and day out (so does responsible living). As treatment progresses, and the newness wears thin, most chronic criminals experience an "is that all there is?" feeling. Most chronically criminal people can do good work for short periods of time, but because of their deficits they have difficulty maintaining their energy for change over time. Put into one metaphor, chronic criminals are good sprinters; unfortunately, responsible living is more like a marathon. Responsible living seems monk-like to these people with a high need for stimulation. The reality is, however, that they need to reduce their accepted level of stimulation as a treatment goal. At the same time, they need to find other outlets for their energies that provide some of the same excitement, such as sports, acting, or music.

Finally, chronic criminals need to develop a support network that will serve to reinforce and maintain the gains they have made in treatment. Without continuing support for recovery from their deficits, most chronic criminals will eventually relapse into their criminal lifestyle.

Summary and Comments

A model for understanding the psychological deficits and subsequent treatment needs of chronically criminal people is presented and described. People who have been described as antisocial or criminal personality are seen as having particular psychological deficits in common. The ordering of the deficits presented here seems to explain much of chronic criminal attitude and behavior, and it incorporates most of the descriptors that have been used to define this population in the past.

The model is limited in scope. It does not explain all of criminality. Specific criminals may have other disorders or deficits as well as these listed here. More sophisticated models need to be developed for subgroups of chronic criminals (Monroe, 1981; Millon, 1981). No comment has been made throughout this article on the etiology of the basic personal deficits. This model is based solely on observation of what is, rather than being a part of any theory of personality or personality development.

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