

2019

A Case Study of Forensic Interviewing of Antisocial Personality Disorder Diagnosed Inmates

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Walden University

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Walden University

College of Social and Behavioral Sciences

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Markus M. Bressler

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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The Office of the Provost

Walden University
2019

Abstract

A Case Study of Forensic Interviewing of
Antisocial Personality Disorder Diagnosed Inmates

by

Markus M. Bressler

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Public Policy and Administration

Walden University

November 2019

Abstract

Interview strategies applied in adult criminal justice settings focus on the interviewer and concentrate on obtaining information for the courts, while simultaneously neglecting a forensic understanding of interviewees, including the interviewee's decision-making and behavioral health impairments. As a consequence, there is a deficiency of evidence-based research regarding interview practices with persons diagnosed with antisocial personality disorder (ASPD). Using social control and neutralization theories as the foundation, the purpose of this case study of a single justice system in the United States was to better understand the perspectives and experiences of ASPD diagnosed inmates ($n = 5$) compared to incarcerated participants without any mental health diagnosis ($n = 5$) regarding willingness to cooperate with the interviewer. Interview data were triangulated with the Gudjonsson Confession Questionnaire – Revised. Data were inductively coded and then subjected to a thematic analysis procedure. Results indicate that external and internal pressures, intoxication, perception of proof, involvement of third parties, and/or a lack of insight into diagnostic features of ASPD influenced decisions to cooperate with an interviewer, thereby impacting the quality of interview results. The positive social change implications of this study include recommendations to criminal justice systems to explore holistic interview strategies that may improve interview outcomes. Adhering to this recommendation may improve the quality of interviews and ensure that justice system objectives related to truthfulness and accuracy are enhanced as well as improve mental health outcomes of criminal offenders.

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Dedication

I dedicate this study to all certified forensic interviewers who, on their search for truth, uphold the highest ethical standards while examining a complex fracture of humanity: The strongest and bravest of all. Furthermore, I dedicate this study to all individuals diagnosed with behavioral health disorders; with the acknowledgement and recognition societies and legal authorities too often withhold.

Acknowledgement

My deepest gratitude and appreciation go toward my dissertation team:

Committee Chair Dr. Melanye Smith, Committee Member Dr. Eric Hickey, URR
Reviewer Dr. Tanya Settles, and CAO Designee Dr. Lee Stadlander. In addition, I am
profoundly indebted to Professor Gili Gudjonsson of The King's College in London, UK,
to Dr. Kevin Colwell of Southern Connecticut State University, and to my three research
partners for their professional support and shared expertise.

We are all moral beings to the extent that we are social beings

David Émile Durkheim

French Sociologist (1858 – 1917)

In: Suicide (1897)

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Chapter 1: Introduction to the Study

Introduction

During criminal court proceedings, members of the criminal justice system may rely on forensic interviews of involved parties to examine the truthfulness of statements and witness accounts. If the courts cannot depend on such interviews, completed in accordance with laws and approved policies, later rulings may be based on disputable testimony. Hence, the courts' fundamental purpose of finding fair and equal justice could be significantly compromised, and the government's constitutionally defined judicative branch (U.S. Const. art. 3, §§ 1-2) may thus fail to protect citizens' guaranteed rights. A successfully completed forensic interview could add to the protection of laws and citizens alike and could provide case relevant and truthful information to the criminal justice system. However, interviewers often found it impossible to lawfully, ethically, and morally obtain a truthful statement from adults diagnosed with the antisocial personality disorder (henceforth ASPD).

In Chapter 1 of this qualitatively designed case study, I examined the specific discipline of forensic interviewing of ASPD diagnosed sentenced inmates. This study's contribution to social change included educating of interviewers and members of the criminal justice system regarding the uniqueness of ASPD features that could emerge during a forensic interview. Furthermore, this study may encourage public policy administrators and court representatives to review policies and procedures related to the admission of statements made by ASPD diagnosed interviewees.

Background

This study's fundamental background was divided into four interconnected modules: (a) the unique features of ASPD, (b) the prevalence of ASPD diagnosed citizens in the criminal justice system, (c) the courts' involvement and expectations of forensic interviewers, and (d) the abilities of the interviewer to successfully complete a morally, ethically, and lawfully sound forensic interview. This concept further laid the foundation for this study's problem statement, its purpose and nature, and the two associated research questions.

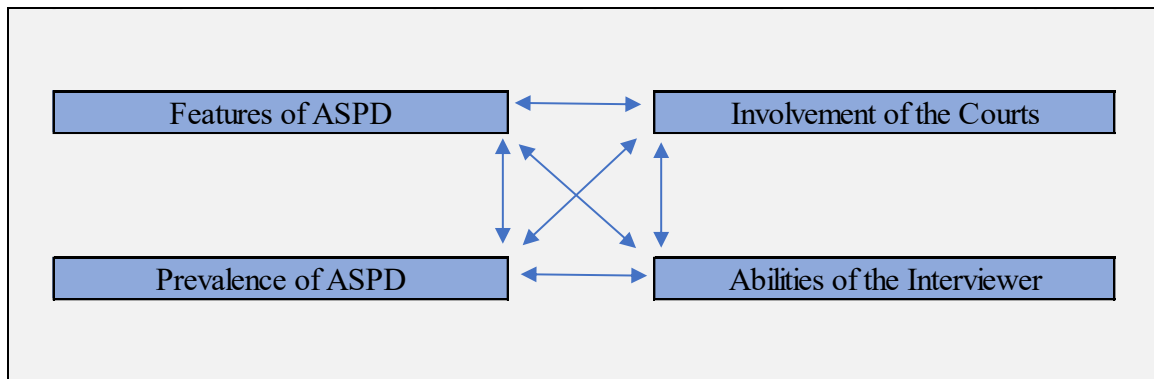


Figure 1. Relationship between the four interconnected modules.

First Module: Features of ASPD

The ancient Greek philosopher Theophrastus, as cited by Bennett and Hammond (1902, pp. 18-20), defined the shameless or the unscrupulous man as one who seemed to sacrifice and/or abuse others without cause or reason, and without morals, ethical considerations, remorse, and/or compassion. In contemporary societies, such an individual could be described as an *asocial person*, an *antisocial person*, a *sociopath*, or a *psychopath*. In 2013, the American Psychiatric Association issued the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (henceforth DSM-5) and merged

some of these attributes¹, such as the victimization of others and the lack of remorse, under the ASPD disorder diagnosis (p. 659).

Since the DSM-5 has received an internationally accepted and nearly hegemonic status for assessing and categorizing mental disorders (Kawa & Giordano, 2012, p. 1), I determined that only the DSM-5 definition of ASPD as a Cluster B personality disorder (American Psychiatric Association, 2013, p. 659) could be applicable for this study. Subsequently, as further discussed in Chapter 2, Hare's *psychopathy checklist – revised* (henceforth PCL-R), the *International Statistical Classification of Diseases* (henceforth ICD-10), the *dark triad*, and *Millon's five variants* of antisocial behavior were not considered for this study. I briefly incorporated the distinctions between these terminologies², yet taking into account four major differentiations.

First, Valencia (2018) stated that tendencies towards criminal behaviors were often the distinctive difference between ASPD and psychopathy (p. 141). Second, Langley and Langley (2018) wrote that laymen often used and abused the term *psychopathic personality* (p. 75). Third, Berger (2018) added that the DSM-5 did not recognize sociopathy or psychopathy as a diagnosis; hence the author merged both terms under ASPD (p. 7). Lastly, Werner, Few, and Bucholz (2015) concluded that the traits of ASPD and psychopathy were highly comorbid, yet both definitions were not identical (p. 195). The distinctions of definitions related to antisocial behavior traits were of upmost importance for this study inasmuch as they assisted with identifying and selecting

¹ DSM-5 diagnosis for ASPD. See: Appendix A.

² Terminologies: ASPD, psychopathy, sociopathy, asociality, antisocial behavior, ICD-10, dark triad, and Millon's five variants.

suitable study participants. However, the features of ASPD, as shown in Appendix A and as further outlined in Chapter 2, merged definitions of antisocial behavior and included deceitfulness, lying and conning, failure to conform to social norms, impulsivity, aggressiveness, irritability, and a lack of remorse as specific requirements for an ASPD diagnosis.

Second Module: Prevalence of ASPD

For the following reasons, I focused on the ASPD prevalence of inmates in custody³ of the research partner and did not include data of nonincarcerated populations. In general, the prevalence of ASPD diagnosed individuals in prison facilities could reach up to 47% and could be 10 times higher than nonincarcerated populations (Brink, 2018, p.1). As further evaluated in the following problem statement, individuals diagnosed with Cluster B personality disorders, such as ASPD in accordance with the DSM-5 (American Psychiatric Association, 2013, p. 659), are also more susceptible to exposure to criminal matters than inmates with other disorders.

For reasons of completeness and comparison, I reviewed the findings of Volkert, Gablonski, and Rabung (2018) who illustrated that 12.16% of the population in Western countries were diagnosed with a personality disorder (p. 1) whereas 3.05% of this population was diagnosed with ASPD (p. 5, Table 2). According to Volkert et al., ASPD scored the highest diagnosis amongst the DSM-5 Cluster B personality disorders (p. 1). As further elaborated in Chapter 2, I did not incorporate the study participant's criminal history, reasons for incarceration, gender or gender identity, race and/or cultural identity,

³ Custody: Inmates incarcerated, on furlough, house arrest, or housed out of state for any other reason(s).

and/or other socioeconomic circumstances, such as heritage, education, employment, family status, and/or financial conditions.

Third Module: Involvement of the Courts

The court system of the United States of America has always participated in defining and shaping social norms inasmuch as the need for an impartial justice system could be considered one core requirement of human societies. President Taft (1916), for example, assessed the court system's influence against the powers of executive leaders of government. He concluded that members of the executive branch were only temporarily vested with power, whereas the courts inherited a status of permanency and were therefore more influential (p. 600). Hence, I considered the government's judicial branch the most significant actor for the discipline of forensic interviewing and for the field of criminal justice administration.

Yet, DeTocqueville (1835) once observed that this judicial branch of government in the United States often evaluated laws or customs that contrasted with social environments (p. 44). He seemed to indicate that criminal laws and policies in the United States may not always match or reflect societal circumstances. DeTocqueville's observation may remain valid today, because current criminal and civil litigations involving participants with Cluster B personality disorders, such as ASPD, tended to be unsuccessful in a court of law (Young, Habarth, Bongar, & Packman, 2018, p. 1).

The Greek philosopher Aristotle, as translated by Hicks (1965, p. 15), argued in his philosophy of forensic rhetoric that so-called *forensic speakers* should focus not only on crime but also on the conditions and incentives of involved parties. However, the

main expectation of a forensic interview in contemporary court settings, as summarized by Nesca and Dalby (2013, p. 17) was not to understand the interviewee, but to obtain information relevant for court proceedings, such as a confession. I argued in the following chapters that interviewers thus abbreviated and circumvented the courts' constitutionally defined role and reduced an interview to the receipt of a confession. In addition, Daly (2016) maintained that a forensic interview should be considered an early step in the prosecution of a criminal case, employed in a later phase to make subsequent decisions at trial (p. 19). Hence, a confession was *not* the main purpose of a forensic interview.

The Supreme Court of the United States of America recognized this shift of an interview's purpose from information gathering to confession-focused strategies in the case *Colorado v. Connelly* (1986) under 479 U.S. 157. The dissenting Justices Brennan and Marshall noted that the purpose of a criminal trial was to evaluate guilt or innocence (p. 166); however, the focus on obtaining a confession during an interview made "The other aspects of a trial in court superfluous, and the real trial, for all practical purposes, occurs when the confession is obtained" (p. 182). I recognized the courts' criticism of interview strategies and envisioned (a) contributing to providing better-suited interview approaches which strengthened the courts' primary functionality in criminal trials, and (b) reinforcing the purpose of a forensic interview as an informative and trial-contributing component and not as a trial-preventing measure.

Fourth Module: Abilities of the Interviewer

At the core of this study lied the science of human verbal and nonverbal communication, placed in context with the specific discipline of forensic interviewing of incarcerated adults diagnosed with ASPD. As further evaluated in Chapter 2, the challenges for the interviewer were multifaceted, but certainly incorporated the general ability and willingness to communicate with others and the knowledge of (a) forensic interviewing strategies, (b) the courts' expectations, (c) cognitive and social psychology, and (d) the unique features of the behavioral health impairment ASPD. However, for the purpose of this study's introduction, I noted a lack of knowledge in this discipline, including, as Lamb (2016) found, a failure to invest in adequate training and a deficiency of including evidence-based research into interview practices (p. 710).

This development led to little formal training being available and to the sole application of hands-on-experience during interviews (Vrij, Hope & Fisher, 2014, p. 134). It is no surprise that Neal (2019) summarized that interview strategies changed, but also noted that interviewers needed to be educated in strategies that resulted in the most accurate outcome (p. 24). In addition, Nortje and Tredoux (2019) concluded that deception research required theoretical improvements (p. 11). Subsequently, this fourth background component partly mirrored this study's problem statement and illustrated that research was required to contribute closing this gap of knowledge in the discipline of forensic interviewing of this homogeneous population.

Problem Statement

A forensic interview could be key evidence in criminal proceedings. Harrison (2013) argued that evidence that identified the suspect was found in only 10% of all solved criminal cases, whereas in all other solved cases the statements of involved parties led to evidence and confessions (pp. 16-17). Failed interviews may possess serious repercussions for the dignity and purpose of the courts and, as Volbert and Steller (2014) argued, may result in questionable reliability of statements in cases where the only evidence was the incriminating testimony of the alleged victim (p. 207). The importance of truthful and subsequently admissible statements of every case participant for the prosecution and the defense alike requires no further exposition.

It remained undeniable that interviewers had developed numerous techniques to elicit information from interviewees for criminal proceedings. However, contemporary interview strategies focus on the interviewer and concentrate on obtaining information for the courts (Nesca & Dalby, 2013, pp 3-17), while simultaneously neglecting a forensic understanding of interviewees, including the interviewee's decision-making and behavioral health impairments. This failure to recognize the importance of forensic interviewing has in turn led to a deficiency in evidence-based research of interview practices (Lamb, 2016, p. 710), as well as to little formal training and the sole application of hands-on experience during interviews (Vrij et al., 2014, p. 134).

Even experienced interviewers who believe their work has provided them with sufficient strategies to accurately detect truthful and/or deceptive statements do not achieve higher detection accuracy rates than their laymen counterparts, resulting in the

conclusion that abilities to identify lies could be considered mediocre at best (Grubin, 2010, p. 446; Hartwig, Granhag & Luke, 2014, pp. 5-6). Hence, a lack of scientifically based knowledge related to determining who possesses *superior lie production abilities* (Semrad, Scott-Parker, Nagel, 2019, p. 306) became evident.

I did not dispute that qualified scientists and researchers produced scientifically valid and contemporary studies and conclusions related to ASPD. However, even though antisocial behaviors are omnipresent in societies (Bronchain, Monie, Becquie, Chabrol, & Raynal, 2019, p. 1), certified forensic interviewers and mental health professionals have not (a) combined their knowledge and experience of interviewing ASPD diagnosed inmates in a criminal justice setting and (b) have not corroboratively focused on experiences of ASPD diagnosed individuals during interviews related to criminal investigations and court proceedings. Consequently, researchers have not closed the gap between Cluster B personality disorders⁴ and court decisions, resulting in sustaining challenges for the judicial system (Young et al., 2018, p. 1).

Even though the suggestion, as supported in Chapter 5, to include strategies of SUE, HUMNIT, and SM⁵ into the goals of interviews, has resulted in the conclusion that these interview techniques were never tested with and tailored to ASPD diagnosed individuals. Future research may focus on the effectiveness of applying these three techniques to ASPD diagnosed interviews. This following study section was therefore a logical progression of this problem statement.

⁴ ASPD is a Cluster B personality disorder according to the DSM-5. See: Appendix A.

⁵ SM: Source Monitoring / HUMNIT: Human Intelligence / SUE: Strategic Use of Evidence.

Purpose of the Study

The purpose of this qualitatively designed case study was to discover if current forensic interviewing strategies of incarcerated and convicted adults diagnosed with ASPD needed to be modified in order to increase the interviews' efficacy and validity for criminal proceedings. Young et al. (2018) pointed at the limited research of personality disorders, such as ASPD, in connection with the discipline of jurisprudence (p. 1). Even though this study somewhat connected ASPD with the area of law, I focused on perspectives, experiences, and needs of ASPD diagnosed inmates and not on the experiences and abilities of the assigned interviewer or the representatives of the criminal justice system.

I incorporated the inspiration of Vrij et al. (2014), who encouraged researchers to test beliefs and theories that could (a) develop theoretically informed methods of interviewing, and (b) aid in legal and criminal investigations (p. 134). This study increased significance because adult inmates, even without an ASPD diagnosis, were often *lie-biased* in prison environments and acted and reacted guardedly and suspiciously while communicating with others (Bond & Lee, 2005, p. 1430). Evidence-based and validated interview methods thus became imperative to address such lie-biased behavior. However, as Fisher, Brennan, and McCauley (2014) argued, inadequate training in interviewing created avoidable errors (p. 256), and therefore subsequently contributed to reduced interview efficiency.

A second purpose of this study was to provide the forensic interviewer community and the court system with this study's results, and to contribute to educating

the criminal justice system regarding the phenomenon of forensic interviewing of ASPD diagnosed inmates. I envisioned that once the education process of members of the criminal justice begins, the target audience may, as Lamb (2016) hypothesized, recognize future instances of poor interview practices and could subsequently insist on improvements of underdeveloped interview standards (p. 716).

Under no circumstance did this study support and/or justify unethical, immoral, and/or unlawful interview strategies, such as the so-called *enhanced interrogation technique(s)*. In 2014, the United States' Senate Select Committee on Intelligence concluded that enhanced detention and interrogation programs produced fabricated statements and faulty results (p. 3). I acknowledged the use of these questionable strategies in recent American military involvement abroad; however, ethical dubiousness and lack of evidence-based results of these techniques led to their comprehensive exclusion from this study.

Research Questions

I incorporated the following two research questions (henceforth RQ) into this study.

RQ1: What are the experiences of inmates, diagnosed with antisocial personality disorder, of their forensic interview(s) during criminal investigation phases?

RQ2: To what extent does an Antisocial Personality-Disorder diagnosis influence an interviewee's ability and willingness to cooperate with the forensic interviewer?

Conceptual Framework for the Study

Maxwell (2013) generally defined a conceptual framework as a system of concepts and theories that supports research (p. 39). In this study, I examined interpersonal communication theories in form of forensic interviews of adults diagnosed with ASPD and the interviewee's motivation to cooperatively participate in the interview process. I identified two sociological theories for this study: the neutralization theory and the social control theory. Watzlawick's first axiom and the Hawthorne effect were of importance in order to understand an interviewee's verbal and nonverbal behavior.

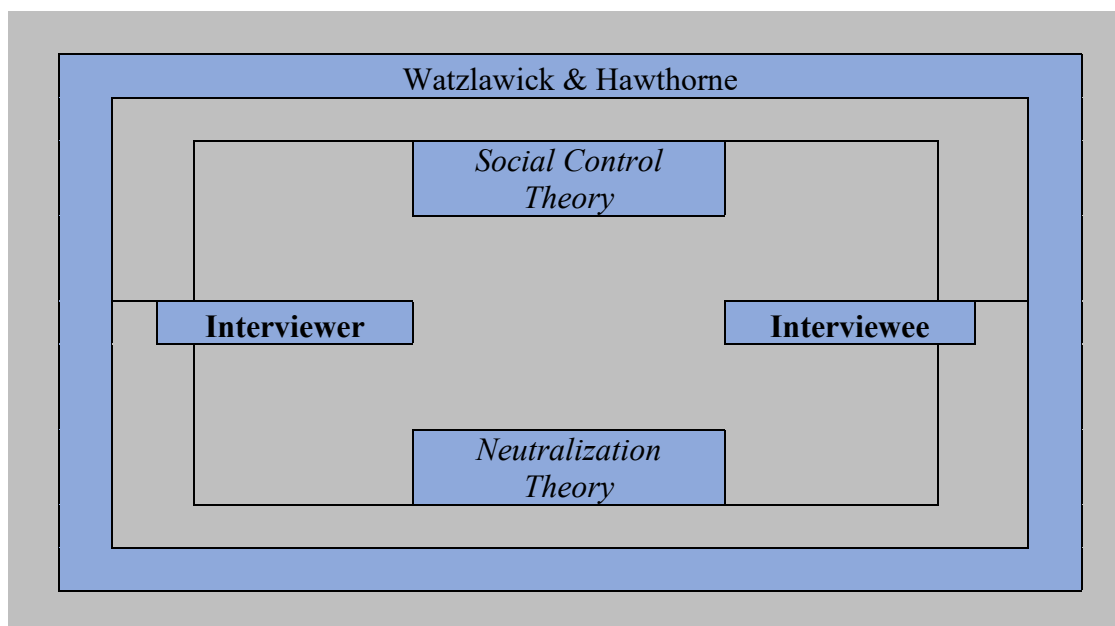


Figure 2. Conceptual framework components.

As further evaluated in Chapter 2, I recognized all four components as social theories; however, I additionally categorized Watzlawick's first axiom and the Hawthorne effect as *overarching components*, because (a) both remained perpetually present throughout the interview and (b) both could not be influenced by an interview participant.

Overarching Components: Watzlawick and Hawthorne

Watzlawick and Beavin (1967) argued in the first axiom theory that verbal and nonverbal human behavior in the presence of another is communicative and impossible to prevent (pp. 4-5). This inability to *not* communicate and to *not* perform when in the presence of another laid the foundation for this study's conceptual framework. Hence, I assumed both the forensic interviewer and the interviewee always communicate consciously and involuntarily during the interview by exchanging verbal and nonverbal messages and information. As displayed in Figure 2, this first axiom was incorporated as a surrounding feature of the interviewer and the interviewee in order to portray the continuous influence on both participants. In this communicative setting the findings of Bond and Lee (2005) became important for this study because interpersonal communication was often guided by *lie-biased* behavior and *elevated suspicion*, resulting in received messages being interpreted as deceptive (p. 1430).

One component of the forensic interviewing definition included the observation and analysis of the behavior of involved parties. Subsequently, the Hawthorne effect could not be eliminated and required inclusion as the second overarching component. The Hawthorne effect, displayed in Figure 2 as a surrounding and omnipresent influence on both parties, was defined by Olson, Verley, Santos, and Salas (2014) as a person's temporary change of performance or behavior when the individual is aware of being observed or evaluated (p. 30). One of the specific features of ASPD includes deceitfulness and conning of others (American Psychiatric Association, 2013, p. 659), which, to be successfully executed, requires some adaptive and temporary change of

performance in order to convince the conned person to surrender beliefs and to accept the deceiving proposal. Hence, the Hawthorne effect was considered equally as important as Watzlawick's first axiom. Subsequently, the neutralization theory and the social control theory were imbedded into the first axiom and the Hawthorne effect.

Neutralization Theory

During a forensic interview, the interviewee's truthfulness, accountability, and responsibility may play an imperative role in providing a conclusive interview result to the courts. The neutralization theory encompasses the notion that a violation of a social norm requires a person to create distance from values, attitudes, and morals, and to rationalize victimization, denial, and guilt (Hickey, 2013, p. 112). This phenomenon was applicable for this study to examine the motivation and justification of ASPD diagnosed interviewees, who may display neutralization through showing little remorse for criminal behavior. As far back as 1957, Sykes and Matza illustrated that delinquent behavior was learned through social interactions and the estrangement from society, including separation from an individual's own nature (pp. 664-670). As further examined in Chapter 2, the neutralization theory examines an individual's motivational behavior during the forensic interview as a self-protective measure and a disconnect from social norms, accountability, and responsibility.

Social Control Theory

Social control theorists have defined social institutions, such as family, school, and law enforcement, as instruments to control delinquent motives (Briar & Piliavin, 1965, p. 39). By contrast, a lack of commitment to conform to these social institutions

increased delinquency (p. 39). Since the DSM-5 listed failure to conform to social norms as the first diagnostic criteria of ASPD (American Psychiatric Association, 2013, p. 659), the ASPD diagnosed inmate could act accordingly and could refuse to commit to social interactions with the interviewer during the forensic interview.

Alston, Harley, and Lenhoff (1995) referred to Hirschi and summarized that an individual's social bond to his or her environment relies on four essentials: attachment, commitment, involvement, and belief. Chapter 2 placed Hirschi's four prerequisites of social interactions within the context of forensic interviewing. For the introductory purpose of this first chapter, however, it was important to establish that ASPD diagnosed inmates may not commit to or believe in developing and fostering social constructs during the forensic interview.

Nature of the Study

I pursued a qualitatively designed case study and an inclusive approach to collect and examine the experiences of a homogeneous group – in this case, sentenced adult inmates diagnosed with ASPD. Qualitative case studies have focused on individuals who interact socially and construct meaning to their environments (Oliver-Hoyo & Allen, 2006, p. 42). I identified incarcerated participants and obtained data using features of the DSM-5 diagnosis, semistructured interviews, and the Gudjonsson Confession Questionnaire – Revised (henceforth GCQ-R). Patton (1999) defined such a three-angled approach as a *triangulation method* that provides qualitative studies with factual grist and credibility through the combination of multiple methods (p. 1192).

Semistructured interviews of case participants were paramount and remained a vital factor for this study's data analysis. I incorporated Seidman's argument that interviews may assist with understanding each participant's *lived experience* and the *meaning* he or she associated with this experience (2006, p. 9). This study accordingly focused on the *lived experiences* of ASPD diagnosed inmates during their case relevant interviews and examined their impressions and opinions of this unique event.

Furthermore, I followed DiCicco-Bloom and Crabtree (2006), who recommended that interviews for qualitatively designed studies should be conducted in a semistructured interview format (pp. 314-315). For this study's purposes and for the discipline of interviewing in the criminal justice setting, the findings of Colwell, Hiscock, and Memon (2002) were imperative, because semistructured interview formats provided a complex statistical model that subsequently supported predictions (p. 298). Such predictions were incorporated in Chapter 5 of this study.

This study's semistructured interviews included the concept of *relevance fixation*, a strategy that, according to Jovchelovitch and Bauer (2000), allows interviewees to independently include their own perspectives and experiences (p.4). To this end, I employed two coding mechanisms. First, I utilized a mode coding analysis to categorize collected data. Second, I processed the collected data in a mode, mean, and matrix analysis that compared connected categories and, as Averill (2002) theorized, allowed the display of categorized data in individualized, paraphrased, or quoted formats (p. 856).

Definitions Related to the Study

Definitions Related to ASPD and Psychopathy

The DSM-5, issued by the American Psychiatric Association, defined ASPD as a Cluster B personality disorder (2013, p. 659). Cluster B disorders include dramatic, emotional, and erratic behaviors, as defined in ASPD, in the borderline personality disorder (henceforth BPD), the narcissistic personality disorder (henceforth NPD), and the histrionic personality disorder (henceforth HPD). Confusion and scientific dispute regarding the diagnosis of psychopathy and the diagnosis of ASPD, as defined by the DSM-5, became apparent after an analysis of antisocial features and behaviors. Both classifications overlapped in comorbidity and similarity (Lilienfeld et al., 2016, pp. 1172-1174); however, psychopathy and ASPD still could not be considered identical (Werner et al., 2015, p. 195).

One differentiation between both behavioral health impairments can be found in the prevalence of suicidal behavior. Whereas ASPD diagnosed individuals are exposed to high suicide risks (Black, Gunter, Loveless, & Sieleni, 2010, pp. 113-114; Black, 2015, pp. 304-305), only adults diagnosed with secondary psychopathy⁶ are associated with this behavioral dysregulation (Fadoir, Lutz-Zois, & Goodnight, 2019, pp. 1-2). In addition, Venables, Hall, and Patrick (2014) considered the diagnostic concept of *boldness* to be a major distinguishing factor between psychopathy and ASPD (p. 1005).

⁶ Secondary psychopathy: “Characterized by high anxiety and thought [...] in response to environmental adversity” (Sethi et al., 2018, p. 1013).

Definitions Related to Forensic Interviewing

The term *forensic interviewing* was first introduced in the 1970s as a discipline of child and adolescent interviewing (Faller, 2015, p. 34). As further examined in this study's Chapter 2, juvenile justice organizations, members of the child welfare systems, and interviewers working with youths diagnosed with a DSM-5 disorder have developed specific forensic techniques (Tedeschi & Billick, 2017, pp. 175-177). However, for the purpose of this introductory examination, I considered Nesca and Dalby (2013, p. 16), who, as illustrated in the following Table 1, provided an accurate definition of forensic interviewing in (a) a criminal setting and (b) in context with Cluster B behavioral health disorders.

Table 1.

Dimensions of Forensic Interviewing as Defined by Nesca and Dalby

Dimension	Explanation
Purpose	Informing the court or counsel
Scope and focus of inquiry of inquiry	Focused on immediate relevance of the court
Relationships and dynamics	Interviewer takes investigative stance. No offer of direct assistance to the client
Voluntariness	Mandated by the court or counsel
Self-reported information	Minimal importance

In addition to Nesca and Dalby (2013), I also incorporated a suitable definition of child forensic interviewing into this study and determined it to be applicable for adult forensic interviewing. In accordance with this definition, child forensic interviewing constituted a “Developmentally sensitive and legally sound method of gathering factual information [...] conducted by a competently trained and neutral professional utilizing research and practice-informed techniques as part of a larger investigative process” (Newlin et al., 2015, p. 3). As discussed in Chapter 1, it also became apparent that interviewers in the adult interviewing discipline often did not include the components of research and practice-informed techniques and did not incorporate the interviewees’ mental and developmental stages.

Other Definitions Related to the Study

In addition to definitions related to ASPD and the discipline of forensic interviewing, the following terms required further classification and explanation.

Admission. This study recognized the differences in the term *admission* and *confession*. I agreed with Perry (2012) who concluded admissions were considered “Merely acknowledgments of one or more facts which fall short of supplying all of the essential elements necessary to constitute the offense charged” (p. 3). An “Admission, if it is to be distinguished from a confession, is something short of an acknowledgment of guilt” (p. 3). The term *false admission* was uncommon; the term *false confession*, however, has been widely accepted in scientific and legal research.

Confession. The term *confession* never equaled the term *admission*. A confession is considered an acceptance of guilt that “Includes an acknowledgment of all of the essential elements in the crime charged and is generally defined as an acknowledgment of guilt” (Perry, 2012, p. 3). False confessions, even though not part of this study’s research, were still recognized as a possible outcome of an interview. Gudjonsson (2017) categorized false confessions into voluntary, pressured-compliant, and pressured-internalized false confessions (p. 156).

DSM-5. This study encompassed the diagnosis of the current fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013 by the American Psychiatric Association. As the writers outlined, the DSM-5 “has become a standard reference for clinical practice in the mental health field” (2013, p. xli). Kawa and Giordano (2012) even concluded that the “Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) enjoys a nearly hegemonic status as the reference for the assessment and categorization of mental disorders of all types [...]” (p. 1). Chapter 2 further justified the DSM-5’s suitability over other diagnostic tools.

Forensic Interviewer. For the purpose of this study, a *forensic interviewer* was considered a certified individual “Skilled in the interview and interrogation process and in the interpretation of verbal and physical behaviors” (Zulawski & Wicklander, 2002, p. 5). Subsequently, this researcher’s forensic interviewing certifications, training sessions, and memberships in professional associations were made available in Appendix B.

Interrogation. Reid (2012) defined an *interrogation* as an accusatory and persuasive monologue to limit the interviewee's denials while the interviewee's guilt was reasonably certain (pp. 4-5). During an interrogation, in contrast to an interview, "The interviewee generally only talks to confess" (Zulawski & Wicklander, 2002, p. 188).

Interview. Reid (2012) defined an *interview* as non-accusatory and non-judgmental dialogues using investigative and behavior provoking questions to elicit information while the interviewee's guilt remained uncertain (p. 3). In contrast to the definition of *interrogation*, the interview was "Dominated by the interviewee who responds to questions posed by the interviewer" (Zulawski & Wicklander, 2002, p. 187).

Judicial review and judicial supremacy. Rossiter (1964) quoted Alexander Hamilton who argued that since the courts had no influence "Over either the sword or the purse [...], it may truly be said to have neither force nor will, but merely judgment" (p. 464). However, such judgment supported or rejected the implementation and execution of policy and law; hence, the term *judicial review* was elevated to *judicial supremacy* which referred to "The notion that judges have the last word when it comes to constitutional interpretation and that their decisions determine the meaning of the Constitution for everyone" (Post & Siegel, 2004, p. 1027). Since I incorporated the court system's importance into this study's *four interconnected modules*⁷, and examined the courts' involvement in the discipline of forensic interviewing, judicial supremacy was considered an influential participant for social change.

⁷ Four interconnected modules: See Chapter 1, Figure 1.

Assumptions

For the purpose of this study, it was assumed that the following components represented truthful and factual circumstances:

1. Forensic interviewers strived to produce morally, ethically, and lawfully sound interview results that could withstand legal scrutiny in a court of law.
2. A forensic interview, as further evaluated in Chapter 2, merged the definition of Nesca and Dalby as illustrated in Table 1, and the additional definition from the discipline of child forensic interviewing.
3. ASPD as defined by the DSM-5 and psychopathy as defined by the Hare psychopathy checklist – revised were considered valid, reliable, and commonly accepted. However, even though both represented different diagnoses with some overlapping diagnostic features, only the DSM-5 definition was found to be applicable for this study.
4. An ASPD diagnosis was required to participate in study Group A. However, this study recognized that amplified possibilities existed wherein undiagnosed comorbidities with other mental health impairments and/or mental illnesses may have existed among Group A participants in addition to an underlying ASPD diagnosis.
5. The absence of any mental health diagnosis formed a requirement to participate in Group B. However, this study recognized that Group B participants may have possessed an undiagnosed mental health impairment, were not aware of their mental health conditions, and were therefore selected to participate in this group.

6. Interviewers could be unqualified to recognize an interviewee's already diagnosed or diagnosable ASPD disorder and/or other co-occurring mental health impairments. Subsequently, interviewers could have failed to identify and to apply valid and reliable mental health-related strategies in order to obtain case relevant statements from the interviewee.
7. Evidence of antisocial behavior alone, such as criminal behavior, violations of social norms, and/or victimizations of others, did not satisfy the definition of ASPD. This study required a validated ASPD diagnosis, issued by a qualified mental health professional, and confirmed by the research partner.
8. The courts generally accepted an interview result as long as the interviewee's constitutional rights were not violated, and the interviewee did not claim government and/or interviewer misconduct and/or abuse.
9. The answers and responses that study participants provided on the GCQ-R and during subsequent semistructured interviews offered truthful results by incorporating the triangulation method, the conceptual framework, and the specific features of ASPD.
10. Watzlawick's first axiom and the Hawthorne effect were considered valid and reliable and were applied to understand the creation and exchange of verbal and nonverbal messages during human communication.
11. The neutralization theory and the social control theory were considered valid and reliable for the purpose of understanding behaviors during forensic interviewing.

12. The GCQ-R, the semistructured interview methods, and this study's conceptual framework were considered valid and reliable.
13. The terms *sociopath*, *sociopathy*, *asocial*, and *asociality* were not considered valid for this study's purpose, because the DSM-5 did not incorporate these specific terms into its diagnostic definitions.
14. Enhanced interrogation methods and any other manipulative or deceptive interviewing strategies were considered unethical, unlawful, and immoral practices. These methods were not considered for this study.
15. The strategy of persuasion, as illustrated in Chapter 2, was considered a valid, ethical, and moral component of communication and forensic interviewing.

Scope and Delimitations

This study's conceptual framework, as presented in Figure 2, included two social theories and two theories as overarching concepts describing models of communication between the interviewer and the interviewee in this specific homogenous environment. This study's research results demonstrated limited external validity. The results may not be applicable outside of this study's specifically defined correctional environment, the behavioral health disorder ASPD, and an adult population sentenced for criminal offenses. Transferability of this study's results to other environments and groups may only be considered valid within (a) the criminal justice system, (b) the discipline of forensic interviewing, (c) the specifically defined homogenous population, and (d) the perimeters and definitions of the DSM-5. However, I did not test and validate research results outside of this study's specifically defined perimeters and social dimensions.

This study's inclusion criteria were twofold. The first group (Group A, $n = 5$) included adults in care and custody of the research partner who were diagnosed with ASPD and who were sentenced for one or more criminal case(s). The second group (Group B, $n = 5$) was defined as the *control group* and included adults in care and custody of the research partner who were not diagnosed with any mental health condition and/or behavioral health impairment. For the purpose of this study, it was permissible for participants in Group A to be diagnosed with co-occurring disorders, since previous studies indicated that ASPD diagnosed adults were consistently connected with other behavioral health impairments and mental illnesses (Black, 2015, p. 309; Ogloff, Talevski, Lemphers, Wood, & Simmons, 2015, pp. 16-17).

This study's exclusion criteria prohibited the participation of minors under the age of 18 years and rejected possible participants who were unsentenced in any civil, administrative, or criminal appeal process, and who were consequently subjected to or involved in any pending case(s) in a court of law. These exclusion criteria were essential to ensure that (a) the participants' constitutional rights to not bear witness against themselves remained protected and that (b) I did not become a possible witness against or for a participant's legal cause. As further evaluated in Chapter 2, I did not consider any other inclusion or exclusion criteria; hence, criminal records, the nature of a participant's conviction(s), gender identity, race, cultural heritage, and/or any other socioeconomic circumstances remained irrelevant. Future research could incorporate this study's inclusion and/or exclusion criteria and continue investigating ASPD and forensic interviewing within the context of these specific boundaries.

Limitations of the Study

The internal validation process revealed several limitations of this study, including weaknesses of case studies, researcher's bias, the inability to generalize qualitative methodologies, and the limitations of data collection instruments. In addition, research involving a vulnerable population, such as incarcerated adults diagnosed with a behavioral health condition, required amplified measures to protect each participant's wellbeing and personal information at any given time.

One weakness of qualitative studies, compared to other research methods, involved the reduced presence of accurate and reliable measurements that could produce statistical analyses (Queirós, Faria, & Almeida, 2017, p. 369). Even though qualitative studies were less reliable than other research methods (Carr, 1994, p. 719), a qualitative approach focused on individuals, their actions, reactions, and decisions while being exposed to and involved in their environments (p. 716). Hence, only a qualitatively designed study, acknowledging this method's strengths and weaknesses, could be used to gain knowledge and research results of forensic interviewing from this study's homogenous population and in this specific environment.

Qualitatively designed case studies could be influenced by the abilities and the integrity of the researchers. The cognizance and simultaneous reduction and management of bias remained forefront as a constant and self-reflecting measure. Hence, I followed Tuval-Mashiach (2017), who emphasized not only the importance of transparency in qualitatively designed research, but also advocated for enhancing self-reflective transparency to enable better evaluations of research results (pp. 126-135).

Clear rationales and suitable research designs, as Smith and Noble (2014) noted, could reduce bias (p. 100). Subsequently, the dissertation committee's evaluation of research approaches and the researcher's conduct and bias management compromised an ongoing process throughout this study, primarily when semistructured interviews and study results were completed.

It remained imperative to emphasize that this study's focus centered on forensic interviewing as part of Walden University's public administration and criminal justice specialization. I am not professionally trained or qualified in the disciplines of psychology or psychiatry. Consequently, the research partner's qualified and certified mental health clinicians assisted with identifying ASPD diagnosed inmates. Of importance was acknowledging that this study's purpose was not to evaluate and/or scrutinize an existing ASPD diagnosis, but rather to place the behavioral features of the ASPD diagnosis in context with forensic interviewing.

This study applied semistructured interview methods to support each participant's free contribution and self-initiated answers to open-ended questions. However, such reduced structure during interviews increased individuality, and therefore possible inconsistencies that had to be carefully analyzed. To increase uniformity, I incorporated the findings of Alshenqeeti (2014), who suggested that the tool of observations supplemented interview outcomes and assisted in identifying the participant's additional nonverbal communication (p. 43). By recognizing the strengths and weaknesses of interviews in case studies, as published by Alshenqeeti (p. 43) and presented in Table 2, this study's data collections increased legitimacy and validation.

Table 2

Advantages and Disadvantages of Interviews in Case Studies

Advantage	Disadvantage
High return rate	Time consuming
Fewer incomplete answers	Small scale study
Reality focused	Not 100% anonymous
Controlled order of answers	Potential for subconscious bias
Relatively flexible	Potential inconsistencies

Significance of the Study

This study was designed to contribute to filling a knowledge gap in forensic interviewing of a specifically defined and homogenous population: ASPD diagnosed inmates. I established the reason for focusing on an incarcerated population by incorporating the ASPD diagnostic feature of *conning* (American Psychiatric Association, 2013, p. 659). In this context, Thomas and Zaitzow established in 2006 that *conning* comprised an adaptation technique employed by inmates to adjust to prison culture (pp. 245-246). Chapter 2 further examined the concept of *conning* for this study.

This study further explored the importance of adult interviewees' perspectives when the interviewee was (a) exposed to the criminal justice system, (b) diagnosed with ASPD, and (c) not responding to the interviewer and/or to applied interview strategies. To accomplish this study's goal, the research focus shifted from the interviewer's

perspectives to the interviewee's experiences. Hence, this study's central focus remained on contributing to answering why the ASPD diagnosed study participant decided to (a) engage, respond, and truthfully answer during interviews, (b) refuse to cooperatively engage in the conversation, and/or (c) mislead the interviewer by applying diagnostic features of the ASPD diagnosis, such as lying, conning, and/or manipulating.

This study envisioned contributing to social change by educating the courts regarding the current practices of interviewing and its subsequent results when communicating with this vulnerable population. I intended to add to the knowledge in the forensic interviewing discipline and to sensitize interviewers to always (a) screen the contents of investigation files for a possible ASPD diagnosis before the interview, (b) include mental health clinicians and their expertise if the interviewee shows any features of ASPD, and (c) consider reviewing interview strategies in light of this study's conclusions and recommendations. Above all, I sought to inform members of the criminal justice system about the unique features of ASPD during forensic interviewing.

Summary of Chapter 1

This chapter demonstrated the need for further examination of the underlying phenomena: a disconnect between (a) the courts' expectation related to interviewing results, (b) the forensic interviewer's ability and knowledge to successfully complete an ethically, lawfully, and morally sound interview, and (c) the unique features of APSD that could contaminate interview results. This gap of knowledge could negatively influence the courts' basic constitutional function of providing equal justice for communities and citizens alike. It could further contribute to eliminating a criminal trial

because the interviewer changed the interviewer's purpose from information-gathering for the court to proving guilt before judicial review could take place.

Even though ASPD specific research was not a newly emerging area in psychology and psychiatry and interviewers have developed interview techniques, both sides have not yet bridged the gap between each other and collaboratively and scientifically evaluated experiences of ASPD diagnosed individuals during case specific interviews. Hence, the purpose of this qualitatively designed case study was to examine the perceptions and experiences of ASPD diagnosed inmates during interviews, and to educate the court system regarding the uniqueness of forensically interviewing this homogenous population.

I indicated the need for scientifically based training programs to improve interviewing strategies and to motivate interviewers to shift away from relying on years of hands-on experience. As demonstrated, the success rate of professional trained interviewers currently mirrored the success rate of laymen counterparts. Furthermore, it remained impossible to define personality traits that specify abilities to produce lies. Therefore, this study's inclusion and exclusion criteria solely incorporated an individual's diagnosis and the status as a sentenced prisoner but did not exclude prisoners based on any other case related, and/or other socioeconomic circumstances. Hence, the following literature review merged four major components: (a) behavioral health literature related to ASPD, (b) literature, methods, and strategies related to the specific discipline of forensic interviewing, (c) literature that incorporated and combined both subject matters, and (d) literature related to the GCQ-R.

Chapter 2: Literature Review

Introduction

The purpose of this qualitatively designed case study was (a) to explore the experiences of incarcerated and ASPD diagnosed adults during interviews in a criminal justice setting and (b) to subsequently encourage evaluations of policies and procedures related to interviewing. Chapter 1's preliminary review of relevant literature strongly indicated the need for a shift from the interviewers' focus to the experiences of interviewees in order to help closing the knowledge gap between forensic interviewing and features of the ASPD diagnosis. This study's contribution to social change included educating members of the criminal justice system and policy administrations regarding the distinctiveness of ASPD features that could surface during an interview. I envisioned inspiring a review of policies and procedures related to this specific discipline to either confirm or improve current forensic interview strategies.

Each study's literature review constitutes an "Assessment of a body of research that addresses a research question" (Garson, Lillvik, Sink, Ewing, & Johnson, 2019, "Overview/Process", para 1.). As such, this study incorporated, compared, and contrasted both research questions into the literature analysis. In Chapter 2, I described search methods, research strategies, the conceptual framework, research variables, and concepts related to the discipline of forensic interviewing. This literature review was divided into four subcategories: (a) behavioral health literature related to ASPD, (b) literature related to the specific discipline of forensic interviewing, (c) literature that incorporated and combined both disciplines, and (d) literature related to the GCQ-R.

Literature Search Strategy

Since the beginning of September 2017, this study accessed a total of 172 journals⁸ and 36 databases⁹ in search for study relevant literature. The journals and publications in each database related to (a) behavioral health and/or mental illness, (b) constitutional law, (c) criminal justice, (d) criminology, (e) police training and police strategies, (f) psychiatry, (g) psychology, (h) public administration, and (i) public policy. This study utilized 16 *key and search terms*¹⁰ during its literature review, focusing on the features, definitions, examples, and characteristics of ASPD in the context of forensic interviewing of adults in a criminal justice setting.

Google Scholar provided automated weekly alerts and summaries of study-relevant publications related to *forensic interviewing*, to *ASPD*, and to *personality disorders*. This automatic alert option continued until the final submission of this study in order to ensure newly published literature could be cross-referenced and, if necessary, be added into this study. Three members of the research partner accessed their organization's internal database to identify possible study participants in both groups; however, I did not have access to their internal database.

In summary, Chapter 2 manifested the importance of this study for the subject of forensic interviewing. None of the reviewed studies previously focused on the perspectives and experiences of ASPD diagnosed interviewees during their case relevant interviews, forensic interviews, and/or interrogations.

⁸ A list of accessed journals and publications is available upon request.

⁹ A list of accessed databases is available upon request.

¹⁰ A list of key and search terms is available upon request.

Conceptual Framework

This study incorporated social theories designed to explain and define verbal and nonverbal human communication of a homogenous population in a specific environment: the forensic interview of incarcerated adults diagnosed with ASPD. Park (2017, p. 45), seeking to define the term *conceptual framework*, referred to Shields and Rangarjan (2013), who described conceptual frameworks as ideas organized to reach a research project's purpose (p. 23). This study's research purpose was to explore the experiences of incarcerated and ASPD diagnosed adults during case relevant interviews. Maxwell (2013) provided a second definition of the term *conceptual framework* when he wrote that conceptual frameworks comprised systematic concepts, assumptions, expectations, beliefs, and theories that supported and informed research (p. 39). This research imbedded two social theories¹¹ and two theories as overarching concepts¹², because such combination supported an explanation and reasonable analysis of human behavior, interaction, and interpersonal communication in the forensic interview setting. The features of this study's conceptual framework were displayed in Figure 2.

Watzlawick's First Axiom

After Dr. Paul Watzlawick's death in 2007, Ray (2007) reflected on Watzlawick's contribution to social sciences. Ray summarized that Watzlawick worked as a senior research fellow at the American Mental Research Institute. Watzlawick was recognized not only for teaching communication and constructivist theories, but also for effectively

¹¹ Neutralization and social control theories.

¹² Hawthorne effect and Watzlawick's first axiom.

analyzing and encompassing human behavior (p. 293). For this study, Watzlawick's first three findings related to human communication and behavior were of importance. Ray summarized these three findings by stating that (a) one cannot *not* communicate and one cannot *not* influence, (b) behavior must be understood as a constant exchange of messages defining the nature of relationships, and (c) a shift of attention from *intent* to the *effects of behavior* as communication was recommended (p. 293). These three conclusions warranted further analysis to justify their application in this study.

In 1967, Watzlawick, Beavin, and Jackson wrote that human behavior was too complex to produce and operate with only one monophonic message. Subsequently, the authors concluded that, for example, every intentional and unintentional action, every spoken word, and every moment of silence could be defined as one *communicational unit* and possessed so-called *message value* (p. 50). I recognized the authors' findings and transferred them into this study by concluding that (a) there was no absence of communication during a forensic interview and that (b) verbal and nonverbal messages between the interviewer and the interviewee were exchanged at any given moment during this specific interpersonal communication.

Second, Ray (2007) reflected on Watzlawick's encouragement to shift the attention from the intent to the effects of behavior during conversations (p.293). Hence, I focused on the shift from the interview's *intent* to its *effects*. For example, an interview's intent could be the receipt of case relevant information for criminal proceedings, such as a confession, a witness's report, or a victim's statement. The interview's effects could be twofold, and could apply to the interviewer, but also to the interviewee. The *effects* of

behavior could comprise emotions, such as shame or fear, but could also include ASPD related features, such as conning, lying, or manipulating during the interview.

This study did not find major criticism of Watzlawick's first axiom that one cannot *not* communicate; however, one detail of the first axiom required further evaluation: The first axiom applied only when the two communicators – in this study the interviewer and the interviewee – were in each other's presence. Henceforward, I did not claim that the conceptual framework could be applied to telephonic conversations and/or, for example, to written communications or other means of social media interactions. Bavelas and Muijres, two reviewers of Watzlawick's work, provided further insight and analyzed this theory from different angles.

In 1990, Bavelas added that Watzlawick's first axiom could only be applied to a social context in which *some* behavior was considered communicative (p. 597). Bavelas did not refuse to accept that communication took place in a social context, and further agreed that one could not *not* communicate; however, Bavelas argued that not *all* behaviors were communicated (pp. 594-597). However, it remained unclear what specific behaviors Bavelas included into his analysis, and at what time during interpersonal communication such behaviors were displayed or suppressed.

In a second critical review of the first axiom, Muijres (2015) argued that communication could be perceived inversely by different cultures (para 1-2), such as individuals who were emotionally reserved or, by contrast, individuals who expressed thoughts without cultural restraints (para 2). Even though the first axiom was considered a valid and reliable tool to explain some of the dynamics during a forensic interview, the

criticism of Bavelas and Muijres had to be placed in context with this study. Therefore, I recognized three limitations of Watzlawick's first axiom.

First, this theory could only be applied when the interviewer and the interviewee were in each other's physical presence. Second, not *all* possible behaviors were *always* displayed during an interview; for example, forensic interviewers probably attempt to reduce the expression of bias, whereas the ASPD diagnosed interviewee could attempt to hide behaviors related to minimization, guilt, remorse, and/or accountability. Third, cultural competency and sensitivity toward members of other cultures were considered two of the basic foundations of interviewing and, as Dennis and Giangreco argued as far as back as 1996, included a knowledge base about other cultures and an examination of one's own cultural bias (p. 103).

Researcher bias, sometimes referred to as *confirmation bias* or *interviewer-suspect attitude*, was examined in this Chapters 2 and 3. The term interviewer-suspect attitude was introduced to the interviewer community by Zulawski and Wicklander (2002), who wrote that *personal relationships* between the interviewer and interviewee may result in the interviewer overlooking information (pp. 116-117). Further, for the purpose of applying the first axiom to this study, the interviewer's educational and professional levels of cultural awareness must remain paramount during the interview preparation, its executions, and the summation processes. Even though the fact that one cannot *not* communicate remained applicable, cultural differences could influence the meaning and interpretation of expressed and received messages during the forensic interview.

Hawthorne Effect

The second overarching component for this study's conceptual framework, as displayed in Figure 2, consisted of the Hawthorne effect, a term commonly used to describe testing of human behavior in a Chicago manufacturing plant between 1924 and 1933 (Olson, Verley, Santos, & Salas, 2014, p. 23). Monahan and Fisher (2010) added that this phenomenon was also known as one of the *observer effects* (p. 357). As Watzlawick established that humans could not *not* communicate (Ray, 2007, p. 293), the Hawthorne effect theorized that humans – because they could not *not* prevent communicating – changed behavior when they recognized they were exposed to supervision, observation, and/or evaluation. Hence, Roethlisberger and Dickson (1966), as cited by Zaleznik (1984), described the Hawthorne effect as the “Phenomenon in which subjects in behavioral studies change their performance in response to being observed” (para.1). The tool of observation, as Alshenqeeti (2014) argued, had always been a supplemental asset for the interviewer to investigate the interviewee's external behavior and internal beliefs (p. 43). Hence, I concluded that the interviewee, being aware of the interviewer's observation strategies, adjusted *external behavior*. This conclusion, however, required further examination.

Monahan and Fisher (2010) described how an observed person's *self-censored* and/or adjusted behavior resulted from being influenced by an observer (p. 375); or for the purpose of this study, influenced by an observing interviewer. The authors defined such adjustment as *staged performance* (p. 369), a term that gained importance for this study during the examination of ASPD characteristics. Staged performance included the

concept of *socially desirable responding* (henceforth SDR), which contributed to the interviewee's motivation and performance during an interview. Van De Mortel, (2008) revealed that features of SDR included an individual's tendencies and attempts to produce a *positive image* when assessed through questionnaires (p. 40).

Even though forensic interviewers may not necessarily employ questionnaires, the strategies of forensic interviewing could still include a specific sequence of prepared questions used in an explicit order; hence, a forensic interview could, to a certain extent, include prepared and verbally transmitted forms of questionnaires. The features of the Hawthorne effect, as an overarching component of this study's conceptual framework, could be observable as (a) self-censoring factors of both the interviewer and the interviewee and (b) attempts of both interview participants to portray a desired image to the other.

In contrast to the other theories applied in this study, the Hawthorne effect has been highly debated and scrutinized in contemporary literature. A deeper analysis was thus warranted to justify the inclusion of this phenomenon into this study. Among many critics were Levitt and List (2011), who believed the Hawthorne effect was fictional (p. 224) and only had the "Power of a good story" (p. 327). The authors considered the Hawthorne experiments to be myth that survived over decades without careful data analysis and evidence supporting its validity (p. 327). In a 2012 study, Fernald, Coombs, DeAlleaume, West, and Parnes could not confirm that study participants altered behavior based on their awareness of being observed or evaluated (pp. 83-86).

A more thought-provoking and simultaneously startling conclusion was submitted by Brannigan and Zwerman (2001), who argued that, during the original Hawthorne studies in the 1920s, the observed population performed differently than more contemporary generations. Brannigan et al. referred to the current workforce and compared the contemporary workers' adoption to the Chicago environment of the 1920s with a present general lack of workplace respect, increased violence, and interpersonal conflicts in present-day generations (pp. 59-60).

Even though I recognized and accepted criticism related to the Hawthorne effect, Draper's research remained superior, and therefore applicable for this study. Draper (2016) outlined that human behavior comprised a reaction to social effects, legal obligations, and/or the desire to please another human being ("Preface: Issues in experimental design", para. 5). This summary could not be disputed; on the contrary, it was first discussed by Broches (2008), who wrote that even though the Hawthorne effect's validity had been attacked from numerous angles, it remained a methodological consideration and a fundamental feature of human behavior (p. 5). Lastly, Macefield (2007) wrote in the defense of Hawthorne that contemporary studies criticizing the use of Hawthorne differed from the original Hawthorne method available in the 1920s (pp. 151-152). Hence, Macefield considered it perilous to compare the Hawthorne effect to a usability study (p. 152).

This study did not base its complete theoretical discourse on the Hawthorne effect, but simply imbedded its elementary theory of human behavioral change into this study's conceptual framework. In that specific context, Hawthorne's basic assumption

that humans applied self-censored SDR strategies and adjusted to observation and evaluation was relevant for forensic interviewing of ASPD diagnosed interviewees. Moreover, the SDR could be observed with this homogenous population, because, per the DSM-5 definition of ASPD, this specific group of interviewees generally employed *conning* as a tool to influence and deceive others (American Psychiatric Association, 2013, p. 659).

The term *conning* implies the deceiver's behavioral change during a conversation with the goal of convincing the communicating partner to trust, submit, and follow the deceiver's hidden agenda. According to Thomas and Zaitzow (2006), *conning* was found to be a common adaptation technique that prisoners used, or were forced to use, in order to adjust to prison culture (pp. 245-246). This study's homogenous group consisted of incarcerated adults who were prone to a violent and deceptive prison culture. Hence, as suggested by the Hawthorne studies, SDR adoption could represent a tool to survive the often inhumane and dangerous prison environment.

In summary, this study accepted the writings of the beforementioned authors Thomas and Zaitzow, Macefield, Draper, and Broches as the foundation for the Hawthorne effect: A phenomenon that generally illustrated the use of SDR techniques and behavioral adjustments, so-called *staged performance*, when an individual was aware of exposure to observation and evaluation. This study placed these general conclusions regarding the Hawthorne effect into the concept of forensic interviewing of incarcerated adults. Within this specific environment, deceiving individuals may not only monitor verbal and nonverbal behaviors of others for signs of suspicion, but also control one's

own behaviors in order to maintain their deceit (Elliott & Leach, 2016, p. 488; Sporer & Schwandt, 2006, p. 425).

Two social theories, the neutralization theory and the social control theory, aided in understanding motivations, actions, and reactions of ASPD diagnosed inmates during interviews within the criminal justice setting. As displayed in Figure 2, I imbedded these two theories into this study's conceptual framework as a simultaneously occurring connection between the interviewer and the interviewee. However, the following two social theories were not considered of *overarching nature* because, in contrast to Watzlawick's first axiom and Hawthorne effect, both theories depended on the condition, motivation, needs, and commitment of the interviewee and interviewer. These variables could change during the interview, and therefore were not considered a perpetual and always equally present phenomenon.

Neutralization Theory

This study recognized an individual's general awareness of societal norms, moral obligations, and lawful and unlawful behavior as daily components of social interactions. Furthermore, I embraced human individuality as a key factor of independent decision making, character, and personality traits. Consequently, this study acknowledged the neutralization theory as a main constituent of this study's conceptual framework.

Sykes and Matza developed the neutralization theory in 1957, arguing against the common belief that criminal behavior was based on an oppositional subcultural set of rules that valued the violation of social norms (Topalli, 2006, p. 475). In their work, Sykes and Matza argued that, despite delinquent behavior, individuals still attempted and

maintained bonds to societies with the goal of being perceived as virtuous and moral. This *perception of virtue* could be observed and explained by the Hawthorne effect, which argued that human behavior changed during experienced observation or evaluation in order to portray a specific positive purpose. Hence, to resolve the conflict between violation of social norms and laws with this anticipated view of self-identity, an individual could employ *neutralization techniques* designed to assuage guilt and antisocial behavior (p. 475). This phenomenon of neutralization required further analysis to permit a combination with the other components of this study's conceptual framework.

Sykes and Matza (1957) indicated that criminal behavior essentially comprised an "Unrecognized extension of defenses to crimes in the form of justifications for defiance which the delinquent believed to be true and valid, but not by the legal system or society at large" (p.666). This important definition served as the justification to include this theory into the conceptual framework, but it also required a contextual review. An ASPD diagnosed inmate could, during a forensic interview, defend criminal behavior, minimize responsibility, and neutralize accountability by *justifying* violations of social norms, unlawful behavior, and personal decisions. As outlined by the American Psychiatric Association, (2013), ASPD features included lying and conning, failure to conform to social norms with respect to lawful behavior, lack of remorse, and consistent irresponsibility (p. 659). In this context, Hickey (2013) agreed with Sykes and Matza (1957) and summarized the neutralization theory included the concept that criminal behavior required a person to *distance* him- or herself from personal values, attitudes, and morals, and to rationalize victimization, denial, and guilt (p. 112).

This neutralization – or the manufacturing of distance between criminal behavior and social norms – was applicable to the most heinous crimes. As Byrant, Schimke, Brehm, and Uggen (2017) demonstrated, individuals were able to justify and neutralize most severe violations of values, responsibilities, and social norms. For example, Byrant et al. found that individuals accused of genocide in the African nation of Rwanda in 1994 applied the neutralization theory and justified their criminal behavior by employing the so-called *condemnation technique* to neutralize responsibility and shift the blame and cause for their behavior towards victims (p.7).

I considered the lack of remorse a failure to adhere to social constructs that included morality as a regulator or guide in relationships. Accordingly, Durkheim (1897) was correct when he stated that “We are moral beings to the extent that we are social beings” (p. 209). Morality, defined as the *integration* of ethical behavior into social constructs (Kennedy & Lawton, 1996, pp. 902-903) could generally not be attributed to ASPD diagnosed inmates, because diagnostic features of ASPD included the violation of social norms and the inability or unwillingness (*neutralization*) to positively and successfully participate in social constructs. By contrast, altruism for the benefit of others (Rustichini, 2018, p. 2) was not identified as a diagnostic feature of ASPD. Hence, the forensic interviewer could encounter the absence of a so-called *moral compass*, combined with denials, justifications of social norm violations, and the presence of behavior neutralizations.

The neutralization theory did not remain unchallenged in contemporary research; however, after taking criticism into account, I concluded that the scrutiny of this theory

did not outweigh its validity for this study's specific purpose. Topalli (2006), for example, added that his research regarding the neutralization theory did not apply to what he defined as *hardcore street offenders* (p. 475). This term, however, was neither academically defined nor ethically sound to describe a specific group or population; hence, Topalli's argument was ruled out. Topalli further believed that individuals who did not experience guilt after committing criminal acts but transferred such sentiments into acceptable emotions, did not neutralize actions as defined by the neutralization theory, but simply justified it by making it enjoyable behavior (p. 475). In response, I argued that ASPD diagnostic criteria did not include or require *enjoyment* of criminal behavior as a diagnostic criterion. Second, this study did not concern itself with the question of whether the interviewee enjoyed criminal behavior and/or committed violations of social norms.

Lastly, when I examined the neutralization theory, a lack of clarity remained regarding the moment when an individual decided to neutralize him- or herself from the criminal act. The question of whether the individual applied neutralization strategies in the planning stage of the criminal act, during its execution, or after its completion was not of importance for this study's specific purpose. I focused on neutralization factors during forensic interviewing that occurred after the completion of criminal acts – specifically at the time the courts were involved to examine underlying cases. Hence, this study applied the neutralization theory only to determine whether the interviewee continued neutralizing behavior during interviews subsequent to arrest.

Social Control Theory

I included the social control theory into this study's conceptual framework in order to (a) examine features of ASPD in context with socialization processes during a forensic interview, (b) explain the conduct of ASPD diagnosed interviewees, and (c) to understand reasons for displaying antisocial behavior during an interview. This theory aided in comprehending why ASPD diagnosed interviewees may remain socially disconnected and unwilling or unable to form bonds with the interviewer. The reasons for this specifically defined disengagement were found in the writings of Ross, published at the beginning of the 19th century.

Ross (1901) introduced the social control theory, which included the basic notion that societies thrived and developed when its citizens and their leadership obeyed the law and simultaneously reduced hostility within its jurisdiction. Ross further concluded that an individual's readiness to violate social norms within the society depended on *mental make-ups* (pp. 2-4). In contrast to Ross' findings, ASPD features included the "Failure of conforming to social norms with respect to lawful behavior" (American Psychiatric Association, 2013, p. 659). Hence, an ASPD diagnosed citizen may not be a productive member of a society as defined by the social control theory. In this context, Silver and Nedelec (2018) compared the social control theory with features of antisocial behavior and added that the social control theory not only partly dictated criminological research in the last 40 years, but also established that an individual's antisocial behavior comprised a *product* of his or her very own environment (p. 62). In such personal

environment, the individual may pursue strategies related to the SDR¹³ because he or she was unable to not *not* communicate¹⁴ and performed while being observed¹⁵.

Nye (1975) sustained Ross's findings and added that *successful* participation in a society depended on an individual's direct, indirect, and internal control strategies. Whereas direct control related to punishment or rewards, indirect control included affectionate identification with noncriminal individuals and referred to the individual's conscience or sense of guilt. In contrast, features of ASPD¹⁶ included a disregard for social norms, including punishment as a component of societal retribution, the inability to maintain positive relationships due to deceitfulness, irresponsibility, and violence, the disregard for others' safety, and lastly, encompassed a lack of remorse and guilt for behavior towards members of a society. I therefore concluded that ASPD diagnosed individuals may be disfranchised from healthy participation in their societies, and that this general inability to participate in social constructs was explainable through application of the social control theory. A forensic interview was considered a social construct because it included communication as a method of personal interaction between the interviewer and the interviewee.

Matsueda (1989) added that *social conformity* within the context of the social control theory was defined by four interrelated tributaries: attachment, commitment, involvement, and belief (p. 430). The author referred to Hirschi (1969), who found that an individual was less likely to victimize others when he or she was (a) attached to a

¹³ SDR: Concept of socially desired responding as part of the Hawthorne effect.

¹⁴ To not *not* communicate: See Watzlawick's first axiom.

¹⁵ Performance while being observed: See Hawthorne effect.

¹⁶ Diagnostic features of ASPD: See Appendix A.

community through family, friends, and social activities, (b) committed to the society through employment, careers development, and investments, (c) involved in the community while spending time in a social network and while reducing opportunities to return to deviant behavior, and (d) convinced that the social norms were morally valid and therefore constituted a reason for not deviating from value systems (pp. 20-95). However, ASPD diagnosed interviewees were often unable to participate in this tributary, due to, as the American Psychiatric Association (2013) outlined, an inability to form meaningful relationships, commit to employment-related matters, and participate in social constructs due to deceitfulness, and the violation of basic rights of others (p. 659).

The social control theory did not remain free of criticism. It was scrutinized for not acknowledging that *some* antisocial behaviors contained vital parts of human individuality. Whereas the social control theory's conformability and collectivism reduced antisocial behavior, it simultaneously reduced individuality and personality development. Hossain and Ali (2014), for example, recognized the importance of conformity and found that humans were biologically and psychologically able to live within societal relationships (p. 130). However, ASPD diagnosed persons may be unable to psychosocially understand the concept of societal norms and relationships and could *blamelessly* fail to conform to social norms and lawful behavior. Hence the social control theory, outside of its criticism, explained why ASPD diagnosed individuals could be prevented from enduring and prospering in a healthy social environment.

I recognized that conformity and collectivism represented contributing factors of the social control theory. However, this study did not automatically condemn

oppositional and non-confirmative behavior as *antisocial* in a diagnostic definition.

Furthermore, I did not judge an individual for simply refusing to sacrifice for others. In this context, a sacrifice could include a personal abandonment of what Biddle (2012 & 2014) defined as values, goals, and belief systems for the better of the group (para. 3). For this study's purpose, antisocial conduct and a refusal to sacrifice for others could only be accepted if elevated to an ASPD diagnosis and related to the "Illusive rationalizations and justifications for violating basic rights and needs of others" (American Psychiatric Association, 2013, pp. 659-660).

Another area of criticism concerning the social control theory included the process of an individual's decision making within a society. Matsueda (1989), for example, added that minor violations of social norms were not necessarily met with sanctions from the community (p. 430). The author further criticized that social control theorists could not explain why an individual, who was only superficially connected to his or her society, selected one criminal behavior over another (p. 432). Even though I did not question the validity of Matsuda's two arguments, they remained insignificant for this study, because I did not investigate an interviewee's involvement in communities, nor his or her reasoning for selecting criminal behavior, but solely the perspectives and behaviors during the interview process subsequent to arrest. Future research, however, may continue developing Matsueda's thoughts and investigate an ASPD diagnosed interviewee's chosen criminal behavior.

Conceptual Framework Summary

This first subsection of the literature review demonstrated that an intertwined concept of two social theories¹⁷ and two theories, defined as overarching components¹⁸, could explain communication and behaviors in the complex and unique environment of forensic interviewing of inmates diagnosed with ASPD. I categorized these four components into this study's conceptual framework and differentiated the theories and components according to their perpetual presence and their shifting occurrence and importance during the interview. All theories centered on the interviewee's motivation, needs, and behaviors of the interviewee, and supported this study's primary research focus: the examination of perspectives of ASPD diagnosed interviewees.

The incorporated theories provided comprehensive insights into an individual's interactions in this homogeneous setting. Furthermore, it explained the impact of an ASPD diagnosis on a forensic interview. With the belief that human behavior and individuality represented complex matters, the inclusion of more than one theory was warranted and provided different lenses to analyze and to explicate each facet of this study's research problem. Even though I acknowledged and evaluated criticism of each of the four included theories, the analysis did not rise to evidential value that warranted a rejection of one or more theories.

On the contrary, it remained evident that the exchange of messages represented an ongoing and unpreventable factor during a forensic interview. In addition, both the

¹⁷ Neutralization and social control theories.

¹⁸ Watzlawick's first axiom and the Hawthorne effect.

interviewer and the interviewee were aware that they were studied and observed by the other. This awareness resulted in a natural adjustment of behaviors. The incorporated four theories could explain the interviewee's attempts to separate and neutralize behavior from social responsibility. Lastly, the conceptual framework could unveil the reasons for behavior during an interview that possessed its foundation in social disconnect, in a lack of commitment, and an inability to regulate social control.

Literature Review

This study's literature review was divided into four categories: (a) literature related to ASPD, (b) literature related to forensic interviewing of adults, (c) relevant literature combining ASPD and forensic interviewing concepts, and (d), literature related to the Gudjonsson Confession Questionnaire – Revised (henceforth GCQ-R). However, I did not find literature that combined and examined forensic interviewing strategies from the perspectives of incarcerated adults diagnosed with ASPD. This lack of literature manifested the knowledge gap addressed in this study¹⁹.

Literature Related to ASPD

In this subsection, I provided a comprehensive analysis of ASPD within the context of forensic interviewing. To do so, I categorized and examined literature that focused on (a) a historical discourse of ASPD and the DSM, (b) the criteria for an ASPD diagnosis, (c) the application of this diagnosis for his study, (d) onset requirements, (e) co-occurring disorders, (f) prevalence of ASPD, and (g) impulsive behavior.

¹⁹ See Chapter 1: Problem statement, purpose of this study, significance of this study.

Historical Discourse of ASPD and the DSM. The publication of the first DSM in 1951 symbolized the beginning of contemporary approaches to the understanding of behavioral disorders. The development of the similar but not identical definition of psychopathy preceded the first edition of the DSM by approximately 10 years (Crego & Widiger, 2014, p. 1). When compared with the current DSM-5 standards, the first DSM defined a weak and premature first subcategory of antisocial behavior: the so-called *sociopathic disorders* (Trestman, 2014, p. 141). This incomplete and somewhat immature classification simultaneously supported further research in the area of psychopathy. For example, current categorizations of antisocial behavioral traits under the umbrella term of psychopathy resulted from the writings of Hervey Cleckley (Horley, 2014, p. 91), one of the most recognized scholars of the 20th century in this discipline (American Psychiatric Association, 2019, “Abstract”, para. 1).

In 1968, the American Psychiatric Association defined *antisocial behavior* in the second edition of the DSM as “Deeply ingrained maladaptive patterns of behavior” and as “Lifelong patterns, often recognizable at the time of adolescence or earlier” (Trestman, 2014, pp. 141-142). For the first time, the DSM included and acknowledged that ASPD could possess roots and onsets in an individual’s childhood. However, the diagnosis of conduct disorder²⁰, which addressed adolescent forms of antisocial behavior and became an integrated part of the current ASPD diagnosis, was still not established.

In 1980, the American Psychiatric Association published the third edition of the DSM, including the introduction of three clusters of personality disorders and an axis

²⁰ Conduct Disorder: DSM-5 behavioral health disorder. See Appendix A.

system that categorized behavioral disorders (2017c, “Development of DSM-III”, para. 1). The term *cluster* in connection with a mental health diagnosis was defined as classification systems that aided service providers and described a person’s individual conditions and needs (Trevithick, Painter, & Keown, 2015, p. 119). The DSM-3’s cluster concept formed the foundation for the current DSM-5 Cluster-B categorization that subsequently imbedded ASPD. The American Psychiatric Association published the DSM-4 in 1990; however, the diagnosis for ASPD remained unchanged (Trestman, 2014, p. 142).

The current DSM-5, introduced in March 2013 (American Psychiatric Association, p. 5), eliminated the axis system and reshaped the diagnostic terminology of clusters and ASPD. Nevertheless, Stuppy-Sullivan and Baskin-Sommers (2019) most recently concluded that systematic research related to ASPD, primarily in the discipline of treatment of this disorder, was still required to provide additional insight for mental health professionals (p 1). Since this study did not concern itself with treatment of the ASPD disorder, I did not further examine this avenue of research and instead focused on the DSM-5 diagnostic criteria of ASPD.

Use of the DSM-5 for this study. This study utilized the definition of ASPD as provided by the American Psychiatric Association in the DSM-5 of 2013 (p. 5). I acknowledged the DSM-5 as the foundation to define antisocial behavior traits and ASPD, and in a subsequent stage, incorporated and contrasted features of the behavioral disorder ASPD with forensic interviewing strategies. Appendix A includes the DSM-5’s diagnostic criteria for ASPD. I did not find notable and validated criticism that suggested

prohibiting the application of the DSM-5, outside of Trestman (2014), Black (2015), Skodol (2018), and Johnson (2019), who correctly pointed at weaknesses of the DSM-5.

Skodol (2018) provided an alternative approach to the DSM-5 diagnostic criteria of ASPD and condemned the definition and categorization of personality disorders as, for example “arbitrary diagnostic thresholds with a diagnostic instability over time and mediocre coverage of personality pathology” (p. 590). Skodol then excluded the DSM-5 personality disorder ASPD from his criticism and acknowledged that this disorder was predominantly defined in personality trait terms (p. 590). Nevertheless, Skodol proposed an alternative model to the DSM-5 categorization and divided ASPD into antagonistic and disinhibited trait domains. (p. 591). However, since Skodol’s work did not provide an alternate diagnosis, this study did not entertain Skodol’s categorization of disorders.

Yet, this study incorporated two valid points of criticisms: The first came from Black, (2015), who wrote that the DSM-5 did not, for example, take into account that the definition of ASPD evolved and complicated the comparison and incorporation of the results of earlier studies (p. 310). The second came from Trestman (2014), who criticized that four of the seven diagnostic criteria for ASPD referred to illegal behavior, making diagnostic features tautological and challenging to mitigate in judicial matters (p. 143). This study, however, did not focus on comparing the scientific developments of ASPD, but instead utilized the diagnosis solely to analyze and explain behavior of incarcerated and diagnosed inmates during forensic interviews. Furthermore, this study did not emphasize judicial mitigation of this disorder, but solely advocated for a review of interview strategies in this specific setting.

A thought-provoking approach to the features of ASPD was submitted by Johnson (2019), who defined the term *violent personality* and merged several factors of ASPD into this definition (p. 76, Table 1). The author included the ASPD diagnostic components *impulsivity* and the *disregard for social norms* into his approach to define the term violent personality and added that even though psychopaths and sociopaths took advantage of others, they may victimize others without violence (p. 78). I agreed with this conclusion and argued that violence represented a contributing – but not a defining – factor of ASPD. I followed Raine (2002), who showed that the risk factor *violence* exponentially increased only when an individual’s biological and social factors support the development of antisocial features (p. 311). For this study’s purpose, it was important to recognize that an ASPD diagnosis included *aggressiveness toward others* as one of the possible diagnostic features (American Psychiatric Association, 2013, p. 659); however, violence was an optional and not a fundamental aspect of ASPD²¹.

The decision to build the foundation of this study on the DSM-5 definition of ASPD was based on Kawa and Giordano (2012), who argued that the DSM-5 received international acceptance and nearly hegemonic status for the assessment and categorization of mental disorders (p. 1). In addition, the DSM-5 was considered not only the diagnostic instrument employed by health care professionals as a comprehensive guide to diagnose this disorder; but the primary provider of a common language to assure consistency and reliability for diagnostic work (American Psychiatric Association, 2018, para. 1). Lastly, the diagnostic tool for ASPD was considered the most reliably

²¹ ASPD diagnostic requirements: See Appendix A.

diagnosed condition among all the other personality disorders (Meloy & Yakeley, 2011, p. 1015), making this diagnosis a dependable and commonly accepted definition of antisocial behavior for the purpose of this study.

Subsequently, other diagnostic tools, such as the ICD-10²², the Hare psychopathy checklist – revised, Millon’s five variants, and the dark triad were recognized valid and beneficial, but still not considered for this study. The reasons for rejecting of these four additional diagnostic methods were multifaceted and required further explanation.

Exclusion of the ICD-10, PC-R, Millon, and the dark triad. The ICD-10, first introduced in 1992 by the United Nations’ World Health Organization, was mainly developed as a *disease classification system* to assist organizations with policy creation and funding for health-related projects (Kirsners, 2014, “Background”, para. 1-2). Even though Kirsners acknowledged that the DSM-5 and the ICD-10 were related and even included overlapping diagnoses, both diagnostic tools were still not equal. Kirsners wrote that “The DSM provides diagnostic criteria, to which the ICD billing codes are then applied” (para. 1). Since this study did not concern itself with insurance billing or governmental social assistance programs, it became evident that the ICD-10, even though employed by mental health providers around the world, was neglectable for the purpose of this study.

I considered including Hare’s definition of psychopathy and the Hare psychopathy checklist – revised to assist with identifying possible diagnosed participants

²² ICD-10: Tenth version of the International Statistical Classification of Diseases and Related Health Problems.

for this study. Undeniably, psychopathy and ASPD possess common diagnostic criteria and were, as Werner et al. (2015) demonstrated, highly comorbid with each other (p.195). However, while ASPD features, for example, included a lack of remorse, deceitfulness, and a lack of concern for the safety for self or others (American Psychiatric Association, 2013, p. 659), psychopathy involved a lack of empathy, pathological lying, and an irresponsible lifestyle (Verschuere et al., 2018, p. 52). Coid and Ullrich (2010) reached a similar conclusion and illustrated that both diagnoses occurred on a continuum on which psychopathy was considered a more severe form of ASPD (p. 432).

This study did not concern itself with a deeper analytical comparison between psychopathy and ASPD, since several factors added to the decision to exclude Hare's diagnostic tool. This decision was based on Martens (2000), who wrote that there was no complete overlap between both constructs (p. 406), on Valença (2018), who went further and recommended that ASPD and psychopathy could not be used synonymously, since both represented different constructs (p. 141). Lastly, this decision was also based on Moran, who, as far back as 1999, found that the continually criticized term psychopathy subsequently led to the development of the term ASPD (p. 231).

The term dark triad (henceforth DT) experienced a surge of robust literature since its original publication by Paulhus and Williams in 2002 (Miller, Hyatt, Maples-Keller, Carter, & Lynam, 2016, p. 439). DT summarized a combination of three behavioral traits: psychopathy, narcissism, and Machiavellianism (Paulhus & Williams, 2002, p. 556). The term *Machiavellianism* originated from the political theorist Niccolo

Machiavelli, who, in the 16th century, “advised leaders to use tactics of deceit in achieving their goals” (Lyons, 2019, para. 1.1.1).

Even though, as further discussed in this chapter, psychopathic and narcissistic traits could be partly identical and comorbid with ASPD, the concept of DT could be considered a profile of behaviors to understand the complexity of humanity. However, DT was currently not equipped with a diagnostic definition, was not recognized by the authors of the DSM-5 as a behavioral impairment, and was not used by this study’s research partners to diagnose inmates in their custody. Subsequently, I could not use this diagnostic tool to identify possible study participants in care of the research partner.

I considered Millon’s five variants, also known as the five-factor model (henceforth FFM), to represent a valid and accepted theory for explaining and categorizing antisocial behavior. In 1992, Widiger and Trull aptly argued that the FFM provided an option to interpret human conduct as opposing and maladaptive variations of socially accepted behavior (p. 363). Even though the FFM assisted with understanding antisocial behavior and psychopathy, it was primarily recommended for clinicians to assess for specific syndromes (Widiger et al., 2012, p. 453). The FFM was not developed as a diagnostic tool for ASPD. Nevertheless, I could envision incorporating the FFM into future research related to forensic interviewing in order to explain additional symptoms of antisocial behavior during the interview process. With the current DSM-5 as the only accepted provider of an ASPD diagnosis, this study turned to literature related to this behavioral health disorder.

Diagnostic categorization of ASPD. The American Psychiatric Association (2013) categorized ASPD as a Cluster B personality disorder (p. xxxii). In addition to ASPD, Cluster B personality disorders also included the narcissistic personality disorder (henceforth: NPD), the histrionic personality disorder (henceforth: HPD), and the borderline personality disorder (henceforth: BPD) (pp. 659-672). The key features of Cluster B disorders were characterized as *dramatic*, *emotional*, and *erratic* behaviors (p. 646). To be diagnosable as a Cluster B disorder, these behaviors required an *enduring* and *significant* functional impairment and/or subjective distress (Hoermann, Zupanick, & Dombeck, 2015, para 1-2). The behavioral impairments encompassed interpersonal and emotional difficulties, including an individual's difficulties in personality functioning (Grohol, 2013, para. 7) and deviated thinking patterns about oneself and others, asocial emotional responses, complications in relating to other individuals, and reduced abilities to control behavior (American Psychiatric Association, 2019a, para 1). These described behaviors mirrored components of this study's conceptual framework: An individual's ability to disconnect from criminal behavior as encompassed in the neutralization theory, and his or her inability to conform to collectively defined social norms as included in the social control theory.

Eckman, Sullivan, and Mark established in 1999 that the lack of emotional involvement in human thought processes increased a deceptive person's ability to create credible fabrications (p. 1). Deception and a lack of remorse comprised inimitable features of the Cluster B disorder ASPD; in addition to deceitfulness, conning, and disregard for others (American Psychiatric Association, 2015, p. 659). These behavioral

traits were generally attributed to violations of social norms, as reflected in (a) the social control theory's inability to positively participate in social constructs, and (b) the neutralization theory's ability to create distance from accountability for social norm violations.

The American Psychiatric Association (2013) defined one diagnostic exclusion criteria for diagnosing an individual with ASPD: the presence of schizophrenia and/or the bipolar disorder (p. 659). Schizophrenia was characterized as the disconnect from reality, often with delusions and/or hallucinations (p. 99), whereas the two bipolar disorders included manic depression or hypomanic episodes (pp. 123-132). The features of ASPD, per the DSM-5 definition, were based on emotional behaviors and responses and not on a mental illness that included a disconnect from what was commonly perceived as reality.

Nevertheless, ASPD incorporated a *self-functioning impairment* that could be understood as a disconnect from reality. This impairment has been defined as egocentricity, an absence of internal prosocial standards, the failure to conform to lawful behavior, and, among other attributions, the strategy of intimidation to fulfill interpersonal needs (Wygant et al., 2016, p. 230). I considered this diagnostic exclusion of importance for this study, since the validation process of statements of a delusional and/or hallucinating interviewee could be considered questionable at best. Hence, the DSM-5 diagnosis of ASPD could be considered a safeguarding measure to prevent the inclusion of unreal statements into the forensic interview.

Prevalence of ASPD. This study's focus remained on ASPD prevalence within the criminal justice environment and followed Trestman (2014), who identified an overpresentation of individuals possessing a behavioral health diagnosis in prison systems (p. 141). Fazel and Danesh (2002) attempted to illustrate that approximately one in two male prisoners and approximately one in five female prisoners were diagnosed with ASPD (p. 548). This number seemed extremely high and required further investigations. The argument could be made that the concept of *lie-biased behavior* in a prison system²³ promoted and protected antisocial behavior which could rise to a diagnosable level simply because the individual was forced to act and react in this specific environment. However, the authors also acknowledged that their research incorporated a worldwide review of prisoners with mental illness (p. 545), and not just inmates within the United States of America.

Societal circumstances and even diagnostic abilities of mental health professionals in other nations could affect the accuracy of obtained diagnostic data. In addition, the DSM-5 with ASPD's current diagnostic criteria was not published in 2002, but in 2013. Hence the 2002 definition of ASPD did not equal the current classification. Since criminal behavior and subsequent involvement in the criminal justice system led to higher incarceration rates of ASPD diagnosed individuals, the conclusion that 35.3% of incarcerated study participants were diagnosed with ASPD (p. 115) was more realistic.

In 2019, Kopak, Guston, Maness, and Hoffmann focused on mental health conditions among adults who frequently returned to a rural prison (pp. 1-2). In this study,

²³ Lie-biased behavior. See: Chapter 1; study purpose and conceptual framework.

45% of study participants were diagnosed with ASPD (p. 5). The authors concluded that offenders with ASPD reoffended and subsequently returned to jail at a disproportionately higher rate than other offenders (p. 8). For the purpose of justifying this study's research focus on incarcerated adults, I established that a prison system housed a high prevalence of ASPD diagnosed inmates. The exact number of this homogenous group, as investigated in Chapter 3, may differ and fluctuate.

Black et al. (2015) argued that a lifetime prevalence for ASPD in the general population of the United States ranged from 2% to 4% in men and from 0.5% to 1% in women (p. 114). However, research related to the influences of genetics and/or environments on *gender difference* in antisocial behavior remained inconclusive (Burt et al., 2019, p. 5). Even though Burt et al. did not specifically refer to ASPD and pointed generally at the psychopathy diagnosis when defining traits of antisocial behavior (p. 1), the listed traits were identical with the current ASPD diagnosis. The authors expressed their hope that future research on gender-related research continued for this phenotypic population (p. 6). Hence, since this study did not focus on gender related research and concurred with Burt et al., I did not further consider and evaluate gender research related to antisocial behavior.

Conduct disorder as an ASPD prerequisite. It was imperative for this study to evaluate the DSM-5's conduct disorder²⁴ (henceforth CD) to understand the chronological development of an ASPD diagnosed inmate from adolescence into adulthood. Black (2015) maintained that the first onset of features related to ASPD

²⁴ Conduct disorder. See: Appendix A.

occurred at the approximate age of eight years (p. 309). However, ASPD could, in addition to other diagnostic requirements²⁵, only be diagnosed if an individual reached the age of 18 years (American Psychiatric Association, 2013, p. 659). To assist with options to effectively diagnosis a minor with antisocial traits between the approximate ages of eight years and 18 years, the DSM-5 provided the CD diagnosis.

The CD diagnosis, similar to the features of ASPD, included antisocial activities such as lying, stealing, and/or physical violence (Bernstein, 2016, para 1). A CD diagnosis also examined, for example, the adolescent's lack of remorse (Reynolds & Kamhaus, 2013, p. 2), which was continued as a diagnostic feature in ASPD. In case the antisocial behaviors as defined by the CD diagnosis persisted into adulthood, the diagnosis could convert into ASPD in 25% of female adolescents and 40% of male adolescents (Black, 2015, p. 309-310). Since both CD and ASPD were associated with criminal behavior (American Psychiatric Association, 2013, pp. 469-475, 659), there was plausibly a higher frequency of involvement in the criminal justice system for an individual with CD and a subsequent ASPD diagnoses (Mueser et al., 2006, p. 626).

Nevertheless, as Johnson (2019) argued, the production of a realistic and true number of ASPD diagnoseable adult offenders in a prison system may not be possible because many offenders did not present with *evidence* of the prerequisite CD (p. 78). Due to a lack of evidence and the prohibition of diagnosing ASPD without CD-related evidence, the percentage of ASPD diagnosable offenders may therefore be higher than reported. On the other hand, inmates who exhibited all diagnostic features of ASPD, but

²⁵ Diagnostic requirements for ASPD. See: Appendix A.

developed them during adulthood and while being incarcerated in a prison, could not be diagnosed. Since this study's focus remained on forensic interviewing of individuals already diagnosed ASPD, I did not examine research related to (a) ASPD onset outside of criminal behaviors and (b) the numbers of ASPD diagnosable inmates in the prison system who could not be connected with CD-related evidence.

However, I found it imperative to note that the onset of CD in youth also occurred without criminal conduct, supporting the notion that a subsequent ASPD diagnosis could be based on noncriminal behavior. For example, as Wojciechowski (2019) established, the posttraumatic stress disorder (henceforth PTSD), was found to exert an increasing and direct effect on ASPD (p. 264), subsequently allowing the prediction of a future ASPD diagnosis of an adolescent (p. 267). I categorized PTSD as a result of victimization and exposure to traumatizing events, making the ASPD diagnosed inmate primarily a *victim* of society and not a preparator. The DSM-5 recognized PTSD as an anxiety disorder that developed after experiencing psychological trauma in response to “actual or threatened death, serious injury, or sexual violation” (Leon & Hunter, 2019, para 1).

In this context, the theory of adverse childhood experiences (henceforth ACE) permitted categorizing victimized youths that developed diagnosable antisocial traits. Youths that experienced ACE during childhood developed mental health impairments at a higher rate than those that was not exposed to this adversity during childhood (Hughes et al., 2017, p. 356). A part of a forensic interview should therefore focus on ACE to determine whether the interviewee's antisocial behavior resulted from victimization and trauma.

For the purpose of this study, I used CD as an onset criterion solely to incorporate features and developments of ASPD from an individual's childhood to adulthood. The exposure to the criminal justice system, as a chronological development and consequential result of these two diagnoses, resulted, as Mallick and Pan (2015) found, in the deterioration of an individual's ASPD condition (p. 1516). Worsening ASPD features in a prison culture comprised a major reason why this study focused on this specific homogeneous population.

In summary, the following could be established: ACE (a) contributed to higher victimization rates in youth, (b) connected to a higher rate of CD and subsequent ASPD, and (c) in combination with ASPD contributed to an individual's mental and physical deterioration in a prison setting. Hence, the forensic interview process could become increasingly difficult with a person who was diagnosed with ASPD subsequent to a CD diagnosis, experienced victimization and ACE during childhood, developed antisocial traits in formative years, and who then experienced additional antisocial structures in a prison environment.

Comorbid disorders related to ASPD. One major component of ASPD involved an increased rate of comorbidity with other behavioral health impairments and/or mental illnesses. As previously discussed, CD and PTSD disorders were either a diagnostic prerequisite or exhibited high associations with ASPD. Comorbidity was important for this study because it could predict triggers and behavioral traits of ASPD diagnosed inmates during forensic interviews. Matejkowski (2017), for example, revealed that ASPD diagnosed inmates were responsible for serious nonviolent

misconduct; however, inmates with co-occurring so-called serious mental illness (henceforth SMI) were implicated in violent misconduct (p. 219). In a second study, Dellazizzo et al. (2017) concluded that offenders with Cluster B personality disorders, such as ASPD, not only possessed personality traits associated with violent behavior, but also displayed higher levels of inconsistencies in relationships (p. 1). This lack of forming and participating in meaningful relationships could be explained by the social control theory, which, according to Matsueda (1989), included the notion that a lack of conformability to social norms increased antisocial behavior (p. 430).

Ogloff et al. (2015) suggested that ASPD comprised a dominant factor in connection with other co-occurring behavioral disorders (p. 16). As evaluated in the following subsections, three major comorbid disorders were considered of importance for this study and required further analysis: (a) substance use disorders (henceforth SUD), (b) narcissistic behavior disorder (henceforth NBD), and (c) borderline personality disorder (henceforth BPD).

Comorbid substance abuse disorder (SUD). This study incorporated the definition of SUD as outlined by the DSM-5 to ensure homogeneity with definitions of the DSM-5 Cluster B personality disorder ASPD. Gillespie, Brzozowski, and Mitchell (2017) summarized that a lack of self-control, risk-taking behavior, and impulsive tendencies influenced the abuse of controlled substances (pp. 4-19). The ASPD criteria of impulsive behavior and lack of safety for self (American Psychiatric Association, 2013, p. 659) also represented key components of SUD. From an academic analysis, the association of SUD and ASPD exhibited high levels of comorbidity (Ogloff et al., 2015,

p. 17); however, I could not find concrete numbers of comorbidity related to ASPD and SUD diagnosed inmates in peer-reviewed studies.

Nevertheless, SUD appeared to provide a strong indicator of admissions and readmissions into correctional facilities. A high prevalence of alcohol, opioid, and amphetamine abuse was present in approximately 75% of all inmates, whereas 55% of SUD diagnosed inmates were reincarcerated at least once and 33% were incarcerated multiple times (Kopak, Guston, Maness, & Hoffmann, 2019, pp. 1-5). Since the authors further concluded that a larger number of incarcerated adults did not receive any mental health services to address the reasons for their admissions, it remained unclear how many substance-abusing inmates were also diagnosed or diagnosable with ASPD. For the purpose of this study, SUD was recognized as an additional trigger during forensic interviewing that could, based on mental and physical instability, withdrawal, and impulsivity, influence the behavior and decision making of the ASPD diagnosed interviewee.

Comorbid narcissistic disorder (NPD). This disorder was incorporated based on Gunderson and Ronningstam (2001), who suggested an association of ASPD and NPD (p. 103). The authors concluded that, for example, the NPD component *remorseless use of others* provided an overlapping factor with ASPD (p. 104). The American Psychiatric Association (2013) imbedded a lack of remorse and the mistreatment of others into diagnostic features (p. 659). The dark triad theory, as previously discussed in this chapter, incorporated narcissism into its definition as well.

For the purpose of this study, NPD with its main component of *self-centeredness*, was important not only because of its overlapping components with ASPD, but also because of its components of negative affectivity and quarrelsomeness, as added by Wright et al. (2017, p. 26). This negative affectivity could generate a disconnect from the interviewer during the forensic interview and a refusal to engage in truthful conversations. Quarrelsome behavior, as defined by Wright et al., involved a response during conversations in which the diagnosed individual perceived others as more dominating (p. 4).

The two distinguishing interpersonal characteristics between both disorders, as Stanton and Zimmerman (2018) summarized, involved the ASPD diagnostic feature of increased exploitive behavior towards others, whereas the NPD diagnosed individual exhibited higher levels of arrogance (para 3). For this study's purpose, it was vital to include the co-occurring diagnosis NPD into the environment of a forensic interview, because NPD features could lead to self-centered behaviors, a negative response to perceived domination, and exploitive and arrogant behavior toward the interviewer.

Comorbid borderline disorder (BPD). The third co-occurring disorder incorporated in this study was BPD, defined by the DSM-5 as a Cluster B personality disorder (American Psychiatric Association, 2013, p. 645). Violent criminal offending in adolescence and adulthood has been associated with the comorbidity of BPD and ASPD (Robitaille et al., 2017, p. 1). In 2011, Sansone and Sansone determined that BPD diagnosed males were more likely to (a) possess antisocial characteristics, (b) demonstrate impulsive behavior and novelty seeking, (c) abuse substances, and (d) be

incarcerated for criminal behavior. Women, on the other hand, suffered from eating and mood disorders, engaged in self-harm, and were overrepresented in mental health services (pp. 18-19). In addition, Robitaille et al. found that BPD and ASPD also elevated alcohol and substance abuse (p. 11), which indicated the possibility of SUD, ASPD, and BPD as comorbid diagnoses. This study did not differentiate between genders and gender identity but recognized that female prisoners were diagnosed with BPD at twice the rate of male prisoners, and that inmates with BPD experienced not only a worse quality of life, but higher rates of ASPD (Black et al., 2007, p. 400).

In summary, ASPD diagnosed individuals with an additional BPD diagnosis were associated with higher levels of aggression and violence, mood disorders, SUD, and/or impulsive behavior. These behaviors may impact the level of cooperation during an interview and negatively influence interview outcomes; however, the feature *impulsivity* influenced ASPD related behavior during forensic interviews and required further review.

Impulsivity as a feature of ASPD. This study concluded that the ASPD diagnostic feature of *impulsive behavior*, or the *lack of planning ahead* as defined by the American Psychiatric Association (2013, p. 659), represented an important component for ASPD. Impulsivity merged unpredictability, instability, and abrupt changes in behaviors. These behavioral features warranted an evaluation in context with forensic interviewing strategies. Lootens, et al. (2017) theorized that impulsivity was relevant in DSM-5 Cluster B personality disorders (p. 209). As established, the American Psychiatric Association included ASPD within the Cluster B disorders (2013, p. 659). Impulsivity as a destabilizing influence in forensic interviewing included the diagnostic

trait of *disinhibition* (American Psychiatric Association, 2013, p. 780). Lootens et al. defined disinhibition as an individual's focus on immediate gratification, sensation seeking, and lack of premeditation (p. 203-204). For this purpose of this study, it was significant to integrate the features of impulsivity, which, depending on the ASPD diagnosed interviewee's motivation and reasons, may influence the relationship with the interviewer and the forensic interview's outcome.

Conning as a schema mode of ASPD. For this study's purpose, *conning* included deception and manipulation designed to covertly change the victim's behavior, thought process, and/or decision-making for the deceptive individual's personal gain or benefit. The American Psychiatric Association (2013) included the term *conning* as a diagnostic feature of ASPD related behavior (p. 659). Since this study focused on incarcerated adults, the behavioral trait *conning* increased in significance because, as Thomas and Zaitzow found (2006), conning also comprised an adaptation technique employed by inmates to adjust to prison culture (pp. 245-246).

In addition, Keulen-de Vos, Bernstein, and Arntz (2017) summarized that conning, lying, or manipulating constituted features of antisocial behavior designed to either victimize others or to escape punishment (p. 30). This destructive behavioral trait was imbedded into the *Conning and Manipulative Mode* (p. 30) which referred to maladaptive interpersonal patterns of behavior (Keulen-de Vos et al., 2017, p. 5). The *Conning and Manipulative Mode* was considered a subcategory of the so-called overcompensatory modes (p. 3, Table 1). The ASPD diagnosed interviewee, primarily in a prison environment, could demonstrate conning tactics during a forensic interview to

neutralize²⁶ behavior and responsibility, and, as the American Psychiatric Association (2013) included in the diagnosis, to reduce responsibility for the victimization of others (p. 659).

Summary of ASPD literature related to this study. This study's goal was not to comprehensively evaluate psychiatric and psychological literature related to ASPD, being that I was not qualified to produce such an analysis²⁷. The purpose of this first section of the literature review was solely to review ASPD related literature in preparation for placement within the context of forensic interviewing of ASPD diagnosed inmates. I provided a brief historical discourse of ASPD and psychopathy, and I evaluated the exclusion of other diagnostic tools and/or categorizations of antisocial behaviors.

I further examined the prerequisite of CD in adolescence and incorporated ACE and PTSD as traumatic experiences of the interviewee into the analysis of ASPD. Comorbidity, impulsivity, disinhibition, and features of NPD, BPD, and SUD were considered important factors for the forensic interviewer when interacting with an ASPD diagnosed interviewee. The following second portion of this literature review addressed literature related to forensic interviews and forensic interviewers.

²⁶ Neutralization theory as part of this study's conceptual framework.

²⁷ See: Chapter 1, limitations of this study, and Chapter 3, settings.

Literature Related to Forensic Interviewing

This second segment of the literature review examined literature related to forensic interviewing of convicted and incarcerated inmates over the age of 18 years. No study was found that added ASPD into its research and concurrently focused on the interviewee's experiences and perceptions. For the following literature review, I incorporated (a) a brief history of forensic interviewing, (b) a definition of forensic interviewing, (c) truth verification and recognition of deception, (d) strategies and tactics in forensic interviewing, and (e) limitations of the forensic interviewing process.

Historical discourse on forensic interviewing. The adjective *forensic* developed from the Latin word *forensis*²⁸, which was first recognized in the English language in 1699, and, in contemporary connotation, referred to criminal investigations (Gale, 2005, para. 1). The ancient world lacked knowledge of standardized forensic practices and relied heavily on forced confessions and witness accounts to address criminal behavior (Grover & Tyagi, 2014, p. 1). In addition, during the classical period in ancient Greece²⁹, the judicial system did not rely on written documents of involved parties, but rather on oral arguments and the direct delivery of speeches (Kennedy, 1963, pp. 3-4).

In that context, the Greek philosopher Aristotle³⁰ defined the *forensic speaker*, who verbally informed the audience, the judge, the prosecution, and the defense (Hicks, 1965, p. 15). Yet, in our modern and technologically advanced environments, forensic science has grown beyond oral argumentation to answer important investigative and legal

²⁸Forensis (lat.): of/from the forum.

²⁹ Classical Period: between 480-323 BCE (Pollitt, 1972, p. xiii).

³⁰ Aristotle: Greek philosopher; 384-322 BCE (Shields, 2015, para. 1).

inquiries. The forensic interview has subsequently been integrated into this advanced criminal justice system (Grover 2014, p. 2).

Whereas interviewing could be considered an art (Friedman, 2013, para. 1; Gravitz, 2012, p. 236), I did not concur with such categorization. On the contrary, to be accepted by contemporary courts, forensic interviewing needed to be the accepted result of unbiased scientific facts, research, tested hypothesis, and evidence-based practices tailored to the needs and expectations of the courts. Subsequently, forensic interviewing was considered a burgeoning discipline, even though literature again focused on police interviewers and their interviews of case participants (Collins, Lincoln, & Frank, 2002, p. 2). The University of Cambridge (2017) defined forensics “as a method of science to provide information about a crime” (para 1). The historical and scientific development of forensic interviewing and its acceptance and integration processes into modern court settings required a deeper evaluation for this study.

The term *forensic interviewing* emerged as a discipline of child and adolescent interviewing in the 1970s (Faller, 2015, p. 34), and was considered a response to emerging events of sexual abuse of children (Laney & Loftus, 2016, p. 1). Primarily, forensic interviewers questioned techniques of mandated investigators to elicit information from children who experienced victimization and sexual abuse (Faller, 2015, pp. 34-42). In doing so, they sought to prevent what Laney et al, defined as *highly corrupted false reports* (p. 12). At its core, forensic interviewing was designed to provide a child with an unbiased and safe environment to support untainted and truthful reports of abuse and/or neglect. Daly (2016) described it best by establishing that a

forensic interview of a child could allow the entirety of criminal prosecution; hence, the forensic interviewer's role became of upmost importance, since the interviewer was the one person who independently and with limited bias spoke with the alleged victim during criminal pretrial proceedings (p. 39).

The strategy of forensic interviewing was then expanded to adults who reported victimization during childhood years (Laney & Loftus, 2016, p. 3). According to the publications Laney et al. used to argue their study results, I concluded that adults began reporting their childhood victimization in the late 1980s; approximate 20 years after the underlying incidents occurred. In that same time period, Geiselman and Fisher (1985) recognized that investigators were often equipped with only minimal interview techniques and were therefore frequently unable to retrieve relevant information (p. 1). Hence, whereas the importance and validity of forensic interviewing in the discipline of adolescence received recognition and confirmation, progress in forensic interviewing of adult interviewees in the criminal sector remained insignificant.

This development went so far that in 1986, Supreme Court Justice Brennan criticized in a dissenting opinion³¹ that the emphasis on confessions during interviews had reached a level which made a trial superfluous (p. 479). The circumstances involving forensic interviewing of adults in the criminal justice system have not changed significantly in the years since. Criminal justice related interviews of adults diagnosed with behavioral health disorders remained, as outlined in the following discourse, in its rudimentary stages.

³¹ Supreme Court: *Colorado v. Connelly* under 479 U.S. 157.

Discourse related to a definition of adult forensic interviewing. As indicated in Chapter 1 and further discussed in this subsection, the term *forensic interview* has generally been associated with interviewing of youth, while *investigative interviewing* could be connected to the discipline of adult interviewing. Hence, most interviewers in the discipline of adult interviewing conducted investigative interviews that were prepared and executed based on hands-on experience, but with minimal formal training (Vrij et al., 2014, p. 134). In addition, literature has not produced an ideal and commonly accepted training concept to increase interviewer knowledge and practice (St-Yves et al., 2019, p. 11). It thus did not come as a surprise that Cleary and Warner (2016) revealed that 91% of interviewers only received informal on-the-job-training (p. 270). Kelly and Meissner (2015) also aptly argued that it was unreasonable to attempt the creation of an *accurate census* of interviewing strategies in a decentralized criminal justice system in a nation as large and diverse as the United States (p. 2). The authors theorized that interviewers employed some combination of formal and on-the-job training, whereas formal training often included the *kinesic interview*, the *Reid technique*, or the interview method developed by Wicklander, Zulawski, and associates (p. 2).

Still, a false confession rate remained between 25 % to 30%, leading to the requirement to scientifically analyze this phenomenon (Kelly & Meissner, 2015, pp. 6-7). The authors closed by expressing their hope and vision that interviewers in the United States would begin “incrementally moving toward a new model of interrogation and away from the psychologically manipulative methods of the past half-century” (p. 9). This study’s goal was to contribute to this change toward newer models of interviewing.

Currently, investigative interviews follow a specific format: a narrative report of the underlying incident, followed by investigative questions and expected answers with the intent to complete the interview (Collins & Lincoln, 2002, p. 3; Geiselman & Fisher, 1985, p. 2). In this context, Launay (2015) argued that predetermined series of questions resulted in superficial answers and a reduction of accuracy and completeness, because the interviewee expected questions and adjusted, instead of spontaneously providing information (p. 57). This reduction in interview efficiency could further be complicated by the interviewee's behavioral health impairment(s) and/or mental illness(es) that were not necessarily part of this narrative report concept. This led to the suggestion that police interviewers required more training and insight into their own perceptions and interactions with this homogenous population (Oxburgh, Gabbert, Milne, & Cherryman, 2016, p. 146).

In a newly published article, the authors recognized that interviewing concepts developed in the 1990s based their strategies and tactics on so-called *veterans' advice*, and not on scientific research and professional approaches (St-Yves et al., 2019, p. 1). However, St-Yves et al. again focused on interviewer related strategies in their *Pre-Interview Aide-Mémoire* concept and only superficially included mental illness by combining it with false confessions (p 24-29), and not as a foundational component of the forensic interview. The authors accepted that even though the interviewer adhered to policies and guidelines, false confessions of individuals with educational and mental vulnerabilities were still possible. Yet, APSD was not defined as an *education* impairment, but as a *behavioral* impairment.

Furthermore, it remained unknown whether the authors included ASPD into their definition of mental vulnerabilities. Lastly, the *Pre-Interview Aide-Mémoire* focused on strategies the interviewer could apply, but only cautioned the interviewer to safeguard the interview's integrity when communicating with individuals diagnosed with mental illnesses and/or disabilities (p. 29). The authors did not provide recommendations for how to specifically provide safety for an interviewee diagnosed with ASPD or any other Cluster B personality disorder. Lastly, the authors did not include a general interview strategy tailored to the needs of a behaviorally impaired interviewee.

Hence, for this study's purpose, I returned to the roots of forensic interviewing and accepted the definition of forensic interviewing as provided by Nesca and Dalby³². In addition, I considered the origins of forensic interviewing as a tool of child forensic interviewing and incorporated the need to address the interviewee's mental and developmental stage during the gathering of factual information (Newlin et al., 2015, p. 3). However, even though I am certified and trained in several interview strategies³³, it remained impossible to accept one specific interview technique as the superior strategy for forensic interviewing of ASPD diagnosed inmates, as evaluated in the following subsection.

Forensic interviewing strategy for ASPD diagnosed inmates. The reason for this aforementioned refusal to accept one strategy as a superior tool for the discipline of forensic interviewing of ASPD diagnosed individuals was based on (a) the lack of

³² Definition of forensic interview. See: Chapter 1, Table 1.

³³ Researcher's certifications. See: Appendix B.

reliable interview strategies, (b) the lack of sufficient interviewer training, (c) the limited ability to detect deception as further evaluated in this Chapter 2, and (d) the lack of knowledge related to ASPD within the forensic interviewing context. Forensic interviewing strategies could therefore not be defined as a specific technique, but rather as a holistic, individualized, and interviewee-focused approach that was adjusted and tailored to (a) the interviewee's individualized needs, (b) his or her specific behavioral traits, and (c) the interview environment.

However, within the group of different interview strategies in the criminal justice setting, I considered three strategies for this study: source monitoring (henceforth SM), a more interpersonal contact within the HUMINT³⁴ paradigm, and the strategic use of evidence (henceforth SUE). Unlike interview practices that resulted from hands-on experiences (Vrij et al., 2014, p. 134) and lacked evidence-based research (Lamb, 2016, p. 710), the three listed concepts comprised evidence-based strategies, even though not tested with ASPD diagnosed inmates.

SUE as a possible component of forensic interviewing. The SUE was based on the conclusion that deceptive interviewees not only made statements that contradicted evidence, but that this behavior amplified when the interviewer left the interviewee uninformed about evidence against him or her (Hartwig et al., 2014, p. 29). As further analyzed in this Chapter 2, this study employed the GQC-R as a data collection tool that addressed the *Perception of Proof* as the third category of the GQC-R. Hence, the SUE

³⁴ HUMINT: Human intelligence. Information gathering with a focus on human emotions, motivations, and intentions.

could represent a response to study participants who scored on the third factor loading of the GCQ-R. Hartwig et al. encouraged the introduction of evidence as early as possible during the interview to reduce deceptive responses or neutralizing behaviors (p. 29).

Whereas deceptive responses could result from an individual's attempts to disguise a lack of commitment to conform to these social institutions³⁵, neutralizing behavior could be connected to an individual's distancing between criminal behavior and social norms³⁶.

Hartwig et al. even concluded that postponing the disclosure of evidence could result in a *nearly doubled magnitude* of deceptive behavior. Since deceitfulness, conning, and lying comprised features of the ASPD diagnosis (American Psychiatric Association, 2013, p. 659), it could become obvious that early introduction of evidence (a) reduced triggering ASPD related features, (b) increased effectiveness and goal-oriented communication during the interview, and (c) increased the interviewer's control of the interview process. However, the SUE was of limited use and solely considered a contributing factor when evidence was secured and subsequently successfully introduced into court proceedings. Since useable evidence was available in only 10% of all cases (Harrison, 2013, pp. 13-17), the SUE could be of secondary importance, and the HUMINT and SM may supplement the SUE strategy in forensic interviewing.

HUMINT as a possible component of forensic interviewing. This concept included interviewing and the gathering of information from interpersonal contacts with others and in contrast to the SUE, did not only rely on information gathering from

³⁵ See: Social control theory, integrated into Figure 2 of the conceptual framework.

³⁶ See: Neutralization theory, integrated into Figure 2 of the conceptual framework.

physical evidence. HUMINT strategies were originally developed by and for the military as an essential tool to create national security strategies (Steele, R, 2010, “Brief Synopsis”). I did not argue that military resources and strategies should be merged with the discipline of forensic interviewing in the criminal justice system; however, the HUMINT concept could be of use for the interview process of ASPD diagnosed inmates.

As previously established, current interview strategies focused on confessions to a level that has been criticized by the courts because it made a truth-finding trial obsolete. In addition, 91% of these interviews were conducted by interviewers who only received informal on-the job training (Cleary & Warner, 2016, p. 270), but no professional training to address the specific and complicated diagnostic features of ASPD³⁷, including untruthfulness, deceitfulness, and conning. The results of these interviews may thus be mediocre at best³⁸. Evans, Meissner, Brandon, Russano, and Kleinman (2010) compared HUMINT with commonly used interrogation tactics and recommended the creation of a paradigm in which “Interrogation effectiveness is measured not by the diagnostic value of the *confession* obtained, but rather by the diagnostic value of the *information* obtained” (p. 239). For this study’s purpose, I envisioned that the discipline of forensic interviewing of adults with ASPD should focus primarily on information gathering to detect the truth instead of focusing on obtaining confessions that are considered equal to truth. The following SM strategy could specifically add to the interview’s credibility assessment.

³⁷ See: Features of ASPD in Appendix A.

³⁸ See: Chapter 1, fourth module, and first paragraph of the problem statement.

SM as a possible component of forensic interviewing. The strategy of source monitoring (SM) was built on the notion that an individual might struggle with identifying the source of memory; hence, an individual's statements could be tainted because he or she attributed memory to misinterpreted and/or falsely analyzed experiences. In 1993, Johnson, Hashtroudi, and Lindsey argued that "In everyday life, memory contributes to our ability to exert control over our own opinions and beliefs" (p. 3). The authors further argued that individuals usually identified the sources of memories in the course of referring to the memory, but without considering the previous decision-making process that led to this memory's creation (p. 4).

An ASPD diagnosed interviewee might explain experiences, actions, and reactions differently because features of ASPD contaminated memories. A forensic interviewer could use SM to find the source of an individual's memory that he or she shaped to (a) create distance between socially accepted and criminal behaviors³⁹ and (b) overcome the failed attempt to participate in meaningful social constructs⁴⁰.

The SM framework included three subcategories: reality monitoring, external monitoring, and internal monitoring of memory and created information (Johnson, Hashtroudi, & Lindsey, 1993, p. 4). External monitoring referred to external influences through the interactions with others and/or exposure to environmental circumstances; whereas internal monitoring referred to cognitive abilities and the interviewee's mental stage, ideas, and thoughts. The third component, defined as reality monitoring, referred

³⁹ See: Neutralization theory in this study's conceptual framework.

⁴⁰ See: Social control theory in this study's conceptual framework.

to a combination of external and internal monitoring and an individual's ability to differentiate between both components (p. 4). For example, an ASPD diagnosed inmate experienced his or her criminal act (*internal SM*) and then spoke with an interviewer about this incident (*external SM*). This study's data collection instrument GCQ-R also differentiated between external and internal motivations as Factor Loading 1 (*external*) and Factor Loading 2 (*internal*), respectively⁴¹. The SM and the GCQ-R both recognized internal and external stimuli as an influential component of human behavior.

Within this context, diagnostic features of ASPD could influence accurate memory interpretations by forming a lie or a *fabulation*. As such, SM could be employed as a counterstrategy to avoid the introduction of lies⁴², or of what Fotopoulou, Conway, and Solms (2007) defined as an emotionally based *fabulation* (p. 2180). According to Fotopoulou et al, a *fabulation* described "the production of fabricated, distorted or misinterpreted memories about one's self or the world without the conscious intention to deceive" (p. 2180). The authors argued that SM strategies illustrated that confabulating individuals were more likely to make monitoring errors in the case of pleasant rather than unpleasant memories (p. 2189). ASPD diagnosed inmates might exhibit oppositional monitoring errors and, since the factors of the social control theories impacted decision making and social conduct, could err by using unpleasant memories.

Even though I did not find research that opposed the use of the SM strategy, *confirmation bias* could still influence the validity of SM interview outcomes. Frost et al.

⁴¹ GCQ-R factor loadings. See: Appendix F.

⁴² The term *lie* was evaluated in the following subsection.

(2015) argued that individuals may exhibit “propensity to notice and interpret evidence in a way that is supportive of their pre-existing beliefs, expectations, or hypotheses” (p. 238). Confirmation bias, applied to both the interviewer and the interviewee, could be responsible for filtering information that conflicted with agendas and/or were considered unpleasant in nature. Hence, confirmation bias in SM strategies could be the reason for memory errors and fabrications.

This study did not concern itself with testing and validating the SUE, HUMINT, and SM methods and/or the combined use of the three strategies for forensic interviewing. I acknowledged that, as of 2011, the “effectiveness of combined interview tactics on suspects has never been tested” (Beune, Giebels, Adair, & Fennis, 2011, p. 934). I did not find that (a) Beune et al. continued their work and further explored interview strategies and/or (b) that the work of Beune et al. was updated and continued in recent studies. Nevertheless, the factors of truth and deception, as discussed in the following section, remained a substantial component of every forensic interview approach, and represented a vital part in the SUE, HUMINT, and SM strategies.

Truth verification and deception recognition. For this study’s purpose, I considered truth verification, and not detection of deception, to be the very nucleus of forensic interviewing. I argued that lie detection was perilous because, as Mahon (2015) revealed, no universally accepted definition of a lie has been established (para. 1), other than that a lie must contradict the truth (Sakama, Caminada, & Hertzog, 2010, p. 287). The term truth, however, also incorporated an arbitrary component, because individuals

arrived at *different truths*. In this subsection, I thus examined the concepts of truth and deception.

Hartwig et al. (2014), for example, compared several studies on lie detection and concluded that humans could correctly detect lies in 54% of statements (p. 5). This poor result was mediocre at best, considering that Hartwig et al. cautioned that guessing whether a statement was true would yield 50% (p. 5). Hence, Nortje and Tredoux (2019) cautioned interviewers and wrote that most lie detection methods were based on little theoretical grounding (p. 11). Nortje et al. suggested that “The clearest conclusion we can draw is that deception research needs a theoretical boost” (p. 11). Based on this conclusion, it was imperative to examine the terms truth and deception in greater detail.

Truth verification in forensic interviewing. The ability to detect truth and discern truth from deceit has long interested psychologists; however, methods to accurately satisfy this curiosity have remained elusive (Nortje & Tredoux, 2019, p. 1). I agreed that lie detection and the human ability to differentiate between lie and truth were overrated and largely a myth. Still, the search for truth appeared to be a basic human endeavor. This effort was best explained by Yadlin-Gadot (2017), who considered the concept of truth to be a human experience and belief system that conveyed certainty, stability, and infallibility. Since forensic interviewing, at its very core, searched for truth as demanded and expected by the criminal courts, I considered the concept and definition of truth to be of utmost importance for this study.

Perron (2011, p. 35), the developer of the FTER⁴³ method, provided an interesting and thought-provoking concept of defining and determining truth when he referred to the Greek philosopher Plato⁴⁴ and his work *Allegory of the Cave*⁴⁵. In Plato's parable, as explained by Peterson (2017), imprisoned humans inside a cave developed their truth of the world from shadows and reflections of the fire inside the cave's boundaries. These individuals who never left the cave were unaware that a shadow did not reflect truth and reality, but solely a mirrored image of an object. Hence, individuals who remained in the cave could not understand (a) the concept of truth for a person who entered the cave from the outside world and/or (b) the difference between real objects and reflections of an object in the form of a shadow. The imprisoned individuals could consider this new explanation of a different reality as dangerous and could even turn towards violence (pp. 274-275).

Perron used Plato's parable to demonstrate the effects of *ignorance and fear* and concluded that both parties, the inhabitants of the cave and the visitor from the outside world, experienced their *own truth*. Simultaneously, both groups could be unable to put their perceived truth in context with the valid truth of the other party. I recognized Perron's theoretical discourse as one option to explain the co-existence of two concepts of truth. However, for the purpose of forensic interviewing, acknowledging co-existing truths remained impossible, because truth could not possess an *arbitrary character*. For the purpose of focusing on the interviewee's perspectives, it was imperative to recognize

⁴³ FTER: Forensic testimony evidence recovery.

⁴⁴ Plato: Greek philosopher; approx. 429 – 347 BCE (Kraut, 2017, para.1.)

⁴⁵ Allegory of the Cave: translated into English by Sheehan, T, n.d.

how the interviewee arrived at his or her explanation of truth. The SM⁴⁶ strategy could be helpful to explore the foundations of an interviewee's individually defined truth.

I agreed with Yadlin-Gadot (2017), who concluded that truth telling resulted in a gratifying experience of belonging and cohering (p. 13), and with Abeler, Nosenzo, and Raymond (2016), who theorized that individuals tended to be truthful because they (a) were exposed to a so-called *lying cost* when deviating from the truth, (b) protected personal reputation, and/or (c) cared about social norms (p. 11). The findings of Yadlin-Gadot and Abeler et al. further justified the social control theory⁴⁷ used in this study's conceptual framework, because truth as a social norm integrated an individual into a society. By contrast, antisocial behavior, such as the ASPD diagnostic features *deceitfulness* and *conning* (American Psychiatric Association, 2013, p. 659), usually excluded an individual from society.

Yadlin-Gadot (2017) went further and theorized that truth was not only a state of mind, but a result of the human need for certainty, control, and constancy (p. 3), as well as for completeness, guidance and meaning (p. 13). This individualized need included a *choice* component that required further analysis. Social control theorist Hirschi indicated that social construct participants weighed the costs and benefits of their legal and/or illegal actions and pursued options designed to receive the maximum benefit or pleasure (2014, p. 108).

⁴⁶ SM: Source monitoring. Strategy evaluated in Chapter 2 and applied in Chapters 4 and 5.

⁴⁷ Social control theory. See: Conceptual framework in Chapter 1.

Hence, the socially active person may focus on *truth* to receive the benefits of social belonging, whereas the antisocial individual disfranchises him- or herself by living out features related to ASPD, such as *deceitfulness* and *lying*. This study, however, did not attempt to investigate if such social disfranchisement was the result of environmental circumstances or of a person's individual predisposition.

Perron (2011) added to the general human predisposition to be truthful and defined *11 criteria* to justify and arrive at truth (pp. 36-37). The 11 criteria could be applied during a forensic interview's SM, HUMINT, and SUE strategies to examine how ASPD diagnosed interviewees justified, rationalized, and explained their own truth. Table 3 included and displayed Perron's 11 criteria, their individual causes, and possible justifications.

In summary, this study recognized the importance of nonarbitrary truth for the criminal justice system and for the discipline of forensic interviewing alike, and incorporated Perron's 11 criteria for the rationalization of truth. Since deception, deceitfulness, and conning comprised major components of an ASPD diagnosis⁴⁸, these features had to be evaluated for the purpose of this study. As explained in the following subsection, I concluded that the absence of nonarbitrary truth was subsequently considered a form of deception. Lastly, Perron's criteria to determine truth required further analysis to investigate whether study related literature could mirror Perron's definitions of truth.

⁴⁸ ASPD diagnostic features. See: Appendix A.

Table 3

Perron's Criteria of Truth

Group	Definition
Authority	Opinions of an educated professional equals truth
Coherence	Facts are aligned in proper relationship with each other
Correspondence	An idea which relates with its object must be true
Custom & Tradition	Customary and traditional facts are real and become true
Emotions	Emotional belief systems overcome logic and reason
Hunches & Intuition	Guided by impulsivity and without reason
Instinct	Basic belief systems created from searching food / shelter
Majority rule	Statistical results are considered the basis for truth
Naive realism	Includes the belief that human senses determine truth
Pragmatism	Functional concepts which were successful must be true
Time	A belief that stood the test of time must be true

The ASPD diagnosis incorporated the feature of impulsivity (American Psychiatric Association, 2013, p. 659). Individuals with a Cluster B personality disorder⁴⁹ were affected by impulsive behavior at a higher rate than healthy controls (Turner, Sebastian, & Tüscher, 2017, p 19). It could therefore be possible that ASPD diagnosed individuals were guided by Perron's *Hunches & Intuition* to define truth.

⁴⁹ ASPD is a Cluster B personality disorder. See: Chapter 2, historical discourse of ASPD and the DSM.

Deception in forensic interviewing. I considered the unbiased search for truth the quintessence of forensic interviewing and theorized that the absence of nonarbitrary truth in a statement characterized deceptive behavior and lying. However, this conclusion required additional scientific research and argumentation to be considered valid and mature. First, Dor (2017) conceptualized language as a collectively designed communication strategy constructed to directly communicate with an interlocutor's imagination (p. 57). Manipulation, as outlined in the following subcategory of this literature review, transferred deceptive behavior into a maintenance stage where misleading and false statements were continued for explorative purposes (p. 51). I hypothesized that imagination depended on creativity to intellectualize the received message; hence, altering with the concept of imagination through the introduction of deceptive messages could create false results and conclusions.

Whereas Dor (2017, p. 57) wrote that language development revolutionized deception, Bok argued as far back as 1978 that deception *pervaded* communication and interpersonal relationships (p. 12). This study limited communication and interpersonal relationships to the forensic interviewing setting of adults in a prison environment; however, I did not find evidence that Bok's conclusion from 1978 would not apply to this specific discipline and environment. Second, within this philosophical evaluation of dishonesty, the work of Druzin and Li (2011) served as a foundation for this study. The authors theorized societies possessed well developed moral principles, revered honest behavior, and disapproved of dishonesty (p. 530).

These conclusions were supported by the social control theory employed in this study's conceptual framework. As explained by the social control theorist Hirschi (1969), social constructs were built when the participant accepted social norms as morally valid, and therefore did not deviate from value systems (pp. 20-95). Subsequently, an individual disfranchised from society through dishonesty, reduced, as Yadlin-Gadot (2017) argued, the *societal benefits* of completeness, guidance, and meaning (p. 13). However, Druzin and Li (2011) then encouraged their readers to consider deceptive behavior a criminal offense in certain egregious cases (p. 572-573). I refused to follow such theoretical discourse and incorporated the fact that every individual lied at least two times per day as a social interaction process while not considering their deceptive behaviors as serious (DePaulo, Kirkendol, Kashy, Wyer, & Epstein, 1996, p. 979; Rogers, Zeckhauser, Gino, Norton, & Schweizer, 2017, p. 456). Subsequently, I theorized that if Druzin and Li were correct, the social impact would be horrendous, and individuals could be subject to criminal prosecution twice per day.

Instead of following Druzin and Li, I recognized Dor (2017), who focused on the development of lying in the human language and divided the concept of lying into two categories: (a) the *antisocial* or the exploitative lie and (b), the prosocial or so-called *white lie* (p. 51). The first category was, for example, used by an individual not only to deceive, but to obtain an unjust and abusive profit, gain, or advantage at others' expense. By contrast, a prosocial lie was considered a face-saver for the liar, or in general terms, served the benefit of the person who was lied to (p. 51). The ASPD diagnosis connected lying and deceitfulness with the diagnosed individual's personal benefit or pleasure

(American Psychiatric Association, 2013, p. 659), and not with lying to benefit another. Subsequently, this study's focus remained on behavior related to antisocial and exploitative lying and placed it in context with forensic interviewing.

The concept of *self-deception* also had to be added into the discourse of deceiving behavior. Smith, Trivers, and Von Hippel (2017) defined self-deception as a mechanism to protect one's psyche from outside influences (p. 94). This study included the neutralization theory to explain specific decisions and behaviors of ASPD diagnosed adults, such as false justifications of criminal behavior. Hence, as Smith et al. rightfully added, this protective measure to avoid accountability involved the avoidance or obfuscation of truth (p. 94). I concluded that the ASPD features, such as deceitfulness and lying for self-centered benefits (American Association, 2013, p. 659) were interconnected with neutralizing guilt and responsibility and were expressed through self-deception and/or antisocial and exploitative lies.

Within the concept of ASPD related self-deception and/or antisocial lies, I further evaluated *commission*, *omission*, *paltering*, and *confabulation* as behavioral traits that could be introduced into a forensic interview. Rogers, Zeckhauser, Gino, Norton, and Schweizer (2017) built on prior deception research and the differentiation of lying into (a) commission through actively using false statements and (b) omission by passively misleading or failing to disclose relevant information. Both concepts have been commonly accepted; however, the authors introduced a "common form of deception: paltering" (p. 38). In 2009, Schauer and Zeckhauser wrote that paltering involved truthful statements that created a false outcome (p. 456). For the purpose of forensic

interviewing, paltering equaled the interviewee's attempt to manipulate by expressing truthful statements and allowing the interviewer to pursue false conclusions.

Lastly, Brown (2017) separated *confabulations* into the provoked and the spontaneous categories and wrote that individuals exposed to the criminal justice and legal environments often felt compelled to justify themselves and respond to questions (p. 2). Brown hypothesized that high-pressure environments, such as an interrogation or cross examination, provoked confabulations that, in conclusion, could profoundly influence the legal process (p. 2). For the purpose of this study, it remained paramount to recognize confabulations as possible responses of the interviewee after being exposed to pressure, leading questions, and confrontations.

Persuasion and manipulation in forensic interviewing. I found it imperative to incorporate the disciplines of persuasion and manipulation to educate members of the criminal justice system about ethical and unethical interview strategies. Forensic interviewing prohibited the use of manipulation to obtain statements from an interviewee but recognized the use of persuasion and rhetoric to reach the interview's specific goal. In this context, Hofer (2015) argued that manipulation played an *identity-stabilizing* role for antisocial personalities (p. 91). Consequently, manipulative behavior had to be examined in light of prohibited interview strategies, but also in light of possible manipulation attempts from the interviewee's side. Both interview participants, as demonstrated by incorporating Watzlawick and Hawthorne into this study's conceptual framework, could not *not* communicate, could not *not* influence each other, and adjusted their behavior in the presence of the other.

The Greek philosopher Aristotle⁵⁰ systematically developed the concept of persuasion (O’Keefe, 2004, p. 31). However, over time, public opinion often associated persuasion with *negative methods* of communication (Seiter & Gass, 2013, p. 127). This study followed Buss, Gomes, Higgins, and Lauterbach (1987), who established that manipulation altered the environment and corresponded with the characteristics of the manipulator (p. 1219). Such alteration could be produced by, for example, (a) lying to the interviewee regarding the existence and validity of evidence and/or (b) by creating and maintaining fear of consequences designed to covertly move the interviewee into accepting a false benefit or fallacious interview outcomes. Whereas manipulation included hidden, secretive, and even coercive components, persuasion was designed to influence others by modifying their beliefs, values, or attitudes (Simons, 1976, p. 21). This persuasive modification of beliefs or opinions occurred after a period of deliberation (Westwood, 2015, p. 523).

Simons (1976) was correct in that the forensic interview process included techniques to change the interviewee’s perspectives; yet, these techniques could still be considered manipulative tactics. Dainton (2005) provided a valid solution for this discourse and explained that persuasions differed from manipulation because the message’s receiver, in this case the interviewee, possessed free and unaltered will to either conform to the speaker’s argumentation or to reject any cooperation (p. 104). Hence, I agreed with Dainton that persuasion was not an accidental incident nor was it coercive but inherently communicational and based on free will to participate (p. 104).

⁵⁰ Aristotle: Greek Philosopher; 384- 322 BCE (Shields, 2015, para. 1).

Summary of literature related to forensic interviewing. I did not accept one specific method as the primary strategy for forensic interviewing, but instead argued for flexible, interviewee-focused, and research-based approaches to address the interviewee's complex and individualized needs. This part of the literature review elaborated the historical development of forensic interviewing from the *forensic speaker* to a contemporary and bias-managing strategy for safely and ethically eliciting truthful statements from adolescents. This development was then transferred to the adult criminal justice system. However, the courts have criticized the focus on confessions and argued that trials have become superfluous. I established that interviewers in general received little formal training and, lacking awareness, did not include behavioral health impairments. I examined the mediocre training, knowledge, and abilities of both laymen and professional interviewers to differentiate between truthful and deceptive statements. Subsequently, I identified SUE, HUMINT, and SM as possible forensic interview strategies to assess and increase interview validity. However, I did not find literature indicating that these three strategies have ever been tested in this specific environment.

I further discussed nonarbitrary truth in the criminal justice setting, referred to the 11 criteria for truth, and contrasted truth with *lying-cost* and antisocial and exploitative lying as a behavioral trait of the interviewee. This study included deceptive behaviors in form of commission, omission, self-deception, paltering, and confabulation, and placed them in contrast with manipulation, confirmation bias, and persuasion.

Literature Combining ASPD and Forensic Interviewing

Professional interviewers with backgrounds in criminal justice and/or mental health disciplines developed methods to not only communicate with interviewees, but to include strategies to address behavioral health impairments. However, I did not find any academic and peer-reviewed research focusing on interview-related experiences of ASPD diagnosed adults in the criminal justice setting. This conclusion supported this study's problem statement and the study's significance⁵¹. Nevertheless, I evaluated and incorporated publications that merged some of this study's components, such as the focus on ASPD, different interviewing techniques, the prison setting, and/or forensic approaches to communication. I found it imperative to begin with examining the Reid technique of Interviewing and Interrogation⁵² (henceforth Reid technique) as an overwhelmingly present interviewing strategy in the United States.

Reid technique. I agreed with Cleary and Warner (2016, p. 271) that the Reid technique was purportedly the most frequently and commonly employed interview strategy by interviewers in the American criminal justice system. This study did not examine the technique's functionality or validity, but agreed with Beune et al. (2011), who correctly illustrated that the Reid technique was predominant in the United States, whereas European countries widely used other interview techniques (p. 934). For example, the PEACE⁵³ model was considered the standard model of interviewing in the United Kingdom, the Netherlands applied the PTI⁵⁴ system, and Norway used the

⁵¹ See: Chapter 1, problem statement and study significance.

⁵² See: Appendix B, researcher's professional certifications.

⁵³ PEACE model: *Preparation and Planning, Engage and Explain, Account, Closure, and Evaluate.*

⁵⁴ PTI: *Professional Training in Interviewing.*

KREATIV program (Miller, Redlich, & Kelly, 2018, p. 4). The European strategies, as Miller et al found, were designed to exclude psychological manipulation of the interviewee, prevent accusatorial components, and remain focused on information-gathering (pp. 3-4).

In 2010, Merryman suggested that the Reid technique's level of suggestibility prohibited its use for the interviewing of adolescents (p. 29), and further pointed at the Reid technique's 27% false confession rate (p. 15). Clearly and Warner (2016) cautioned that the Reid technique, despite its celebrity status (p. 271), represented a potentially problematic interrogation technique (p. 280), because interviewers trained in the Reid technique applied manipulation more frequently than untrained interviewers (p. 281). I did not find any peer-reviewed study examining the Reid technique's application to this study's homogenous group of interviewees. Even though I did not employ the Reid technique for this study, I generally support its application and published my REID Institute membership in Appendix B.

Behavioral disorders and forensic interviewing. Ackley, Mack, Beyer, and Erdberg (2011) differentiated between ASPD, psychopathy, forensic interviewing, and investigative interviewing and focused on interviewees diagnosed with mental illness and behavioral disorders. However, the authors applied the DSM-IV definition of ASPD (p. 45), since the subsequent and current DSM-5 was published in 2013 (American Psychiatric Association, 2013, p. xli). Even though this study recognized this scholarly work as a contribution to the discipline of forensic interviewing of ASPD diagnosed

interviewees, the authors focused on the interviewer, preparation and observation, and cautions related to the interviewee's emotional detachments and manipulations (p. 51).

Definition of adult forensic interviewing. Following the work of Ackley, Mack, Beyer, and Erdberg from 2011, Nesca and Dalby (2013) distinguished clinical from forensic interviewing strategies and illustrated that forensic interviewing provided information to the court and the legal system (pp. 16-17). However, their work focused on the psychopathic interviewee (pp. 139-142), and not on ASPD. This study followed Werner et al. (2015), who concluded that even though the ASPD and psychopathy diagnoses were highly comorbid and similar, both definitions were not identical (p. 195). Hence, the findings of Nesca and Dalby were used to define the purpose of forensic interviewing in the criminal justice setting but could not be used for the forensic interview of ASPD diagnosed individuals.

Mental illness and police encounters. In 2014, a study focused on perceptions and experiences of mentally ill individuals during interactions with police officers. Similar to my study, the authors Livingston et al. (2014) employee semistructured interview questions to obtain qualitative data for a *police-contact-experience scale* (pp. 335-337). Even though I found this study encouraging and recognized the authors' recommendations to improve the relationships between police and mentally ill citizens, Livingston et al. focused on psychiatric diagnoses such as bipolar disorder and/or schizophrenia (p. 336, Table 1), and not on behavioral health impairments such as ASPD. The DSM-5 criteria for ASPD prohibited an APSD diagnosis when the antisocial behavior occurred during the course of schizophrenia and/or bipolar disorder (p. 365).

Nevertheless, the authors' conclusions and recommendations for future research were vital for this study inasmuch as they suggested that police interactions with mentally ill individuals must be transparent, just, and fair (p. 340).

Police interviews of mentally ill interviewees. Oxburgh et al. (2015) focused on police officers' perceptions while interviewing mentally ill interviewees, finding that not only 74.3% of participating police officers reported mostly negative experiences with mentally ill interviewees, but also a general perception of distrust from the interviewee (p. 141). The authors introduced PETT⁵⁵, which included interviewee-centered approaches and the requirement to understand the interviewee's mental disorder (p. 141); however, the authors did not go beyond this conclusion and did not incorporate ASPD as a mental health disorder and diagnosis. Subsequently, the findings of Oxburgh et al. were included into this study regarding the petition for members of the criminal justice system to focus on the interviewee's perspectives and conditions.

Masking of behavioral traits. In the same year, Kelsey, Rogers, and Robinson (2015) examined incarcerated adults diagnosed with psychopathy and established that study participants were able to *mask* their diagnosis, subsequently receiving lesser scores than participants in community and college samples (p. 380). This study recognized that the diagnosis of psychopathy and of ASPD were not considered identical (Werner et al., 2015, p. 195); however, both classifications still overlapped in comorbidity and similarity (Lilienfeld et al., 2016, pp. 1172-1174). The current DSM-5 incorporated conning and deceitfulness into its diagnostic classification (American Psychiatric Association, 2013,

⁵⁵ PETT: *Police Experience Transitional Theory*.

p. 659); hence, *masking* as a deceptive behavior to influence the interviewer, assessments, and scores was considered valid for this study.

Institutional conduct of ASPD diagnosed inmates. Since this study's participants were incarcerated, it was of importance to consider whether behaviors during interviews could represent a continuance of institutional misconduct and prohibited behavior(s). Edens, Kelley, Skeem, Lilienfeld, and Douglas (2015) theorized that an ASPD diagnosis did not provide a scientific foundation to identify an inmate as a threat to the orderly administration of the facility (p. 123). By contrast, Matejkowski (2017) did not agree with Edens et al. and found that ASPD diagnosed inmates were involved in institutional misconduct at a higher rate than undiagnosed inmates (p. 202). Even though this study did not concern itself with behavior of ASPD diagnosed inmates in a prison setting, prison culture and an individual's adjustment to this unique environment could transfer and endure in a forensic interview setting. The ASPD diagnostic feature of *conning* could, as Thomas and Zaitzow (2006) found, even amplify in such setting (p. 245).

Request to validate interview strategies. In the following year, Swanner, Meissner, Atkinson, and Dianiska (2016) revealed that research involving interrogation and/or interviewing was historically focused on preventing false confessions (p. 295); however, the authors proceeded to once again elaborate "The need to develop scientifically validated techniques that lead to accurate information from both suspects and source" (p. 295). I concluded that scientific enquiries had not produced satisfactory results regarding the validation processes in forensic interviewing, let alone considered

the inclusion of behavioral impairments, such as ASPD. Nevertheless, the authors necessitated that each strategy's efficiency and/or integrity must be applied in real circumstances (p. 298). Consequently, this study received confirmation that (a) a current validation process was still not established and (b) research had to take place in a realistic and authentic environment, such as the prison system.

Recruitment procedure for incarcerated study participants. Culhane, Walker, and Hildebrand (2017) interviewed psychopathic individuals in prison settings and provided each participant with questionnaires related to psychopathy (p. 4). Even though this study focused on ASPD and did not include psychopathy as a diagnosis, this study also employed questionnaires⁵⁶ in a prison system to obtain study relevant data. Culhane et al. described their methods and procedures to recruit incarcerated participants and demonstrated that out of 550 solicited diagnosed inmates nationwide, their respective IRB decisions reduced participation to only 81 individuals (p. 3). Whereas Culhane et al. solicited possible participants and then contacted prison authorities (p. 3), I received conditional IRB permission first, then involved state prison authorities, and in a third step, I recruited study participants with the help of professional mental health clinicians. The purpose of this approach was to remain transparent to the IRB and the research partner before contacting inmates.

Interview centered approach. Helverschou, Steindal, Nottestad, and Howlin (2017) focused on individuals with autism and not on behavioral health conditions such as ASPD; however, their research approach and results were still of significant and of

⁵⁶ Data collection instruments: GCQ-R and semistructured interviews.

inspirational value. Helverschou et al. interviewed nine diagnosed offenders in a prison system and focused on the experiences of this small and highly selective sample related to their arrests and subsequent police interviews and/or interrogations (pp. 1-8). The authors summarized the interviewees' negative experiences with the criminal justice system and the limited understanding of members of the criminal justice system when assessing the study participants' diagnostic behavior, needs, and vulnerability (p. 8). Analogous to Helverschou et al., this study focused on the same interviewee-centered approach and sought information from mentally impaired inmates to educate the criminal justice system.

Lived experiences of interviewees. Shepard, Sanders, and Shaw (2017) examined the lived experiences of individuals diagnosed with a personality disorder in forensic settings. In this study, Shepard et al. theorized that individuals needed to possess a clear understanding of their behavioral disorder and had to develop emotional control to avoid resistance toward representatives of the forensic setting (p. 1). Whereas an ASPD diagnosis did not prevent an individual from recognizing the features of this behavioral disorder, the term *emotional control* required further analysis. Features of ASPD, as defined by the American Psychiatric Association (2013), included a lack of self-control in form of irresponsibility, impulsivity, and aggression (p. 659). Subsequently, resistance as defined by Shepard et al. could be considered an element during the forensic interview.

Literature Related to the Gudjonsson Confession Questionnaire - Revised

I determined that the GCQ-R represented a valid and applicable questionnaire for this study. In Chapter 3, the GCQ-R was further examined as this study's data collection instrument⁵⁷; however, the use of this questionnaire required further justifications and a brief discourse into Gudjonsson's scientific research. Gisli Gudjonsson, a professor of forensic psychology at the King's College Institute of Psychiatry in London, United Kingdom, significantly influenced the subjects of police training and confession evidence (King's College London, 2017, para. 1). In addition, Gudjonsson was awarded the title of CBE⁵⁸ for contributions to clinical psychology (para. 1).

In 1994, Sigurdson and Gudjonsson first used the GCQ-R to analyze whether alcohol and/or controlled substance intoxication influenced confessions during custodial interrogations (Gudjonsson & Sigurdson, 1999, pp. 965-966). Up to the final submission of this study, I did not find any peer-reviewed criticism of the GCQ-R. On the contrary, the GCQ-R was positively recognized for its *neutrality* because it did not pertain to a specific interview method, but instead *focused on an interviewee's decision* to confess (Kelly, Miller, Redlich, & Kleinman, 2013, p. 168). This study's definition of forensic interviewing was based on interviewer *neutrality* and *interviewee-centered* approaches. Subsequently, I concluded that the GCQ-R was a suitable and tailored to support this study's research questions, purpose, and significance.

⁵⁷ See: Chapter 3, data collection instruments.

⁵⁸ CBE: Commander of the Order of the British Empire (CBE).

Summary and Conclusions of Chapter 2

This chapter provided a discourse on the historical development of forensic interviewing, defined this discipline as a bias managing interview strategy and a valuable truth-finding instrument for the members of the criminal justice system. Without minimizing and/or completely disqualifying the value of hands-on experience to develop functional interview techniques, it became apparent that laymen and professional interviewers alike were equipped with mediocre abilities at best to differentiate between truthful and deceptive behavior. Despite conducting research since the beginning of this study in October 2017, I could not identify any peer-reviewed literature that provided an interviewee-centered approach and focused on the experiences of ASPD diagnosed inmates during their case relevant interviews.

Hence, as part of this study's contribution to social change, I outlined the need for verifiable interview procedures and identified three possible strategies: SMU, HUMINT, and SM. This literature review justified the inclusion of the DSM-5 diagnosis of ASPD and the rejection of psychopathy and other diagnostic tools. Features of ASPD, such as, for example, conning and impulsivity, were examined at great length and placed in context with the four theories of the conceptual framework.

In the following Chapter 3, I further examined the GCQ-R. I outlined the researcher's role, the selection process of study participants, the data analysis plan, and the significance of a control group for the GCQ-R analysis. Lastly, Chapter 3 examined the research design, sampling strategies, and methods to ensure research validity, trustworthiness, and the minimization and management of researcher bias.

Chapter 3: Research Methodology

Introduction

The purpose of this research was to explore and examine the experiences of ASPD diagnosed inmates during interviews in the criminal justice setting, and to determine whether the applied interview strategies were effective to elicit cooperation and court-admissible statements from the interviewee. To this end, I incorporated Zhang and Lui (2018), who defined research as a process of arriving at dependable results through the planned and systematic collection, analysis, and evaluation of data (p. 505). This qualitatively designed study entered unknown areas of research and knowledge and expected two possible outcomes: (a) this study could confirm that current strategies produced ethically, morally, and lawfully sound interview results and could therefore continue assisting the criminal justice system in maintaining or establishing confidence in forensic interviewee approaches or (b) interview strategies were not effective, a knowledge gap was identified, and the criminal justice system could subsequently be educated regarding the lack of interview validity.

In this third chapter, the research design, this study's rationale, and the research questions were defined and examined. In doing so, I placed the researcher's role, bias control, and possible ethical boundaries in context with this study's approaches and research goals. In addition, this chapter included professional memberships and involvements with forensic interviewing organizations. Lastly, I incorporated the study participant selection processes, sampling strategies, and methods to analyze and effectively display collected data.

Research Design and Rationale

Research Questions

RQ1: What are the experiences of inmates, diagnosed with antisocial personality disorder, of their forensic interview(s) during criminal investigation phases?

RQ2: To what extent does an antisocial personality disorder diagnosis influence an interviewee's ability and willingness to cooperate with the forensic interviewer?

Rationale and Phenomenon of Interest

This study's literature review demonstrated a lack of knowledge concerning the discipline of forensic interviewing of ASPD diagnosed inmates and furthermore, that (a) interview strategies did not follow a forensic approach, (b) interviewers received little to no training and developed interview strategies from hands-on experience, and (c) collaboration remained undeveloped between interviewers and members of the mental health discipline.

In this context, Rojon and Saunders (2012) theorized that a *research rationale* provided a reason as to why a study's research was important and how research related to existing literature, research questions, theories, and objectives (pp. 2-3). This study's rationale became apparent after the literature review could not find previous research projects focusing on the perspectives of ASPD diagnosed inmates in criminal justice related interviewing. Consequently, I theorized that interviewers had so far completed their work without recognizing and/or understanding the ASPD diagnosed interviewee's behaviors, needs, fears, and decisions to cooperate or refuse engagement in truthful conversations.

Role of the Researcher

As far back as 1933, Dewey wrote that the first step of qualitatively designed research consisted of the researcher recognizing a need to examine a problem (p. 12). Fink (2000) added to Dewey's findings and divided the role of a qualitative researcher into seven stages: thematising, designing, interviewing, transcribing, analyzing, verifying, and reporting (pp. 4-7). I adopted this approach and recognized the underlying need for better interview strategies, thematized and translated this lack of knowledge into this study's significance and research problem, and designed the research rationale to satisfy this study's goal. In Chapter 4 and 5 of this study, interviews with study participants were conducted, transcribed, analyzed, and reported as study findings.

Furthermore, I agreed with Sutton and Austin (2015), who extended the researcher's role to include examining a participant's thoughts and feelings (pp. 226-227). This study focused on the experiences of incarcerated and ASPD diagnosed inmates, merged the role of examiner and researcher, and employed semistructured interviews and the GCQ-R to learn about each participant's thoughts, emotions, decision, and behaviors during case relevant interviews.

Professional and Personal Associations

I considered transparency during the life of a study as paramount to prevent scrutiny during peer-review and, as Tuval-Mashiach (2017) theorized, to shield this study's research results (p. 126). Consequently, my professional associations and work in the field of forensic interviewing were disclosed in this study's Appendix B. I did not

possess any personal or professional connections and/or conflicts to study participants and/or the representatives of the research partner.

Management of Researcher Bias

Researcher bias could threaten the validity of research results and could contaminate data collection, perseveration, analysis, and publication. Pannucci and Wilkins (2010) correctly cautioned that bias could occur in each phase of research, including the planning, data collection, analysis, and publication phase (p. 619). I identified two sources of bias that could interfere with study results: (a) bias directed towards the study participant and (b) bias directed towards the study participant's environment: the maximum and medium security prisons.

Zulawski and Wicklander (2002), two of the most recognized contemporary interviewers, pointed at the *interviewer-suspect attitude* and concluded that any personal relationship between the interviewer and interviewee could introduce personal bias and subsequently result in the interviewer overlooking information (pp. 116-117). I did not possess any personal relationships with a study participant and ensured the *interviewer-suspect attitude* did not interfere with the purity of my study results.

All study participants were convicted of one or more criminal offenses and subsequently incarcerated in a unique and homogenous environment: maximum and medium prison facilities. This punitive environment alone, often associated with violence, danger, and fear, may generate rejection and refusal in a researcher, subsequently preventing engagement and focus on the participant. Therefore, I left it up to the research partner to identify prisons throughout the state and did not dictate or

request specific locations to access and interview study participants. Furthermore, the reasons behind a participant's incarceration, his or her criminal history and conviction(s), and his classification and custody level remained irrelevant for the selection process.

Pannucci and Wilkins (2010) hypothesized that bias could be reduced if an interviewer was blinded to the study's goal and outcome (p. 3). In this study, I was not influenced by representatives who expected or proposed a specific study outcome. I possessed no agenda other than to explore if current interview strategies were sufficient or required improvement. However, Creswell (2014) theorized that no writer remains immune against bias in a personal, cultural and/or historical context (p. 98). Creswell thus recommended ensuring that one's study was not "Immature due to a conspicuous lack of theory and previous research," and to consider that "The used theory may be inaccurate, inappropriate, incorrect, or biased" (p. 151). I demonstrated that (a) this study's conceptual framework included validated theories utilized in previous research and that (b) a comprehensive and in-depth research literature review filtered, selected, and incorporated only appropriate and applicable studies.

As an additional precaution to manage and reduce confirmation bias, I utilized only standardized protocols for data collection, such as prewritten interview questions and the GCQ-R. Lastly, since personal bias was considered unpreventable and only controllable and minimizable through researcher transparency and bias awareness, I included the dissertation team in this study's development and transparently evaluated research steps and study findings with the dissertation team.

Methodology

Research methodology is defined as a tool to systematically solve a research problem (Kothari, 2004, p. 7). After receiving conditional permission⁵⁹ from the IRB at Walden University on January 15, 2019, I met with the research partner and proceeded with implementing a systematical and transparent strategy to identify and recruit study participants. I kept the alignment between methodology, the two research questions, and this study's conceptual framework as paramount, and I included the knowledge I obtained through the literature review. I subcategorized the research methodology into (a) participant selection logic, (b) sampling in qualitative studies, (c) research approach and participant selection, (d) data collection instrument, and (e) data analysis methods.

Participant Selection Logic

This study focused on incarcerated adults diagnosed with ASPD and their experiences during interviews in the criminal justice setting. I included a control-group (Group B) to compare the answers provided in the GCQ-R and the semistructured interview between ASPD diagnosed inmates and those lacking any mental health diagnosis. This study envisioned that future studies could expand the exploration of this phenomenon and potentially include the experiences of ASPD diagnosed inmates related to their criminal conviction(s), nature of criminal acts, gender, age, and/or other social components. In this context, Black et al. (2015) became important, because the authors examined inmates with an ASPD diagnosis and found an insignificant difference between male and female study participants (p. 115).

⁵⁹ Walden University IRB Approval Number: 01-16-19-0600375.

Group A: ASPD diagnosed inmates. Group A participants had to be incarcerated and in *care and custody* of the research partner, diagnosed with ASPD, and previously exposed to (a) an interview in the criminal justice setting or (b) administrative questioning, such as, for example, interviews with child protection agencies. Co-occurring DSM-5 diagnoses were accepted. Furthermore, to protect each participant's legal interests and to prevent myself from becoming a witness for or against the study participant, each participant had to be sentenced and convicted of a criminal offense and could not be party to any pending criminal, administrative, and/or civil case.

Group B: Inmates without a mental health diagnosis. The Group A selection criteria equaled the selection criteria for the control Group B, with one exception: Group B participants could *not* be diagnosed with a DSM-5 mental health disorder. The number of volunteers in Group B mirrored the number of volunteers in Group A. The purpose of including Group B was to investigate whether the answers on the GCQ-R questionnaire and in the semistructured interview differed based on the presence or absence of an ASPD diagnosis. Other than the aforementioned exclusion criteria and categorization into Group A or Group B, this study did not further restrict participation.

Sampling and Saturation in Qualitative Studies

I incorporated three sampling strategies into this study: *homogeneous sampling*, *convenience sampling*, and *probabilistic sampling*. Mason (2010) correctly wrote that qualitatively designed studies should be guided by the concept of saturation (p. 1). Martínez-Mesa, González-Chica, Duquia, Bonamigo, and Bastos (2016) defined the term *sample* as a finite portion of individuals selected from the identified target population (p.

326). The authors further described a study's *sample frame* as a representation of a group of individuals that was selected from a target population (p. 327). In this study, the target population consisted of convicted adult prisoners ($N = 10$) diagnosed with ASPD ($n = 5$) as well as an equally large control group with undiagnosed inmates ($n = 5$). Mason identified 560 qualitative studies and demonstrated that the four highest sample sizes to reach saturation ranged between 10 and 40 participants (p. 10). This study, possessing 10 participants, remained in the four highest sample groups.

I employed the *homogeneous sampling strategy*, which, according to Onwuegbuzie and Leech (2007), condenses participant selection based on membership in a subgroup with specific characteristics (p. 112). In this study, both groups belonged to a homogenous population: adults in the care and custody of correctional facilities. I did not interfere with the chronological acceptance of study participants and included the earliest volunteering inmates until data saturation was reached. This specific sampling strategy is defined as *convenience sampling*, because the participants were consecutively selected in order of appearance (Martínez-Mesa, González-Chica, Duquia, Bonamigo, & Bastos, 2016, p. 326). Following data saturation, researchers could, with a certain level of confidence, draw conclusions about the target population (p. 326); in this case, extend this study's findings to all ASPD diagnosed inmates.

This study also incorporated *probabilistic sampling*. Whereas nonprobabilistic sampling includes accidental or snowball sampling (Martínez-Mesa et al., 2016, p. 328), the probabilistic method means that members of the target population possess an equal possibility of selection for this study. (p. 328). An equal participation possibility was

secured for this study by opening Group A and Group B to all qualifying inmates and by chronologically accepting participants until achieving data saturation.

Walker (2012) argued that the saturation requirement in qualitatively designed studies ensures that collected data adequately and qualifiedly supports the study's goals (p. 40). Fusch and Ness (2015) added that data saturation could differ from study to study (p. 1408). In this study, saturation was reached after study participants, selected by using the aforementioned sampling methods, provided statistically redundant information.

Research Procedures, Recruitment, and Data Collection

I divided this study's data collection phase into five steps to maintain transparency throughout the life of this study and to follow IRB approved procedures.

Step A: Involvement of IRB and the research partner. On April 16, 2018, the research partner accepted the request to access incarcerated individuals for the purpose of this study. Qualified mental health clinicians of the research partner agreed to identify possible study participants for Groups A and B as soon as I obtained IRB approval. In the subsequent months, the IRB at Walden University and I evaluated and created research procedures. On January 15, 2019, a conditional IRB approval for this study was issued under ID 01-16-19-0600375. On April 24, 2019, the research partner signed the required research agreements, and on May 9, 2019, the IRB at Walden University issued approval for this study. On May 13, 2019, the research partner began identifying inmates for Groups A and B.

Step B: Chronological contact with study participants. On May 31, 2019, the first incarcerated inmate⁶⁰ called from a maximum security prison after receiving this study's introduction letter. However, by June 10, 2019, only three Group B participants had volunteered for this study, whereas none of the possible Group A participants accepted the introduction letter and/or demonstrated interest in volunteering for this study. Subsequently, the research partner expanded the identification of possible incarcerated participants to a prison with a lower security designation.

As of June 27, 2019, no additional participants had volunteered for Groups A or B. On that day, this study's chair followed up with the dean of Walden University's School of Public Policy and Administration and was advised that this study could not be considered for review if no Group A participant results were included. This study's chair recommended achieving at least three Group A participants before saturation could even be considered. As of July 3, 2019, five Group A participants from a medium security facility and five Group B participants from either a maximum or medium facility had volunteered for this study.

Step C: Safeguarding personal data of participants. Once each participant called the provided phone number and volunteered for this study, the participant received a study number. Study numbers *A1* through *A5* were provided to participants in Group A, whereas participants in Group B received study numbers *B1* through *B5*. I followed Sutton and Austin (2015), who reminded researchers that the primary responsibility was to safeguard participants and their data (p. 227). To this end, I incorporated Sandve

⁶⁰ First study participant: Assigned study number B1 on May 31.2019.

(2006), who wrote that anonymizing each study participant's personal data ensured confidentiality (p. 17). This study's anonymization method prevented possible identifiers such as (a) each participant's personal information and socioeconomic circumstances, (b) the name and location of each prison, (c) the assigned inmate identification number, (d) the custody level of each participant, and (e) the conviction(s) and criminal history of each participant. This study's anonymization method only suggested the chronological appearances of every participant in this study.

Step D: Administration of the GCQ-R and semistructured interviews. The recorded meetings with Group A and Group B participants took place between May 1, 2019 and July 3, 2019. During these meetings, the letter of consent and the GCQ-R questionnaire⁶¹ were provided or completed by each participant. Afterwards, the semistructured interview⁶² was administered with every participant. No incidents occurred that could have negatively influenced the orderly administration or results of the GCQ-R and/or the interviews. I completed all data collection methods within one meeting with each participant. Each meeting took less than one hour.

Step E: Data analysis and evaluation. On July 3, 2019, the data collection phase was completed, and I began analyzing and interpreting collected data. On July 9, 2019, this study's chair reviewed the first analysis of all collected data and agreed that saturation was reached. On that same day, the IRB at Walden University responded to one follow-up question and recommended that the research partner should not be

⁶¹ GCQ-R: See Appendix C.

⁶² Semistructured interview for Group A and Group B. See: Appendix E.

contacted to clarify whether Group A participants lied about their diagnosis. This specific issue was further evaluated in Chapter 4.

Data Collection Instruments

This study used semistructured interviews⁶³ and the GCQ-R questionnaire⁶⁴ as instruments to collect data from study participants in Groups A and B. While I briefly evaluated and justified the use of each instrument in Chapters 1 and 2, the GCQ-R and the incorporation of semistructured interview questions into data collection methods and coding mechanisms required further explanation.

Instrument A: semistructured interview. As illustrated in Table 4, I developed a semistructured interview questionnaire focusing on five factor loadings. The questionnaire valued 17.46% of the total 100% value of both data collection instruments. The participant's safety and wellbeing were kept paramount and addressed in four questions, whereas follow-up questions related to the GCQ-R included three open-ended questions. The reason for study participation was addressed in one open-ended question. Two questions concerned the participant's mental health. One final question offered each participant the opportunity to add comments related to any topic addressed, or not addressed, during the interview or the GCQ-R.

⁶³ Semistructured interviews for Group A and Group B. See: Appendix E.

⁶⁴ GCQ-R questionnaire. See: Appendix C.

Table 4

Semistructured Interview Factor Loadings

Matrix Coding	Group A & Group B Questions	Weight	Percentage
Participant Safety (semi structured interview)	A, I, J, K	4	6.30%
Participation (semi structured interview)	B	1	1.60%
Mental Health Diagnosis (semi structured interview)	C, D	2	3.20%
GCQ-R Review (semi structured interview)	E, F, G	3	4.80%
Additional Comments (semi structured interview)	H	1	1.60%
Semistructured Interview			
5 Factor Loadings		11	17.46%

Instrument B: GCQ-R: On March 19, 2018, Professor Gudjonsson permitted the use of the GCQ-R for this study. On March 24, 2018, Professor Gudjonsson clarified upon request that GCQ-R question No. 22 (*Police Caution*) should be changed from British police procedures to the American criminal justice system⁶⁵. The term *Police Caution*, as outlined by the Royal Government of the United Kingdom (2018), referred to a specific warning given by a British police officer to a suspect above the age of 10 for a minor crime (para 1-3 “Police cautions, warnings and penalty notices”). Since such a

⁶⁵ Police Caution: See Appendix C, question No. 22.

term and/or procedure was unknown to the US criminal justice system but could nevertheless be compared with the *Miranda Warnings*⁶⁶, Professor Gudjonsson recommended replacing the term Police Caution with the term *Miranda Warnings*.

Gudjonsson and Sigurdsson (1999) included 52 questions in the GCQ-R (p. 956). Study participants were asked to rate answers on a seven-point Likert scale, ranging from 1 – *not at all*, to 7 – *very much so* (Gudjonsson & Sigurdsson, 1999, pp. 956-961). The authors asked participating inmates to complete the GCQ-R in relation to the conviction for which they were currently serving a prison sentence (p. 959). Gudjonsson developed the GCQ-R to analyze “Why some people confess to the offenses that they have committed” (Gudjonsson, 2003, p. 628). The questionnaire was tailored to individuals who *had committed* a crime; hence, their involvement, guilt, or innocence in an underlying criminal case was not debated by Gudjonsson. This study only permitted the participation of sentenced and convicted inmates⁶⁷, therefore ensuring that this study’s participants suited Gudjonsson’s sample regarding a participant’s status in the criminal justice system.

Gudjonsson and Sigurdson (1999) divided the GCQ-R’s 52 questions into six categories⁶⁸. The first three categories – *external pressure*, *internal pressure*, and *perception of proof* – were considered facilitative factors and summarized reasons for the interviewee’s confession (p. 960). The second set of categories were composed of *resistance factors* which examined an interviewee’s reluctance to confess (p. 960). The

⁶⁶ *Miranda Warnings*: Supreme Court decision *Miranda v. Arizona* (1966) under 384 U.S. 436.

⁶⁷ Participation criteria. See: Chapter 1, scope and delimitations.

⁶⁸ Categories of the GCQ-R. See: Table 5, and Appendix F, factor loadings of the GCQ-R.

third set, the *intoxication factor*, complicated communication with interviewers. The *legal rights* factor, meanwhile, included the question whether of the interviewee had understood his constitutional rights before and/or during the interview (p. 960). Two exceptions to answering the GCQ-R questions were considered acceptable: (a) a participant did not have to answer if the question did not apply to his or her case (p. 960), and (b) the participant may use another case and interview if he or she did not participate in an interview in the most recent case (p. 959).

In Table 5, I incorporated the six factor loadings of the GCQ-R and assigned the 52 GCQ-R questions to each factor loading. I mirrored Gudjonsson and Sigurdson, who outlined the factor loadings and the 52 questions in their study with Icelandic prisoners (1999, p. 960). In second step, I combined the semistructured interview (Table 4) with the GCQ-R (Table 5) and created a comprehensive and conclusive document for a data analysis plan and coding procedures. The combination of Tables 4 and 5 was incorporated in Appendix D.

On July 18, 2019, I emailed Appendix D to Dr. Gudjonsson for his review. In subsequent email exchanges with Dr. Gudjonsson, I briefly outlined the table's purpose, briefly summarized the meaning of Appendix D, and provided an overview of the first data analysis results. Dr. Gudjonsson offered to review this study's findings once the study was completed and approved. This email exchange with Dr. Gudjonsson could be made available upon request.

Table 5

GCQ-R Factor Loadings

Matrix Coding	Group A & Group B Questions	Weight	Percentage
External Pressure (GCQ-R category 1)	5, 7, 12, 13, 15, 17, 18, 23, 25, 27 34, 35, 37, 38, 39	15	23.80%
Internal Pressure (GCQ-R category 2)	2, 4, 9, 14, 19, 26, 29, 30, 31, 32 33, 40, 41	13	20.60%
Perception of Proof (GCQ-R category 3)	1, 3, 6, 8, 10, 11, 24, 36, 44, 45, 46	11	17.50%
Intoxication (GCQ-R category 4)	48, 49, 50, 51, 52	5	8.00%
Legal Rights (GCQ-R category 5)	20, 21, 22	3	4.80%
Resistance (GCQ-R category 6)	16, 28, 42, 43, 47	5	8.00%
Total		63	100%
Semistructured Interview			
5 Factor Loadings		11	17.46%
GCQ-R Questionnaire			
6 Factor Loadings		52	82.54%

A combined version of the semistructured interview and the GCQ-R was incorporated into this study in Appendix D. Based on this coding mechanism, I created the following data analysis plan.

Data Analysis Plan

This study did not use qualitative data analysis software (henceforth QDA); however, the *Zotero*⁶⁹ program aided in gathering, organizing, and analyzing sources. A three-tiered coding structure aided in analyzing and transforming study related data. I started with open coding and then combined mode, mean, and matrix coding to evaluate and display collected information.

Open coding. The first step of the data analysis included organizing raw data and building a primary framework from untainted information. This process required the creation of categories and abstractions of raw data (Elo & Kyngäs, 2008, p. 109). I defined these categories by creating the five factor loadings⁷⁰ of the semistructured interview. I used a transcript service to obtain written transcripts of Group A participants. The raw data sets in the form of answers provided by each participant during the interview were subsequently placed in each category. A complete analysis graph of this open coding category was placed in Appendix E. Statements of Group A participants that were of value for this study's Chapter 4 and Chapter 5 were transcribed and added verbatim into Appendix N. These statements referred to (a) adverse childhood experiences, (b) substance abuse disorder, (c) co-occurring disorders, (d) neutralization theory, (e) social control theory, (f) self-worth, shame, trauma, (g) social life in prison, and (h) to codefendants.

⁶⁹ Zotero: Open source reference management software, developed at George Mason University.

⁷⁰ See: Factor loadings in Table 4 and Appendix E.

Matrix coding. In a second step, matrix coding was utilized in order to (a) process the semistructured interview's five open coded categories and (b) process the data obtained from both study groups through the GCQ-R questionnaire. The analysis in Appendix E combined the answers of both study groups in factor loading 1 (*Participant Safety*) and factor loading 2 (*Participation*); however, it differentiated answers in the other three factor loadings to illustrate the diversity of answers provided by Group A and Group B participants.

I selected matrix coding as this study's second coding mechanism, because police officers and investigators employed this strategy to demonstrate issues and problems (Soltanifar & Ansari, 2016, p. 8). The authors also explained that matrix coding could be used in case studies, is suitable to display the collection of data, and is tailored to the creation of hypotheses and theories (p. 15). In this study, matrix coding enabled data comparison within each study group⁷¹ and, in a subsequent step, supported the analysis of data of the corresponding question in the other group. This study's matrix coding was displayed in Table 4, in Table 5, and in Appendix D.

Mode Coding. For research analysis purposes, I recognized the term *mode* as a dataset that possessed the most frequent value within a collection of comparable data (Gujarati, 2006, p. 110) I incorporated the GCQ-R answers into Appendices G, H, I, J, K, L, and M. I created a majority rule of 75% – or four out of five participants in each group – to analyze data in accordance with mode coding.

⁷¹ Study group: Group A with ASPD diagnosis and Group B without any diagnosis.

Issues of Trustworthiness

I examined (a) credibility and validity, (b) transferability, (c) dependability, and (d) confirmability to increase this study's trustworthiness. In Chapters 4 and 5, I provided and evaluated evidence of this study's trustworthiness. Shenton (2004) wrote that these four provisions aided the qualitative researcher in establishing trustworthy research results (p. 73). Anney (2014) added that these four components ensured the rigor of study findings (p. 273).

Credibility and internal validity. In qualitatively designed case studies, credibility can be established by (a) applying rigorous techniques to obtain and analyze high quality data, (b) keeping validity, reliability, and triangulation paramount, (c) establishing the researcher's record related to training, experience, and status, and (d) believing, for example, in purposeful sampling and holistic thinking (Patton, 1999, p. 1190). I included my qualifications as a forensic interviewer in Appendix B and incorporated the triangulation method in the form of the semistructured interview, the GCQ-R, and diagnoses related data.

In addition, Leung (2015) theorized that the use of a triangulation method could enhance validity (p. 325). The author added that validation of qualitatively designed research was defined as the appropriateness related to (a) the methodology to answer the research questions, (b) the sampling size and data analysis, and (c) to the results and conclusions (p. 325). A semistructured interview strategy was considered appropriate for qualitative research and, according to McIntosh and Morse (2015), even developed from a research strategy to a prevalent and diversified research method in contemporary

research (p. 10). The GCQ-R questionnaire was established in the research community and received positive recognition for its neutrality and focus on an interviewee's behaviors (Kelly, Miller, Redlich, & Kleinman, 2013, p. 168). Furthermore, this study focused on incarcerated inmates. Gudjonsson and Sigurdsson (1999) applied this data collection instrument to inmates to investigate its relationship with human personality (p. 953).

Transferability. This study offered transferability, defined as an invitation for readers and researchers to connect elements of this study with their own work (Barnes et al., 2019, p. 1). Hence, transferability involves the application of one research study to other similar situations (p. 5). I concluded that this study could be transferable to other prison settings and/or to similar behavioral health impairments, such as psychopathy. However, this study did not seek to develop generalizable data, and furthermore, based on this study's exploration of new areas of interviewing, did not take any socioeconomic circumstances into consideration. This study's conclusion could be used for future studies possessing a new definition of specific inclusion and exclusion criteria.

Dependability. Shenton (2004) theorized that dependability consists of "Techniques to show that, if the work were repeated, in the same context, with the same methods and with the same participants, similar results would be obtained" (p. 71). I kept as paramount the transparency of study progresses and the complete inclusion of the research partner, the IRB, and the dissertation team to allow future researchers access to every study detail. I developed audit trails that included archiving every email and all notes of every study progress, every meeting, and every telephonic conversation. Based

on this foundation, I envisioned that future research, using the same processes with the same homogenous population in the same environment, could achieve similar results.

Confirmability. In qualitatively designed studies, the term confirmability referred to the “Neutrality or the degree findings were consistent and could be repeated” (Connelly, 2016, p. 435). In order to remain confirmable, Connelly recommended that qualitative researchers keep notes that could be reviewed and possibly even discussed in peer-debriefing sessions (p. 435). I followed Connelly’s suggestion and kept notes, but also recognized Shenton (2004), who argued that the researcher’s personality and preferences could decrease confirmability (Shenton, 2004, p. 72). Hence, I remained neutral to the study’s outcome, did not foresee or predict a specific result, managed confirmation bias and remained focused on answering both research questions while documenting research related progress.

Ethical Procedures

This study recognized that the participants belonged to a vulnerable class of citizens. Participants in both groups were incarcerated, which limited their personal freedom, restricted decision making, and constrained general individuality. Participants in Group A were additionally diagnosed with the behavioral health disorder ASPD, which could incorporate self-destructive features such as a *lack of safety for self* or others (American Psychiatric Association, 2013, p. 659). This group required supplementary consideration to ensure safety. Prevention of unethical research and the protection of each study participant’s wellbeing and constitutional rights remained paramount throughout this study. To this end, I worked closely with the IRB at Walden University

and the research partner's representatives and included the dissertation team into progress and discussion points.

In addition, the semistructured interview questionnaire⁷² included seven administrative questions and four coded questions which focused on the participant's safety, wellbeing, and access to mental health clinicians in case of crisis. The seven administrative questions incorporated detailed information related to, for example, consent and the option to end participation at any time for any or no reason. Privacy concerns were addressed by ensuring the conversations took place in a secured room in a prison facility. Telephonic conversations were not recorded by the research partner and were conducted in the privacy of an attorney room. Participation was not made public and other inmates did not witness the interviews. Each participant's personal information was replaced with a study number that subsequently made the identification of the inmate impossible. Each participant was advised that research related data would be secured for five years, and that copies could be provided upon request.

Above all, I believed that an inmate's dignity and freedom of choice had to be incorporated in every step of the data collection. As outlined previously, the letter of introduction and the letter of consent were discussed with the participant to answer possible questions before continuing in the study. Lastly, I confirmed that mental health clinicians of the research partner were available upon request to evaluate the participant's condition before, during, and after the interviews.

⁷² Semistructured interview questions for Group A and Group B. See: Appendix E.

Summary of Chapter 3

I discussed the rationale for this study in Chapter 3, placed it within the context of the research questions, and considered the influence of bias, often defined as *interviewer-suspect attitude* or confirmation bias, on the research outcome. This chapter examined strategies that I employed to identify, access, recruit, and select study participants while, in collaboration with the IRB at Walden University, each participant's wellbeing, safety, and freedom of choice remained paramount throughout the data collection phase. I also described five steps I took to obtain data and remain transparent during this process.

Furthermore, the representative sample, the homogenous sample, the probabilistic method, and the convenience sample method were employed to categorize and classify obtained data. Trustworthiness was addressed by incorporating credibility, validity, transferability, dependability, and confirmability. Data collection instruments, the GGQ-R questionnaire and the semistructured interview, created a triangulation method to increase validity of study related data. Open coding and subsequent mode, mean, and matrix coding ensured that the datasets from both groups and from both collection instruments were correctly analyzed and displayed in graphs.

I incorporated the factor loadings of both data collection tools into my coding mechanisms and categorized GCQ-R questions and interview questions in accordance with their factor loadings. This foundation provided data saturation for Chapter 4. In the following Chapter 4, this study evaluated research strategies, explored research results, and provided a final analysis of obtained data from the participating study population.

Chapter 4: Study Results

Introduction

The purpose of this qualitatively designed case study was to describe the experiences of incarcerated adults diagnosed with ASPD during interviews related to criminal offenses, and to explore the reasons this specific population cooperated or refused cooperation with the interviewer. This study's results could be used to determine if current policies related to forensic interview strategies of this homogenous population must be either (a) modified to increase an interview's efficacy and validity for criminal proceedings or (b) confirmed because current approaches and interviewing strategies are sufficient and do not require further review. To reach this study's goal, I formulated two research questions⁷³, investigated interview related experiences of this homogeneous population, and explored the influences of diagnostic features that could arise during the forensic interview.

Chapter 4 incorporated study results and research conclusions. First, I introduced the setting of the data collection. I investigated environmental, personal, and organizational conditions which could influence the interpretation of study results and added the demographics of both study groups. The examination of data collection strategies and data analysis methods followed. This Chapter 4 explained procedures of data recording and its safeguarding and manifested an argumentation for the trustworthiness of this study. Lastly, I evaluated and compared study results with both research questions.

⁷³ See: Chapters 1 and 3, research questions RQ1 and RQ2.

Setting

I did not experience personal circumstances influencing study participants, the analysis of study results, or this study's completion. However, two major components significantly delayed the study's process and required a waiting period of several months until I could continue with Chapter 4. First, learning about the ASPD diagnosis took significant time and an extensive literature review. Second, the election of a new state government during Chapter 4 led to the replacement of representatives of this study's research partner. Whereas the previous state government approved this study's continuation, the newly elected administration required approximately four months to review all study documents and to allow new government representatives to familiarize themselves with study components. After conditional approval, additional questions from the research partner, involving liability insurance and data use agreements, had to be evaluated with the IRB at Walden University.

Once the data collection phase catalyzed, no Group A inmates from a maximum security prison volunteered for this study. The reasons for this refusal to participate were discussed in Chapter 5; however, the administrative process to include prisons with a lower security designation extended the data collection phase again for approximately four weeks. This totality of circumstances extended this study for approximately 10 months; however, data collection was successfully completed after all administrative obstacles were removed, the newly elected administration approved continuance, and the research partner opened participant recruitment to medium security prisons. In hindsight, the extension of approximately 10 months did not influence data validity.

Demographics

Between the time of the initial contact, the semistructured interview, and the completion of the GCQ-R, all participants were incarcerated for at least one criminal conviction. No participant, as required by this study's *exclusion criteria*, indicated involvement in any pending administrative, criminal, or civil litigations. I did not consider the nature of a participant's criminal conviction(s), since forensic interviews could be completed in both felony and misdemeanor cases. This study divided participants ($N = 10$) into two groups: Group A included ASPD diagnosed and sentenced inmates ($n = 5$), whereas the control Group B included undiagnosed and sentenced inmates ($n = 5$). All participants were over the age of 18 years, as required by the ASPD diagnosis (American Psychiatric Association, 2013, p. 659).

Demographics Related to Age and Gender

Rogstad and Rogers (2008) hypothesized that emotional processing and expression varied significantly between male and female offenders diagnosed with ASPD (p. 1480). In a subsequent study, Cale and Lilienfeld (2012) theorized that even through the ASPD diagnosis has been extensively investigated, the majority of ASPD related research has focused on males (p. 1179). The authors recommended that future studies be concluded related to gender differences and ASPD (p. 1198). Therefore, in the following Table 6, I included gender differentiation only to assist future researchers with closing the knowledge gap related to ASPD and gender specifications. This study did not claim that the male-to-female ratio was representative of the general inmate population, or an indication of the ratio of male-to-female ASPD diagnosed inmates.

Table 6

Age and Gender Analysis

Age	Group A n = 5	Group B n = 5
Male		
18 - 30 years of age	1	1
31 - 40 years of age	1	1
41 - 50 years of age	2	1
50 < year of age	1	1
Female		
18 - 30 years of age	0	0
31 - 40 years of age	0	1
41 - 50 years of age	0	0
50 < year of age	0	0

Demographics Related to Race and Heritage

As demonstrated in Chapters 1 and 2, this study pioneered the discipline of forensic interviewing from the perspectives of ASPD diagnosed inmates. Hence, in order to obtain a basic knowledge of this new area of research, I did not further restrict or exclude participation based on, for example, socioeconomic circumstances, education, race, gender identity, age, and/or criminal conviction(s). However, I envisioned that future research could build upon this study's results and integrate more specific exclusion or inclusion criteria for this homogenous population.

The following dataset in Table 7 describes the racial identification of each study participant solely for study completeness, educational purposes, and future research. I

did not use the race and heritage analysis for any research component of this study. This study did not claim that the race and heritage analysis mirrored the ratio of the general inmate population or of inmates with or without an ASPD diagnosis.

Table 7

Race and Heritage Analysis

Race / Heritage	Group A n = 5	Group B n = 5
African American	0	1
American Indian / Native	0	1
Asian	0	0
Caucasian	4	3
Hispanic	0	0
Pacific Islander	1	0

Data Collection

Due to a lack of volunteering study participants in two maximum security prisons, mental health clinicians in a in a medium security prison identified inmates for Group A and Group B. This study's Table 8 displays each participant's security designation and custody level. In Chapter 5, I evaluated the fact that (a) no maximum security inmates volunteered to participate in this study and (b) that custody levels and the classifications of inmates may mirror willingness to participate in in this study.

Table 8

Custody Level Analysis

Custody Level	Group A n = 5	Group B n = 5
Maximum	0	0
Protective	0	0
Close	0	0
Medium	4	3
Minimum	1	2

Identified inmates first received this study's letter of introduction through the research partner, after which they were provided a phone number to contact this researcher and express their interest in participating in this study. During the inmate-initiated phone calls, I first learned of the inmate's identity and location within the prison system. Subsequent to this first phone call, I either met with the participating volunteer or scheduled a telephonic appointment. The personal or telephonic conversations took place in a so-called *attorney room* within the facilities. This specific location ensured that (a) the conversation was not recorded by the research partner, (b) the inmate was not observed by other inmates, (c) security staff could not hear the conversation, and (d) mental health clinicians were on site in case a participant requested immediate services.

After receiving permission to record the conversations⁷⁴, I first ensured that each participant read, understood, and agreed with this study's letter of introduction and with

⁷⁴ Recordings: 9 out of 10 participants allowed the audio-recording of the semistructured interview.

this study's letter of consent. The GCQ-R questionnaire⁷⁵ was reviewed with and/or completed by each participant. In case the participant had no further questions, I administered and completed the semistructured interview⁷⁶. Before ending each telephonic or personal conversation, I inquired about each participant's wellbeing, ensured each participant was safe and that study participation did not impact personal conditions. None of the participants voiced the need to see clinicians and/or made any concerning statements that required notification of security staff and/or clinicians.

Data Analysis

I categorized this study's data analysis into the GCQ-R analysis and into the semistructured interview analysis. The limitations of the data analysis followed.

First Data Analysis Component: GQC-R

Study participants in Group A ($n = 5$) and Group B ($n = 5$) completed the GQC-R questionnaire and answered its 52 questions on a Likert scale ranging from 1 (*not at all*) to 7 (*very much*). As illustrated in Table 5, the 52 questions were categorized into six *factor loadings*⁷⁷. I entered each participant's study number, *A1* to *A5* for Group A and *B1* to *B5* for Group B, into the GCQ-R answer sheet, presented in Appendix F. I calculated the mode and the mean of each Likert scale answer. In a second step, I defined a *mode* or *majority* coding procedure by deciding that a clear and convincing majority was established when four out of five study participants, or 75% of participants in one group, answered a question of the GCQ-R identically. Appendix G includes this

⁷⁵ GCQ-R: See Appendix C.

⁷⁶ Semistructured interview. See: Appendix E.

⁷⁷ Factor loadings: See Table 5 and Appendix F.

mode analysis which provided the foundation for this chapter's study results and the interpretation of the study results in Chapter 5.

Second Data Analysis Component: Semistructured Interview

All audio-recorded conversations with all Group A participants ($n = 5$) were transcribed. I included the semistructured interviews results in Appendix E and summarized relevant interview responses in Appendix N. Furthermore, I found the following obtained datasets to be of importance for Chapter 5: (a) knowledge about ASPD, (b) comorbidity, (c) drug and alcohol abuse, (d) unlawful and/or unethical interviewer behavior, and (e) the involvement of other individuals, such as codefendants and/or family members.

Knowledge about ASPD. During semistructured interviews, three Group A participants were hesitant to answer questions related to their ASPD diagnosis or stated in essence that they learned about their ASPD diagnosis when they were approached by the research partner. In Appendix N, I quoted statements of diagnosed ASPD participants related to this denial and/or lack of insight into this disorder. I evaluated this possible lack of insight into ASPD with the Walden University IRB and inquired if the research partner should be contacted to investigate if study participants told the truth or if they were, as an ASPD diagnosis often entailed, *manipulating* and *conning*. The IRB supported the request to *not* contact the research partner and to keep ethical boundaries and confidentiality paramount. Future research could focus on this specific issue and investigate whether this lack of insight is the result of miscommunication or of ASPD related diagnostic features.

Comorbidity. ASPD is highly comorbid with other behavioral health disorders⁷⁸.

Comorbidity was important for this study inasmuch as it could predict triggers and behavioral traits of ASPD diagnosed inmates during forensic interviews. No study participant self-reported an additional Cluster B diagnosis⁷⁹. Nevertheless, three Group A participants self-reported SUD features related to methamphetamines and alcohol. Two Group B participants explained features related to SUD⁸⁰ and outlined that both were close to overdose at the time of the criminal incident. However, the incidents occurred in the 1990s and in 2017; hence, there was no immediate requirement to notify security staff of possible health risks related to withdrawals.

Table 9

Co-Occurring DSM-5 disorders

DSM-5 diagnosis	Group A n = 5	Group B n = 5
ASPD only	0	0
ASPD / DSM-5 (*)	5	0
ADHD	1	0
Bipolar	3	0
Depression	3	0
Gender Dysphoria	1	0
PTSD	2	0
Substance Abuse	3	(2)
Other	0	0

(*) self-reported, multiple DSM-5 diagnoses possible.

⁷⁸ Comorbidity of ASPD. See: Chapter 2, comorbid disorders related to ASPD.

⁷⁹ Cluster B disorders. See: Chapter 2, comorbid disorders related to ASPD.

⁸⁰ Answers related to SUD. See: Appendix K.

I displayed the two Group B study participants in parenthesis in Table 9 to illustrate that I recognized their SUD features, kept their statements confidential, and did not report statements related to their addiction(s) to the research partner.

Substance abuse disorder (SUD). In Appendix N, I quoted interview statements of ASPD diagnosed participants related their level of intoxication and substance abuse. It became apparent that substance use and abuse represented contributing factors before or during the commission of a criminal act. In addition to alcohol abuse, the drug of choice involved either opiates or methamphetamines.

Unlawful and/or unethical interviewer behavior. Study participants in Groups A and B indicated unethical and even unlawful interviewer behavior. Primarily, this complaint was directed against police officers who did not provide the required *Miranda Warnings*⁸¹ before custodial questioning, but instead read these constitutional rights after an initial confession. One ASPD diagnosed inmate, whose first language was not English, indicated that he only partly understood the words of the Miranda Warning.

Involvement of other individuals. Study participants in Groups A and B explained that they cooperated with police to protect others when (a) family members were taken into custody who were not part of the criminal act and/or (b) codefendants were arrested and so-called *deals* were offered. This behavior collaborated with the GCQ-R section of *Perception of Proof*⁸² and was further examined in Chapter 5.

⁸¹ Supreme Court decision *Miranda v Arizona* (1966) under 384 U.S. 436.

⁸² Perception of proof. See: Table 5 and Appendix J.

Data Analysis Limitations

In January of 2019⁸³, the research partner reported the incarceration of 452 adults with an ASPD diagnosis. However, the research partner could not identify whether an ASPD diagnosed inmate (a) planned to apply for any rehabilitative placements, such as, for example, residential treatment, parole placement, and/or halfway house placement, and/or (b) how many diagnosed and sentenced inmates prepared for litigation or were involved in a pending litigation beyond sentencing, such as appeals and post-sentence relief petitions. At the completion of the data collection phase, the research partner reported 431 incarcerated inmates with ASPD diagnoses. In summary, using the mean $\frac{\sum_{i=1}^n x_i}{n} = \bar{x}$ formula the research partner supervised 442 inmates during this study's data collection phase. How many of these inmates could have been possible study participants remained unknown and could not be determined.

Evidence of Trustworthiness

Chapter 3 evaluated *issues* with trustworthiness were evaluated and placed in context with (a) credibility and validity, (b) transferability, (c) dependability, and (d) confirmability. This study did not require adjustments to strategies related to trustworthiness, as outlined in Chapter 3. Study results were *credible* and *valid* because the GCQ-R represented an established, accepted, and, first and foremost, a *neutral* technique to obtain data from a homogenous population: incarcerated inmates. The sampling size provided saturation.

⁸³ January 22, 2019: Date of a meeting with the lead representative of the research partner.

As evaluated in Chapter 3, the semistructured interview strategy, as the second data collection tool, was considered appropriate for qualitative research. This study successfully employed the triangulation method by incorporating diagnostic data, the GCQ-R results, and the semistructured interview results. This study was *transferable* to other studies that focused on the same diagnostic features, the same data collection methods, and the same criminal justice environment.

The study was *dependable* because if the same participant-recruiting techniques and the same data collection methods were utilized again, it is likely that the same study results would be obtained. I remained neutral to this study's outcome, did not anticipate or prefer a specific research result, and did not experience troubles with managing confirmation bias. Hence, *objectivity* and *confirmability* were maintained, and independent and unbiased reviewers of this study could likely come to the same study results.

Study Results

I related and aligned data obtained from the GQC-R and the semistructured interview with this study's research questions. I also compared data received from Group A with the data from the control Group B. The results are presented in this subsection. This study's two research questions are as follows:

RQ1: What are the experiences of inmates, diagnosed with antisocial personality disorder, of their forensic interview(s) during criminal investigation phases?

RQ2: To what extent does an antisocial personality-disorder diagnosis influence an interviewee's ability and willingness to cooperate with the forensic interviewer?

The first research question focused on the experiences of the ASPD diagnosed interviewee during case relevant forensic questioning. The second research question focused on the impact of an ASPD diagnosis on a forensic interview. Both the GCQ-R and the semistructured interview questions addressed the research questions and coded answers in factor loadings.

GCQ-R Mode Analysis for Group A and Group B

Figure 3 showed an overview of the mode analysis for the GCQ-R's seven *Likert scale* options. I added an *N/A option* as the eighth choice on this scale.

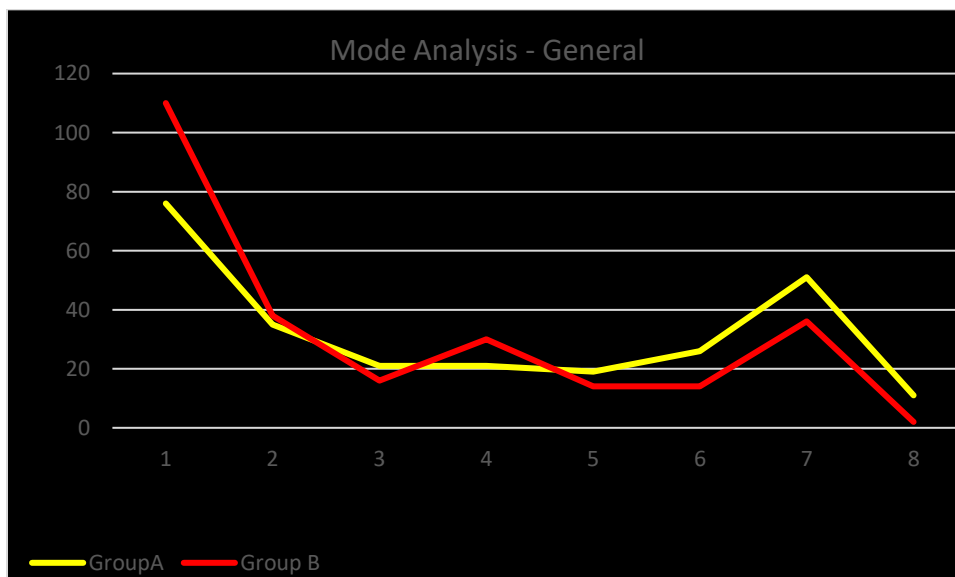


Figure 3. Mode Analysis for Group A and Group B.

Group A and Group B study participants differed significantly in the GCQ-R Likert scale 1 (*not at all*). In general, Likert scale 1 indicated more extreme responses, however, less severe emotional involvement, expectations, and decision-making.

Appendix C includes the GCQ-R questions and Appendix G encompasses the mean and mode analysis.

Relevance for RQ1. ASPD diagnosed participants exhibited a lesser level of *not at all* answers in comparison with Group B participants; indicating that in general Group A experienced higher levels of arousal, anxiety, and emotional responses to the 52 questions and six segments of the GCQ-R.

Relevance for RQ2. The ASPD diagnosis includes the inability to conform to social norms with regards to criminal behavior. Emotional responses, such as denials or *conning* led to arousal when an individual's criminal behavior or violations of social norms were discussed. Impulsivity and a lack of planning ahead are ASPD diagnostic features which involve emotional unpredictability and could spark in emotional outbursts.

Factor Loadings No 1: *External Pressure*

The GCQ-R differentiated between *external* and *internal* pressures that the interviewee could experience during police questioning. Gudjonsson and Sigurdsson (1999) defined *external pressure* as, for example, perceived police pressure or fear of custody, and/or an interviewee's reactions, such as regrets about confessing (p. 960). The GCQ-R mode analysis in Appendix H for *external pressure*, with a majority rule of 75% of participating inmates in Groups A and B, indicated that undiagnosed inmates were *lesser* affected and/or aroused by external pressures than ASPD diagnosed inmates. Group B answered *not at all* at a higher rate than Group A participants. The semistructured interview did not produce similar or opposing information to this result.

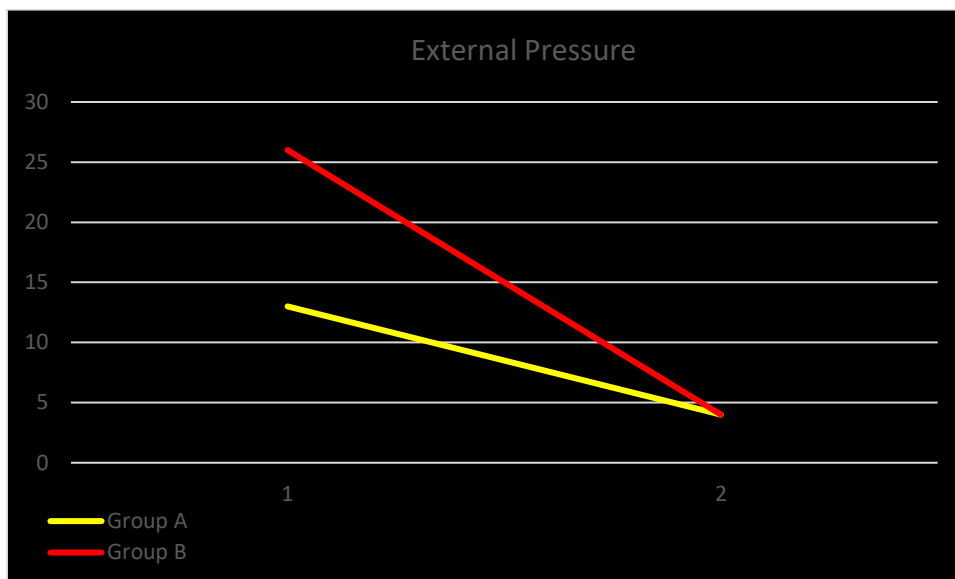


Figure 4. External Pressure for Group A and Group B.

Relevance for RQ1. In comparison with Group B, Group A study participants experienced higher emotional responses to *external pressures* when asked, for example, if they regretted confessing to the police. Both groups did not indicate that they were frightened of being physically abused by police if they refused to confess.

Relevance for RQ2. The lack of emotional insight into criminal behavior, as well as the condemnation technique and the neutralization theory, resulted in a reduced acceptance of criminal behavior and confessions and a higher arousal level. The semistructured interview collaborated these findings. Group A participants did not voice fear above a level that could be considered abnormal behavior during police encounters.

Factor Loadings No 2: *Internal Pressure*

Study participants in both groups exhibited similar developments to external pressure in the *internal pressure* component. Gudjonsson and Sigurdson (1999) defined internal pressure as the interviewee's motivations and reasons to relieve stress during

police questioning, including emotions of remorse and/or anxiety (p. 960). The GCQ-R mode analysis in Appendix I for *internal pressure*, with a majority rule of 75% of participating inmates in Groups A and B demonstrated that ASPD diagnosed inmates were significantly less affected and/or aroused by internal pressures than the control group of undiagnosed inmates. The mode analysis further indicated that Group B participants answered most questions in the *not at all* Likert scale

Group A and B participants both denied the feeling or need (*internal pressure*) to confess to someone. However, when Group A participants were asked to explain their level of nervousness (*internal pressure*) about being interviewed, or if she or he found it difficult to confess, Group B participants largely scored in the *not at all* section, whereas Group A participants demonstrated struggles with internal behaviors.

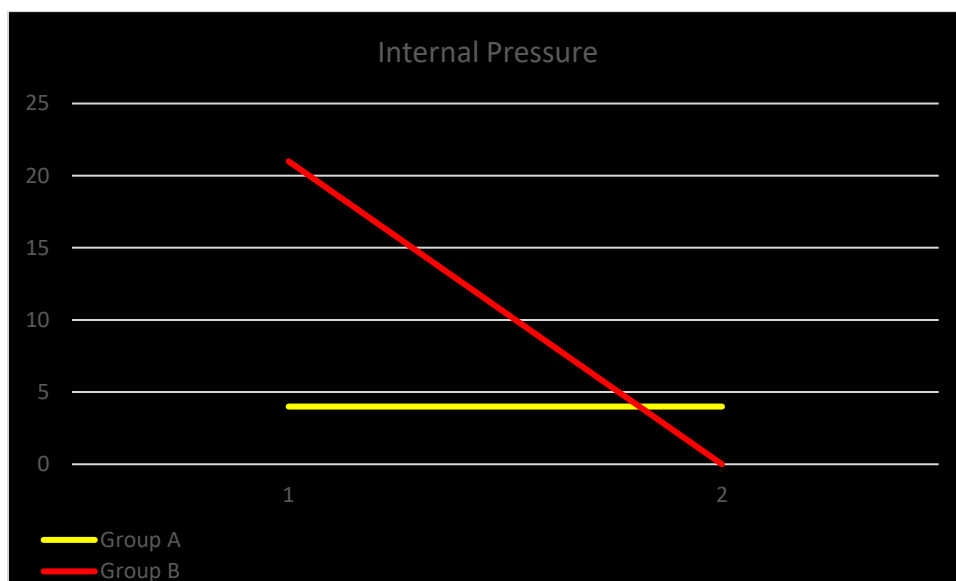


Figure 5. Internal Pressure for Group A and Group B.

Relevance for RQ1. Group A and B participants equally stated that they did not feel or experience the need to confess. Group A participants experienced higher levels of internal pressure, such as nervousness and reluctance to confess, whereas Group B participants exhibited a high level of *not at all* scores.

Relevance for RQ2. Confessing to a criminal act required truthful statements toward the interviewer. ASPD diagnosed interviewees acted in accordance with diagnostic features of deceitfulness, lying, and/or conning. As a result, Group A did not indicate that there was a need to confess in the sense that they wanted to be truthful.

Factor Loading No 3: *Perception of Proof*

The perception of proof, defined by Gudjonsson and Sigurdson (1999) as an interviewee's perception that the interviewer knew that the interviewee committed the alleged act (p. 960), exhibited some differences in both study groups.

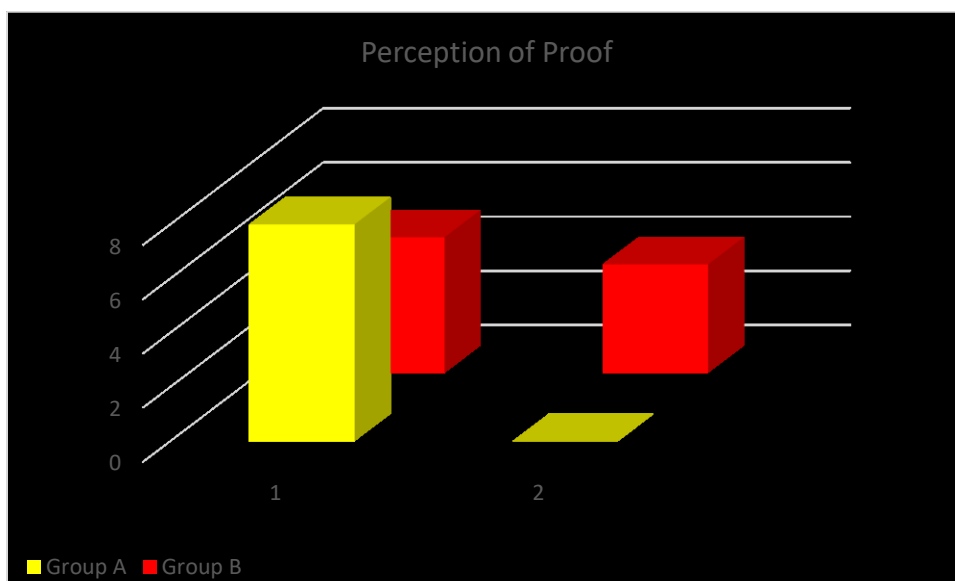


Figure 6. Perception of Proof for Group A and Group B.

The mode analysis, displayed in Appendix J, demonstrated that Group A remained in the *not at all* segments, whereas Group B remained in the *not at all* and the *somewhat* segments of the GCQ-R. Group A participants did not score or scored in the *not at all* section when asked if they were confused during the interview or if they attempted to cover a co-defendant. Both groups close to equally stated that they did not confess because they were apprehended during the criminal act. In Appendix N, I quoted answers of Group A participants who indicated that their responses on the GCQ-R would differ if case related circumstances of evidential value, such as DNA or the victim's pregnancy, were not available. Group A participants indicated that *intoxication*, as similarly outlined by Gudjonsson and Sigurdson (1999, p. 960), impacted their perception of proof.

Relevance to RQ1. Confusion describes an emotional response in form of anxiety or arousal to a stimuli that an individual could not comprehend. Group A participants did not report such an emotional state and did not experience confusion. In the semistructured interview, Group A participants decided to cooperate because evidence indicating their involvement in criminal acts was presented by the interviewer.

Relevance to RQ2. The presence of evidence against the interviewee led Group A participants to cooperate with the interviewer. In this context, evidence reduced the ASPD features *deceitfulness*, *lying*, and *conning*. In the semistructured interviews, presented in Appendix N, Group A participants incorporated the presence of evidence into their decision making to confess. Group A participants did not voice remorse for their criminal actions and shifted blame to others or to case relevant circumstances.

Factor Loading No 4: *Drug Intoxication*

This segment of the GCQ-R included *drug and alcohol intoxication*, as well as *withdrawal symptoms* during the commission of the criminal act and in the subsequent case related interviews (Gudjonsson & Sigurdson, 1999, p. 960). As demonstrated in Appendix K, a majority of Group B participants did *not at all* connect their criminal activities with intoxication, whereas no mode result was obtainable for Group A participants. The answers Group A provided in context with this segment of the GCQ-R were multifaceted.

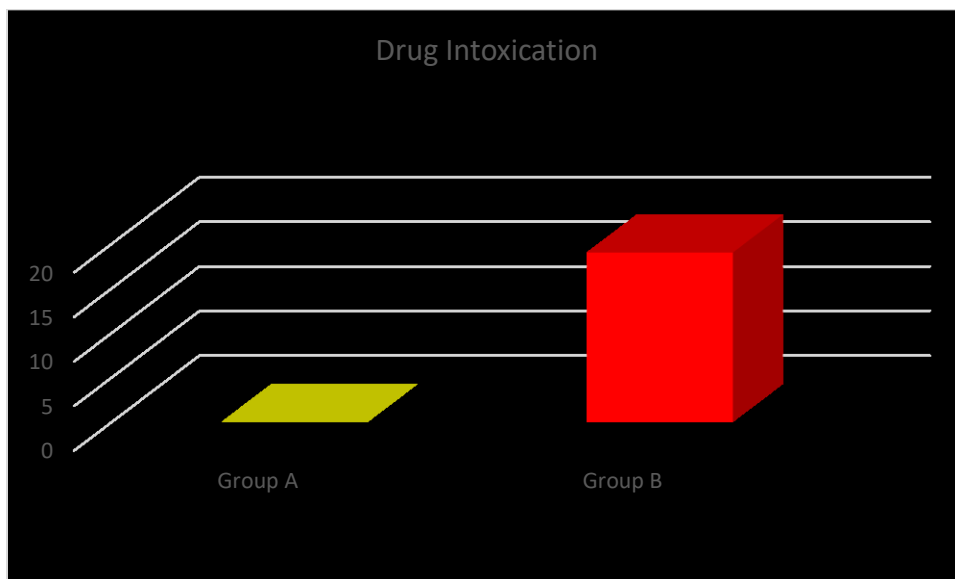


Figure 7. Drug Intoxication for Group A and Group B.

In the semistructured interviews, drug and alcohol use and abuse was reported by three Group A participants⁸⁴. Two Group B participants reported intoxication and addiction without a SUD diagnosis⁸⁵. Gudjonsson and Sigurdson (1999) theorized that

⁸⁴ See: Appendix N, statements of Group A participants regarding drug and alcohol abuse.

⁸⁵ See: Chapter 4, Table 9 and Chapter 4, substance abuse disorder (SUD).

interviewees experienced a so-called *prisoner dilemma* that indicated an association between the segment of *Intoxication* and the individual's need to protect a person in the *Perception of Proof* segment (p. 966). This study remained inconclusive in this section, and since Group A did not provide a majority answer in the *Drug Intoxication* segment, I could not confirm a *prisoner dilemma* for Group A.

Relevance for RQ1. Group A participants did not provide a majority answer for this segment and experienced some level of intoxication and/or withdrawal before, during, or after the incident. In Appendix N, I quoted Group A participants who, in addition to admitting to substance use/abuse, experienced shame and reduced self-worth in connection with the use of controlled substances.

Relevance for RQ2. Drug abuse and addiction to controlled substances, as outlined in Chapter 2, were connected to *impulsivity* and a lack of psychological and emotional control. Impulsivity also comprises a feature of the ASPD diagnosis. An interviewee's withdrawal symptoms, such as tiredness, exhaustion, a focus on the drug of choice, overwhelmingly strong desires to consume controlled substances, and erratically changing behaviors, could profoundly influence the interview process.

Factor Loading No 5: *Legal Rights*

In this segment of the GCQ-R, Gudjonsson and Sigurdson (1999) incorporated whether the interviewee understood his or her constitutional rights and if the interviewee believed these rights were sufficiently explained by the interviewer (p. 960). Appendix L indicated that the mode analysis with a majority rule of 75%, or four out of five inmates, produced an inconclusive result for this segment of the GCQ-R.

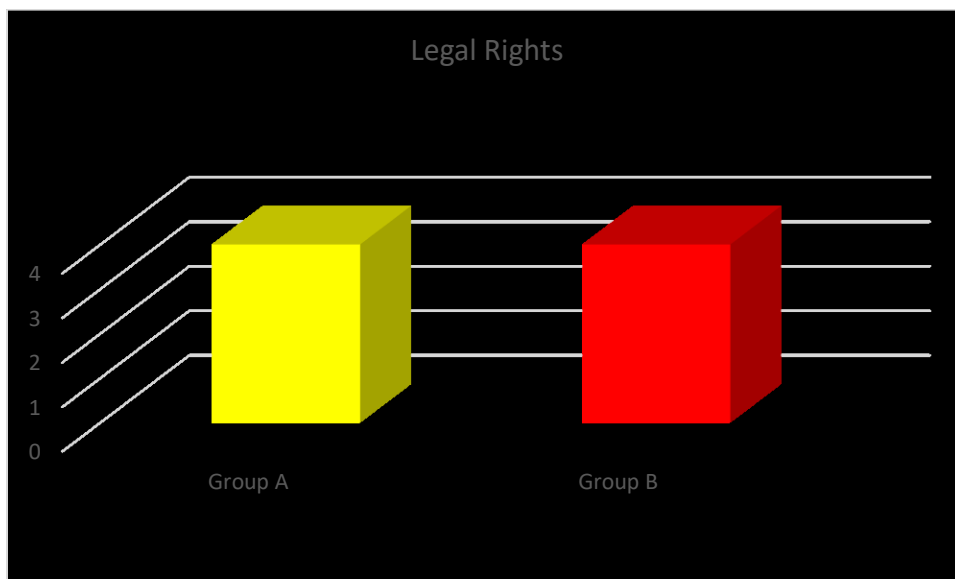


Figure 8. Legal Rights for Group A and Group B.

This analysis did not result in any differences between Groups A and B. The majority of both groups indicated *not at all* on the GCQ-R when asked if police explained their legal rights before questioning. The semistructured interview reflected the same results, and participants indicated that police did not provide *Miranda warnings*⁸⁶ and instead read these constitutional rights to the participant after the interview. Participants also indicated that they did not completely understand their constitutional rights during interviews. Members of both groups listed *intoxication*, a *novice level* of experience when speaking with the police, and/or *language barriers* as reasons for perceived violations of constitutional rights.

Relevance for RQ1. Since this segment did not produce different results for Groups A and B, and further showed that both groups equally voiced complaints against

⁸⁶ Supreme Court decision *Miranda v Arizona* (1966) under 384 U.S. 436.

the interviewer, I could not determine if the Group A result of this segment was related to diagnostic features of ASPD.

Relevance for RQ2. Based on the inconclusive responses, I was unable to answer RQ2 in this segment.

Factor Loading No. 6: *Resistance*

This last segment of the GCQ-R included the interviewee's denial, resistance to confess, minimization, and implications of codefendants (Gudjonsson & Sigurdson, 1999, p. 960). Whereas Group B participants scored in the *very much* area when asked whether they were reluctant to confess at the beginning of the interview, the answers Group A participants provided in this section were multifaceted and did not permit a majority mode analysis. Appendix M provides the mode coding for this segment.

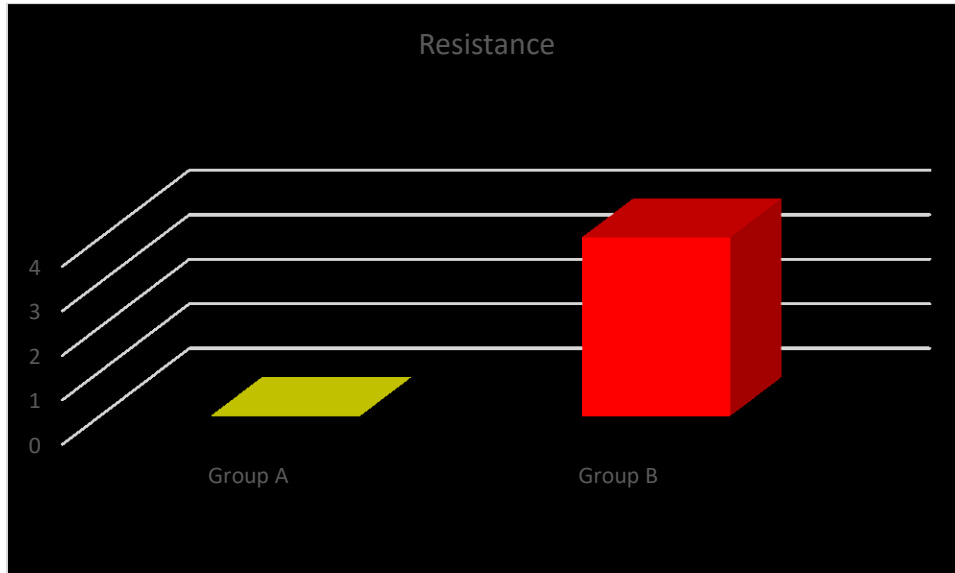


Figure 9. Resistance for Group A and Group B.

In the semistructured interview, Group A participants also did not state that they reluctantly confessed. The presence of evidence, such as DNA, witness accounts, the presence or involvement of codefendants or family members, and a pregnancy of an alleged victim in a sexual abuse case, moved participants of this group to cooperate. Two Group A study participants indicated that they did not *really* confess, thereby questioning whether their statements could be considered a confession.

Relevance for RQ1. Group A participants did not experience hesitancy to confess and did not describe emotional arousal during the decision-making process to confess or remain silent. Group B participants were hesitant to confess.

Relevance for RQ2. The presence of evidence reduced lie-biased behavior and deceit as a diagnostic feature of ASPD. However, during the semistructured interviews, two of five participants questioned if they *really* confessed. This segment should therefore be considered with caution, since the interviewee's definition of confession remained unclear and this study did not incorporate interview transcripts to verify the extent of the confession.

Summary

In this Chapter 4, I explained research settings and the extensions required in order to (a) familiarize myself with the complex DSM-5 diagnostic criteria for ASPD and (b) continue this study under a newly elected state government. The demographics of each participant were not analyzed for study results but were solely included to educate researchers and to allow incorporation into future research projects. I demonstrated this study's trustworthiness, evaluated both data collection instruments, and incorporated data

analysis limitations, such as data unavailability regarding inmate litigations or preparations for treatment and release into community supervision. The results of the GCQ-R and the semistructured interviews were analyzed. With the use of matrix, mode, and open coding mechanisms I reached data saturation.

I incorporated both research questions. First, I addressed the experiences of ASPD diagnosed interviewees (*RQ1*) and found that perceived manipulation, use of third parties against the interviewee, level of intoxication, and perceived proof of evidence influenced an inmate diagnosed with ASPD. Secondly, I addressed the extent to which an ASPD diagnosis influenced a forensic interview (*RQ2*) and found that Group A participants, in contrast with undiagnosed Group B participants, were less aroused by *internal pressures* and more aroused by *external pressures*. This study remained inconclusive in the segments of *legal rights* and, based on the equal responses of both groups, could not determine whether both groups truly experienced unethical police behavior or if criminal-thinking errors shifted blame to the interviewer. Furthermore, even though a clear mode analysis result was provided for the *resistance* segment, two out of five Group A study participants indicated they did not *really* confess. This last segment may require further investigations to determine whether interview statements qualified as confessions.

In this final Chapter 5, I interpreted this study's findings in context of the conceptual framework and the research questions. I further examined this study's limitation implications for social change, and I closed by providing recommendations for future researchers and members of the criminal justice system.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this study I sought to contribute to closing the identified knowledge gap in the discipline of forensic interviewing of adults diagnosed with the behavioral health disorder ASPD. I demonstrated in the previous chapters that contemporary interview strategies lack scientific foundations and were created based on veterans' hands-on experiences and on-the-job training. These current concepts of interviewing have reduced the interview process to the receipt of confessions, discounting the interviewee's personal circumstances, and made subsequent truth-finding trial procedures obsolete. Moreover, contemporary studies have concluded that professional interviewers do not obtain higher truthful confession rates than their layman counterparts, whereas both police officers and mentally-ill interviewees have reported discomfort with the other during the interview process.

This study found that *lie-biased* prison behaviors and custody levels may have contributed to the inmates' willingness to participate in this study. *External* and *internal pressures, intoxication,* and the *perception of proof* also influenced an ASPD diagnosed interviewee's cooperation with the interviewer. In addition, perceived manipulation, such as not informing the interviewee of *Miranda rights* and the inclusion of codefendants and/or family members into the interview strategies, caused disconnect between the interviewer and the interviewee, and may have contributed to the interviewee's use of *neutralization* and *social control* tactics.

The following interpretation of study findings sought to add possible improvements to current interview strategies and envisioned educating members of the criminal justice system. I examined the incorporation of HUMNIT⁸⁷ into goals of criminal interviews and/or interrogations. However, this technique has never been tested with and tailored to ASPD diagnosed individuals (Evans, email communication, January 31, 2019 to February 10, 2019). As supported in this study's Chapter 5, I additionally recommend examining the use of SM⁸⁸ and UOE⁸⁹ for forensic interviewing, even though I acknowledge that these interview techniques have also never been tested with and tailored to ASPD diagnosed individuals. Subsequently, I recommended that future studies scientifically test the hypotheses that HUMINT, SM, and UOE comprise useable techniques for the forensic interview of ASPD diagnosed individuals.

Interpretation of Study Findings

I divided the interpretation of my findings into the six following *interpretation components*. In a second step, I added one of the *study recommendation* to each of the six interpretations components. This study remained inconclusive in the GCQ-R segment *legal rights* and could only theorize, but not comprehensively explain, the results related to the GCQ-R segment *resistance*. However, not only the results of the GCQ-R and the semistructured interviews became part of this interpretation, but also the unexpected study findings related to custody levels and classifications of ASPD diagnosed inmates.

⁸⁷ HUMINT: Human intelligence. Information gathering with a focus on human emotions, motivations, and intentions.

⁸⁸ SM: Source monitoring.

⁸⁹ SUE: Strategic use of evidence.

Interpretation Component No. 1: *Custody Level and Housing Classification*

The attempt to recruit study participants in two maximum security prisons, even though the research partner indicated the presence of a high number of ASPD diagnosed inmates in at least one of the facilities, resulted in unsuccessful recruitment of Group A inmates. The local research partner reported ASPD diagnosed inmates did not agree with their ASPD diagnosis or simply rejected to participate in this study. However, the research partner in a recently opened new institution with (a) a medium-security designation, (b) modern approaches of *direct supervision*⁹⁰ with counselors, clinicians and case managers assigned to each housing unit, (c) availability of educational programs and professional training, and (d) a less restrictive environment than the maximum security prisons, recruited ASPD diagnosed inmates within a short period of time and without reporting any refusals of identified inmates to participate in this study.

In addition, I reviewed the research partner's policies that classified inmates for the purpose of housing management. In reference to these two policies, I concluded that ASPD inmates with a higher custody level were considered less cooperative and required a higher security classification. In this restricted prison environment, antisocial behaviors and the concept of *lie-biased behavior*, suspicion towards staff, and a shielded and guarded response to others could easily develop. Appendix N incorporated two statements of Group A participants related to their perception of *social life* in prison. Both inmates indicated that inmates generally display antisocial behavior.

⁹⁰ Direct supervision: direct contact between correctional officers, case management staff, and inmates in a podular system (Nelson, O'Toole, Krauth, & Whitmore, 1983, p. 3).

Furthermore, the evaluated *SDR*⁹¹, an adaption technique to prison culture, and a survival tool for the often dangerous prison environment could influence interpersonal behaviors in this setting. Therefore, I concluded that the failed recruitment of ASPD diagnosed participants from more restrictive environments could be contributed to a stricter housing environment and higher levels of security.

Interpretation Component No. 2: *Forensic Interviewing Standards*

As suggested in Chapters 1 and 2, interviewers did not follow forensic approaches and reduced a forensic interview to an investigative interview or interrogation for the purpose of obtaining a confession. Participants in both study groups equally indicated on the GCQ-R and during subsequent semistructured interviews that the interviewer focused on obtaining a confession. Both groups equally reported distrust in the interviewer, including perceived manipulation of constitutional rights and the use of tactics that the interviewees interpreted as unethical.

As outlined in Chapter 2, the social control theory's *mental make-up* component explains that an individual's level of readiness to violate social norms influenced hostility during interpersonal connections⁹². Convicted and incarcerated inmates could generally be associated with a higher level of violation readiness than law abiding citizens; hence, a higher level of hostility could be seen in Groups A and B. This study's purpose was not to validate and investigate the truth of these statements and allegations; however, I also did not see grounds to accuse investigative authorities of unlawful strategies. On the

⁹¹ SDR (socially desired responding). See: Chapter 2, Hawthorne effect.

⁹² Mental makeup: See Chapter 2, social control theory.

contrary, it was possible that both study groups shifted blame toward law enforcement in order to, for example, increase the notion that they were also victims and to reduce accountability for their criminal actions. This shifting of responsibility and minimization of accountability could be explained with this study's conceptual framework and with the additionally evaluated *condemnation technique*.

Since a majority of participants in both groups reported perceived manipulation, I concluded that this aspect of interviewing required further evaluation to (a) protect interview results against accusations of unethical behavior during legal proceedings, (b) reduce opposition of the interviewee and create a safer and more comfortable environment for the interview, and (c) to follow the spirit of forensic interviewing and incorporate a full analysis of the interviewee, including features of the DSM-5's conduct disorder, reasons for ASPD development, and the interviewee's previously experienced victimization and trauma.

Interpretation Component No. 3: *External and Internal Pressure*

External and *internal pressures* comprised influential factors in the GCQ-R and in this study's conceptual framework that addressed an individual's adjustment to *external* influence exposure. Group A participants reacted differently to these two factor loadings than Group B participants. *Internal* pressures remained largely ineffective with Group A participants because (a) the inmate rationalized and disconnected from criminal behavior and its consequences and (b) the interviewee created a mental comfortableness by shifting blame and responsibility to others.

It appeared that internal pressures affected Group B participants at a higher level than Group A participants. Interview strategies that focus on evoking emotions, such as guilt or shame as a response to the need to confess, could either remain fruitless or could provoke and encourage oppositional behavior. These behaviors could invoke ASPD related features, such as conning and deceitfulness to overcome the *conflict* between violating the law and the desire to be perceived as a virtuous individual⁹³. Hence, since this internal pressure was created by external pressures (overcoming pressure from the interviewer), Group A participants reacted with higher arousal levels to external pressures than Group B participants.

Interpretation Component No. 4: *Perception of Proof and Evidence*

Group A participants did not voice confusion or abnormal emotional distress. However, the presence of evidence reduced the possible ASPD feature of *deceitfulness* and limited possible attempts to *neutralize* criminal behavior, as I defined in the study's conceptual framework. The introduction of evidence, such as DNA, intoxication, and codefendants may influence and reduce uncooperative behaviors during interviews.

Interpretation Component No. 5: *Intoxication*

Use and abuse of controlled substances, as demonstrated in Chapter 2, were closely connected with the ASPD diagnostic features *impulsivity* and/or the *lack of planning ahead*. The DSM-5's SUD exhibited high comorbidity with ASPD. I concluded that, in comparison with Group B participants, the ASPD diagnosed inmate may demonstrate behavior related to rapidly changing moods, withdrawal symptoms, the

⁹³ Personal conflict: Chapter 2, naturalization theory, and writings of Sykes and Matza.

inability to focus and/or concentrate, and physical and mental tiredness and exhaustion. The interviewee may also shift from personal responsibility to blaming the effects of controlled substances in order to minimize accountability.

Interpretation Component No. 6: *Resistance*

This study found that ASPD diagnosed inmates accepted the facts of the underlying criminal charges and did not automatically deny them. This could result from the SUE method, unsuccessful neutralization from social norms, unsuccessful management of the social control theory's conflict, and a low arousal level during interviews. However, as demonstrated with statements of Group A participants in Appendix N, Group A participants justified behavior by shifting responsibilities to others and/or to the influence of controlled substances. This shift aided in reducing and maintaining lower arousal levels and increased a superficial acceptance of facts since they were subsequently neutralized.

One participant, for example, reduced responsibility by blaming the mother of his victimized children. Another blamed the underage victim for the occurrence of the sexual abuse because the victim came into his house and into his bedroom. Both behaviors could be explained with the condemnation strategy; however, this rationalization of criminal behavior may mirror the ASPD diagnostic feature of a *lack of remorse*. Group A study participants voiced regret for their actions but were not notably remorseful. Hence, the thought-provoking argument could be made that the expressed regret was tailored towards exposure to prosecution and a subsequent loss of freedom, but not toward the underlying criminal act and victimization of another human being.

Limitations of the Study

I evaluated possible study limitations in Chapter 1 and focused on the limitations of qualitatively designed studies, the researcher's abilities and integrity, and the limitations of data collection instruments and data analysis methods. In addition, the limited availability of reliable measurements that could produce statistically valid results (Queirós, Faria, & Almeida, 2017, p. 369) makes qualitative studies generally less reliable than other research methods (Carr, 1994, p. 719). However, I focused on the purpose of qualitatively designed studies: Exploring the experiences, actions, reactions, and decisions of individuals while being in and exposed to their specifically defined environments. I did not recognize or experience the results of any additional study limitations beyond those discussed in Chapter 1.

In combination with IRB-approved semistructured interview questions, I employed the GCQ-R as a peer-reviewed data collection instrument and, to reduce limitations, applied it to study participants in the same setting as Gudjonsson's study sample: the prison environment. The promotion of individualism and the permission to freely add statements to the semistructured interview questions did not generate inconsistencies in the results' validity, but solely increased the amount of valuable information. Even though bias as a human condition can never be eliminated, I remained neutral to the study outcome, accepted that I could not successfully interpret two study findings and that I had to label these two findings as *inconclusive*.

Recommendations

In this section, I mirrored the interpretation of study findings and the six interpretation components, and I proceeded by adding the recommended solutions.

Recommendation No. 1: *Custody Level and Housing Classification*

The custody level and restrictive housing classifications of ASPD diagnosed inmates appeared to be connected to the severity of antisocial behavior. As demonstrated in Chapter 2, an individual's mental and physical deterioration in a prison setting did not require further exposition⁹⁴. I recommend for forensic interviewers to preview prison documents prior to an interview in order to determine if the interviewee was previously, or at the time of the interview, classified to be housed in a more restrictive environment. This indicator of an antisocial environment in connection with an ASPD diagnosis could be used by the interviewer to adjust interview strategies, including preparation strategies, so as to remain engaged when confronted with higher levels of lie-bias, rejection, neutralization, condemning, SDR-related social control conflicts, and shifts of responsibilities.

Even though the evaluation of policies related to classifications procedures, and justifications for higher security measures were not part of this study, I recommend that prison officials assess policies regarding restrictive prison environments and reduce isolation and antisocial environments *if* permissible for the orderly administration of the facility. This change may include additional rehabilitative programs, expansions of education and job trainings, and dual-diagnosis treatment for comorbid disorders. It

⁹⁴ Chapter 1: Prevalence of ASPD.

appeared that lower security measures reduced antisocial behavior and may positively influence the severity of ASPD features in this specific atmosphere.

Recommendation No. 2: *Forensic Interviewing Standards*

I demonstrated that, in comparison to child interviewing, the discipline of adult interviewing remains rudimentary at best and includes *confirmation bias*, neglectable training standards, and limited focus on the interviewee's personal circumstances. I thus recommend for the courts to not further incorporate interviews of ASPD diagnosed interviewees without a forensic component. Instead, the court system should request that interviews be completed with the same evidence-based standards and the same scientific foundations as already incorporated in the child forensic interviewing discipline. Hence, I recommend introducing higher standards for interviewers, which may incorporate (a) specific onsite training with mock scenarios, (b) subsequent knowledge testing, (c) certification procedures, (d) educational prerequisites such as accomplishments related to employment and academics, and (e) a verifiable recertification process, which may include required continuing education credits⁹⁵ to remain licensed.

However, this would require introducing recognized and professional training components, professional developments of bias-managing interviewers, and first and foremost, a collaboration of experienced investigators and knowledgeable mental health experts in the discipline of ASPD. This combination of expert knowledge could lead to scientifically proven foundations that, if presented to the court, could be tested for their hypotheses. In a last step, I recommend that these court tested hypotheses should then be

⁹⁵ Commonly defined as *CEU*: Continuing education unit.

incorporated into curriculums of criminal justice training sessions and/or into continuing educational training to maintain this professional licensure.

Above all, the result of an interview with an ASPD diagnosed person should *not* be considered by any member of the criminal justice system if the interviewer (a) did not provide proof that collaboration with mental health professionals occurred in the preparation, execution, and analysis phases of the interview and (b) did not incorporate the professional opinions of mental health professionals in the subsequent production of the interview report for the courts.

Recommendation No. 3: *External and Internal Pressure*

Some interview strategies have suggested that *external* pressure, such as a strong posture and a rigorous attitude toward an interviewee, reduced attempts to mislead the interviewer. However, I found interview strategies that focused on *emotional responses* to be less productive with Group A participants. A focus on external pressures could result in questionable interview results, since participants in Group A did not indicate they experienced the need to confess to the interviewer. The same applied to *internal pressures*, because Group A participants did not exhibit elevated nervousness and/or confusion.

I recommend replacing external pressure strategies with HUMINT strategies to obtain information *without* the focus on a confession. As outlined in Chapter 2, the effectiveness of HUMINT interview strategies is measured by the diagnostic value of obtained *information*, and not by the diagnostic value of the *confession*⁹⁶.

⁹⁶ HUMINT: See Chapter 2, HUMINT as a possible component of forensic interviewing.

Furthermore, I recommend utilizing the SUE method for cases in which evidence is available. Both methods, the HUMINT and the SUE, may influence external and internal pressure to engage in opposing behavior. As demonstrated with the social control theory, *self-centered behavior* and *staged performance* influence an individual's cost-benefit analysis⁹⁷ and the decision to oppose the interviewer. Opposing behavior results from the social control theory's lack of *attachment* and *commitment*⁹⁸ to the interviewer and to the interview's purpose. The result of employing harsher tactics could evoke *quarrelsome behavior*⁹⁹ as a response to perceived domination. I considered this behavior as destructive for the interpersonal connection during forensic interviews. Hence, I recommend avoiding harsh approaches, external and internal emotional pressures, and any attempts to dominate the interview with ASPD diagnosed inmates.

Recommendation No. 4: *Perception of Proof and Evidence*

As indicated and discussed in Chapters 2 and 4, the SUE method analyzes proper introduction of evidence and demonstrates a reduction of manipulation and deceit when correctly applied during an interview. I supported the SUE's demand to present evidence at the earliest possibility during a forensic interview. I further recommend avoiding late introduction of evidence, because procrastination may increase lie-biased and manipulative behavior and may allow the ASPD diagnosed interviewee to manifest and express components of the neutralization and the social control theories before the introduction of evidence.

⁹⁷ Social control theory. See: Chapter 2, social control theory, and Chapter 1, Figure 2.

⁹⁸ See: four interrelated tributaries of the social control theory.

⁹⁹ Quarrelsome behavior. See: Chapter 2, comorbid narcissistic disorder (NPD).

Recommendation No. 5: Intoxication

The interviewer should first investigate the interviewee's *drug of choice* during the preparation stage of the forensic interview. In a second step, the interviewer should discuss the effects of the identified drug(s) on the human condition with qualified mental health professionals and/or substance abuse counselors. The sequence of consumption and the most recent use should be incorporated when determining possible withdrawal symptoms. I recommend consulting with medical and mental health professionals to (a) ensure the interviewee's safety, (b) evaluate fitness for participating in an interview, and (c) to protect interview results from legal scrutiny in later court proceedings.

In this context, the interviewer must prepare responses to (a) the *neutralization* of criminal behavior, (b) the *condemnation* and shift of blame by explaining that intoxication led to a *blackout* and/or to a temporary loss of memory, (c) the interviewee's internal *social control conflict*, which included the desire to be recognized as an individual possessing morality and virtue, and (d) *impulsivity* as a result of self-destructive behavior. I recommend using source monitoring (SM) and knowledge about the ASPD feature *conning* to determine the truthfulness of these rationalizations, primarily when the concept of temporary loss of memory is employed to justify criminal behavior. Since temporary loss of memory due to intoxication is possible, I further recommend consulting with medial and/or mental health experts before evaluating statements for truth or deception. HUMINT strategies should focus on obtaining *information* related to intoxication during the incident without focusing on the interviewee's *confession* related to his or her intoxication.

Recommendation No. 6: Resistance

A lack of remorse and rationalization techniques mirror components of both the ASPD diagnosis and this study's conceptual framework. I thus recommend that the interviewer should expect a lack of responsibility from the interviewee; but should not necessarily conclude that the interviewee was *unwilling* to cooperate. The interviewer must consider the features of the behavioral health impairment and incorporate the two different concepts of *deceit* and *face-saving*.

First, I recommend for the interviewer to evaluate whether resistant behavior equals deceitfulness. In a second step, the interviewer should decide whether the interviewee produced an *antisocial* or *exploitative* lie, or a prosocial or so-called *white lie*. Whereas exploitive lies, as discussed in Chapters 2 and 4, were based on ASPD related features, the white lie could be a face saver. In Appendix N, I included statements of ASPD diagnosed inmates who seemed dishonest about their diagnosis. However, this dishonesty is not of exploitative nature, but could instead be interpreted as a result of shame and reduced self-worth.

Second, I recommend for the interviewer to incorporate the concept of *confabulation*¹⁰⁰ and to consider that individuals, independent of a mental health condition, often feel compelled to justify themselves and to respond to the interviewer's questions. I suggest that it remains paramount to recognize confabulations as possible responses of the interviewee after being exposed to internal and/or external pressure, evidence, leading questions, and confrontations. Hence, confabulations might not

¹⁰⁰ Confabulation. See: Chapter 2, deception in forensic interviewing.

represent a sign of resistance, but instead a prompted need to reduce shame, to increase self-worth, and to justify socially acceptable behavior. Lastly, I recommend that the interviewee should not be confronted with his or her antisocial and dishonest behavior, because this challenge could translate into *external* and *internal pressure* and into *quarrelsome responses*. I concluded, as discussed, that these responses generate a disconnect between the interviewer and the interviewee.

Implications for Social Change

In his evaluation of social change, Dunfey (2019) argued that human interactions and relationships comprised an ongoing process, and consequently, over time and often profoundly, transformed cultures and societies with long-term consequences (para. 2). I theorized that *world-changing* social incidents have occurred throughout history, such as events that created religions and/or that shaped and demolished cultures and nations. Even the least relevant contribution to social change still influences social institutions, such as family, education, science, and even the law. This study solely focused on contributing to a specific societal niche that affects societal change for a small and specifically defined population within the judicial system.

I envisioned contributing to *methodological implications*, since this study's recommendation combined several adjustments of interview strategies for this specific environment and population. Further, this study's focus on social change remained within the boundaries of the criminal justice system, because I excluded individuals outside the prison system, as well as youth, undiagnosed, and unsentenced prisoners.

Conclusions

The Constitution of the United States of America has incorporated unique mechanisms to prevent the abuse of governmental powers and to provide its citizens with fair and equal access to the criminal courts. Hence, the purpose of a forensic interview must be placed above its undeniable value for each case participant. The forensic interview was not designed to protect guilty or untruthful case participants from justice, nor was it designed to abuse its power to accuse the innocent. Instead, it can contribute to protecting the meaning of the American Constitution as an instrument of equality, fairness, and first and foremost in this context, *impartiality*. With this philosophy of a forensic interview at hand, this study demonstrated that inmates diagnosed with the complex and rare behavioral health disorder ASPD are placed at an disadvantage: The interviews have been reduced to a confession finding tool that discounts the concept of forensics as a bias-managing and hypothesis-testing expert report for the court system.

I envision motivating the reader to evaluate policies and procedures regarding training and certification processes of interviewers, and I propose that in rigorous collaboration with mental health professionals, forensic components become a required and dominating element of interview strategies with ASPD diagnosed inmates. This study could contribute to social change by developing this new concept of a forensic interviewer who applies scientifically proven and client-focused strategies to this homogeneous population. On their search for truth, these trained and certified forensic interviewers would protect the dignity of criminal courts and case participants alike and would simultaneously guard fundamental philosophies of the American Constitution.

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Antisocial Personality Disorder

Diagnostic Criteria

301.7 (F60.2)

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- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
 2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
 3. Impulsivity or failure to plan ahead.
 4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
 5. Reckless disregard for safety of self or others.
 6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
 7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
- B. The individual is at least age 18 years.
- C. There is evidence of conduct disorder with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.
-

Source: American Psychiatric Association, 2013, p. 659.

Conduct Disorder

Diagnostic Criteria

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).

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Disruptive, Impulse-Control, and Conduct Disorders

4. Has been physically cruel to people.
5. Has been physically cruel to animals.
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
7. Has forced someone into sexual activity.

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or Theft

10. Has broken into someone else's house, building, or car.
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years.
 14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
 15. Is often truant from school, beginning before age 13 years.
- B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Source: American Psychiatric Association, 2013, pp 469-470).

Appendix B: Researcher's Qualifications and Certifications

Certified Criminal Defense Investigator (CDDI)

Criminal Defense Investigation Training Council

Certified Forensic Interviewer (CFI)

Center for Interviewer Standards and Assessments / Certification Number: 2691

Additional membership: International Association for Interviewing

Certified Forensic Interviewer – Forensic Testimonial Evidence Recovery (FTER)

Criminal Defense Investigation Training Council

Certified Interviewer Reid Technique (CRT)

Leading Forensic Interview Consultant in the United States / CRT Number: 7860

Additional membership: REID Institute

National Association for Certified Child Forensic Interviewers

Registered Child Forensic Interviewer / Certification Number: C000603

(expired membership and certification)

National Association for Public Defense (NAPD)

Faculty Instructor

Paul Eckman Group

Expert Level: Micro-Expressions & Facial Expressions

Pi Alpha Alpha

International Honor Society for Public Affairs and Administration

Appendix C: Gudjonsson Confession Questionnaire – Revised (GCQ-R)

The Gudjonsson Confession Questionnaire-Revised (GCQ-R).*

Below are a number of questions concerning why some people confess to the offences that they have committed. Please read each question carefully and circle the number which applies best to your confession.

		Not at all		Somewhat			Very much	
		1	2	3	4	5	6	7
1	Did you think that after confessing you would be allowed to go home?	1	2	3	4	5	6	7
2	Did you confess because you felt guilty about the offence?	1	2	3	4	5	6	7
3	Did you believe that there was no point in denying it?	1	2	3	4	5	6	7
4	Did you feel you wanted to get it off your chest?	1	2	3	4	5	6	7
5	Did you think that you might get a lighter sentence if you confessed?	1	2	3	4	5	6	7
6	Did you think the police would eventually prove you did it?	1	2	3	4	5	6	7
7	Did you confess because of police pressure during the interview?	1	2	3	4	5	6	7
8	Would you have confessed to the police if they had not suspected you of the offence?	1	2	3	4	5	6	7
9	Did you think it was in your own interest to confess?	1	2	3	4	5	6	7
10	Did you confess because you believed that your co-defendant(s) would implicate you? (Please ignore this question of there were no co-defendants.)	1	2	3	4	5	6	7
11	Did you confess to protect somebody else?	1	2	3	4	5	6	7
12	Are you now pleased that you confessed?	1	2	3	4	5	6	7
13	Do you think you would have confessed if at the time you had fully realised the consequences of doing so?	1	2	3	4	5	6	7
14	Did you experience a sense of relief after confessing?	1	2	3	4	5	6	7
15	Did you confess because you were afraid about what would happen if you did not confess?	1	2	3	4	5	6	7
16	Were you initially very unwilling to confess?	1	2	3	4	5	6	7
17	Do you think you confessed readily or hastily?	1	2	3	4	5	6	7
18	Do you feel the police bullied you into confessing?	1	2	3	4	5	6	7
19	Did you feel tense or nervous whilst being interviewed by the police?	1	2	3	4	5	6	7
20	Were your rights explained to you?	1	2	3	4	5	6	7
21	Did you at the time understand what your rights were?	1	2	3	4	5	6	7
*	Did you understand the Police Caution?	1	2	3	4	5	6	7
23	Did you confess because you were frightened of being locked up?	1	2	3	4	5	6	7
24	Did you become confused during the police interviews?	1	2	3	4	5	6	7
25	Did you feel you confessed because you did not	1	2	3	4	5	6	7

*: See Chapter 3; Data Collection Instruments

	cope well with the police interviews?							
26	Did thoughts (or talks with) your family and friends make it more difficult for you to confess?	1	2	3	4	5	6	7
27	Do you now regret having confessed?	1	2	3	4	5	6	7
28	Did you at first deny having committed the offence?	1	2	3	4	5	6	7
29	Did the thought that you might be viewed by others as a 'criminal' make you less willing to confess?	1	2	3	4	5	6	7
30	Did you confess because you had the need to talk to somebody?	1	2	3	4	5	6	7
31	Did you confess because at the time you felt you needed help?	1	2	3	4	5	6	7
32	Did you find it difficult to confess because you did not want others to know what you had done?	1	2	3	4	5	6	7
33	Did you find it difficult to confess because you did not want to accept what you had done?	1	2	3	4	5	6	7
34	Did you confess because the police persuaded you it was the right thing to do?	1	2	3	4	5	6	7
35	Did you confess because you were frightened of the police?	1	2	3	4	5	6	7
36	Did you confess because you saw no point in denying it at the time?	1	2	3	4	5	6	7
37	Did you confess because at the time you believed the police would beat you up if you did not confess?	1	2	3	4	5	6	7
38	Would you have confessed if a solicitor had been present during the interrogation (Please ignore this question of a solicitor was present during the interrogation)?	1	2	3	4	5	6	7
39	Did you exaggerate your involvement in the offence?	1	2	3	4	5	6	7
40	Did you find it difficult to confess because you were ashamed about having committed the offence?	1	2	3	4	5	6	7
41	Did you confess because you felt isolated from your family and friends?	1	2	3	4	5	6	7
42	Did you find it difficult to confess because you wanted to avoid the consequences (e.g. be sentenced, go to prison)?	1	2	3	4	5	6	7
43	Did you minimise your involvement in the offence when interviewed by the police?	1	2	3	4	5	6	7
44	Did you confess because you were apprehended committing the offence?	1	2	3	4	5	6	7
45	Did you confess because it was obvious that you had committed the offence?	1	2	3	4	5	6	7
46	Did you find it difficult to confess because you wanted to cover up the offence in order to protect a co-defendant?	1	2	3	4	5	6	7
47	Did you confess because your co-defendant implicated you?	1	2	3	4	5	6	7
48	Were you under the influence of alcohol during the police interview?	1	2	3	4	5	6	7

49	Were you under the influence of other intoxicating substances during the police interview?	1	2	3	4	5	6	7
50	Did you experience withdrawal symptoms during the police interview?	1	2	3	4	5	6	7
51	Were you under the influence of alcohol when you committed the offence?	1	2	3	4	5	6	7
52	Were you under the influence of other intoxicating substances during the offence?	1	2	3	4	5	6	7

* Gudjonsson, G. H. and Sigurdsson, J. F. (1999). The Gudjonsson Confession Questionnaire-Revised (GCQ-R). Factor structure and its relationship with personality. *Personality and Individual Differences*, 27, 953-968.

Appendix D: Combined Factor Loadings of Data Collection Instruments

Matrix Coding	Group A & Group B Questions	Weight	Percentage
Participant Safety (semi structured interview)	A, I, J, K	4	6.30%
Participation (semi structured interview)	B	1	1.60%
Mental Health Diagnosis (semi structured interview)	C, D	2	3.20%
GCQ-R Review (semi structured interview)	E, F, G	3	4.80%
Additional Comments (semi structured interview)	H	1	1.60%
External Pressure (GCQ-R category 1)	5, 7, 12, 13, 15, 17, 18, 23, 25, 27 34, 35, 37, 38, 39	15	23.80%
Internal Pressure (GCQ-R category 2)	2, 4, 9, 14, 19, 26, 29, 30, 31, 32 33, 40, 41	13	20.60%
Perception of Proof (GCQ-R category 3)	1, 3, 6, 8, 10, 11, 24, 36, 44, 45, 46	11	17.50%
Intoxication (GCQ-R category 4)	48, 49, 50, 51, 52	5	8.00%
Legal Rights (GCQ-R category 5)	20, 21, 22	3	4.80%
Resistance (GCQ-R category 6)	16, 28, 42, 43, 47	5	8.00%
Total		63	100%
Semistructured Interview			
5 Factor Loadings		11	17.46%
GCQ-R Questionnaire			
6 Factor Loadings		52	82.54%

Appendix E: Semistructured Interview Coding and Analysis

Matrix Coding	Group A & Group B Questions	Weight
Participant Safety (semi structured interview)	A, I, J, K	
	Suicidal ideations	0
	Any statements related to self-harm / harming others	0
	Any requests for breaks and interview interruptions	0
	Requests for meeting with mental health clinicians	0
	Requests to turn off audio recorder	1
	Decisions to end the interview early	0
	Complaints, reported negative experiences	0
	Other statements requiring disclosure to security staff	0
Participation (semi structured interview)	B	
	Share experience of police encounters with researcher	4
	Awareness related to unethical police behavior	7
	Give back to the community	3
	Interested in this study as scientific tool	1
Mental Health Diagnosis (semi structured interview)	C, D	
	<u>Group A</u>	
	Learned about ASPD after being contacted by MH	3
	Did not disclose ASPD before asked by researcher	2
	Indicated disagreement with ASPD diagnosis	2
	Expressed lack of knowledge related to ASPD	3
	Co-occurring disorders	5
	Accepted ASPD as a true and factual diagnosis	2
	<u>Group B</u>	
	No mental health diagnosis (<i>self-reported</i>)	5
	No mental health diagnosis suspected or indicated	3
	Suspected possible diagnosis (SUD)	2

Matrix Coding	Group A & Group B Questions	Weight
GCQ-R Review (semi structured interview)	E, F, G	
	<u>Group A</u>	
	Neutralization of behavior by shifting to the victim	2
	Neutralization of behavior by shifting to controlled substances	3
	Neutralization of behavior by shifting to unethical behavior	5
	Perception of Proof (evidence, DNA, codefendants etc)	4
	Unfair treatment during interview (tired, handcuffs, Miranda)	4
	<u>Group B</u>	
	Neutralization of behavior by shifting to the victim	0
	Neutralization of behavior by shifting to controlled substances	2
	Neutralization of behavior by shifting to unethical behavior	2
	Perception of Proof (evidence, DNA, codefendants, etc)	4
	Unfair treatment during interview (tired, handcuffs, Miranda)	4
	Additional Comments (semi structured interview)	H
<u>Group A</u>		
Requested follow-ups, copies and study results		0
Expressed gratitude for being listened to		3
Focused again on police misconduct		2
Other statements of importance		0
<u>Group B</u>		
Requested follow-ups, copies and study results		0
Expressed gratitude for being listened to		4
Focused again on police misconduct		2
Other statements of importance		0

Appendix F: GCQ-R Factor Loadings, Mode and Mean Analysis

Group A

Factor Loadings	No.	Group A (n = 5)							
		1	2	3	4	5	6	7	N/A
Perception of Proof	1	1	3		5	4	2		
Internal Pressure	2	5		1			3, 4	2	
Perception of Proof	3	5	2		3, 4		1		
Internal Pressure	4	1, 5			2		3, 4		
External Pressure	5	1	2, 3					4, 5	
Perception of Proof	6	2, 5		4			1		3
External Pressure	7	1, 5		3		4	2		
Perception of Proof	8	5	1, 4		2		3		
Internal Pressure	9	2, 5	3		4			1	
Perception of Proof	10	5				4			1, 2, 3
Perception of Proof	11		2			1		4, 5	3
External Pressure	12			1, 3	5	2		4	
External Pressure	13	4		2	1, 5				3
Internal Pressure	14	1, 2			5		3	4	
External Pressure	15	1, 5	3					2, 4	
Resistance	16	1	3				2, 4	5	
External Pressure	17		3		5	1		2	4
External Pressure	18		1			3, 4		2, 5	
Internal Pressure	19					1	3	2, 4, 5	
Legal Rights	20	2	3				1	4, 5	
Legal Rights	21	2, 4		3		1		5	
Legal Rights	22	2, 4	1, 3					5	
External Pressure	23	1	3		5	2		4	
Perception of Proof	24		5			1	3	2, 4	
External Pressure	25		1	3	5			2, 4	
Internal Pressure	26	1, 2	3			4		5	
External Pressure	27	1, 4, 5	3					2	
Resistance	28	2				1	3	4, 5	
Internal Pressure	29	1, 2	3		4			5	
Internal Pressure	30	4, 5	1, 2				3		
Internal Pressure	31	1, 4, 5					2, 3		
Internal Pressure	32	1	2, 3		5			4	
Internal Pressure	33	1	3			2		4, 5	
External Pressure	34	1	3	2			4	5	
External Pressure	35	1	3	2	5	4			
Perception of Proof	36	2, 5		3			1, 4		
External Pressure	37	1, 2, 4, 5	3						
External Pressure	38	1			2				3, 4, 5
External Pressure	39	1, 2, 4	3					5	
Internal Pressure	40		3	1, 2	5		4		
Internal Pressure	41	1		2, 3				4, 5	
Resistance	42	1, 2	3	4	5				
Resistance	43	1, 2	3		4, 5				
Perception of Proof	44	1, 2, 4, 5		3					
Perception of Proof	45	2, 5		1, 3				4	
Perception of Proof	46	1, 2, 4	3					5	
Resistance	47	1, 3						4, 5	2
Drug Intoxication	48	1, 5	2				4	3	
Drug Intoxication	49	1, 5					4	2, 3	
Drug Intoxication	50	1, 5		2		5	3		
Drug Intoxication	51	1				5		2, 3, 5	
Drug Intoxication	52			1		5		2, 3, 5	
Mode Analysis		76	35	21	21	19	26	51	11
Mean Analysis		1.462	0.676	0.404	0.404	0.365	0.500	0.001	0.212

Group B

Factor Loadings	No.	Group B (n = 5)							N/A
		1	2	3	4	5	6	7	
Perception of Proof	1	2, 4		1, 3		5			
Internal Pressure	2	2	1, 5		4			3	
Perception of Proof	3	4	5			3	1	2	
Internal Pressure	4	4, 5		1		3		2	
External Pressure	5	5	1		2, 3, 4				
Perception of Proof	6	4		1,5			3	2	
External Pressure	7	1, 4	5		2, 3				
Perception of Proof	8	1, 2, 5			4	3			
Internal Pressure	9		5		1	2, 3		4	
Perception of Proof	10	1, 4						2, 5	3
Perception of Proof	11	2, 4				1	3	5	
External Pressure	12				5		1, 3	2, 4	
External Pressure	13	2	1	3	4		5		
Internal Pressure	14	5				3	1	2, 4	
External Pressure	15	1, 2, 4, 5		3					
Resistance	16		3		4			1, 2, 5	
External Pressure	17	1, 4			5	2		3	
External Pressure	18	2, 4	1			5		3	
Internal Pressure	19	4		5	2	3	1		
Legal Rights	20	2		1, 3		5		4	
Legal Rights	21	4		3	5			1, 2	
Legal Rights	22	2, 3, 4	5				1		
External Pressure	23	2, 4	1, 5		3				
Perception of Proof	24	2			1, 4	3, 5			
External Pressure	25	2, 4	1, 5	3					
Internal Pressure	26	1, 2, 4	3, 5						
External Pressure	27	1, 3, 4			5			2	
Resistance	28	3					1	2, 4, 5	
Internal Pressure	29	2, 3, 5			4		1		
Internal Pressure	30	1, 2, 4, 5			3				
Internal Pressure	31	5	1	3	4			2	
Internal Pressure	32	2	1, 3	5	4				
Internal Pressure	33	1, 2	3, 5		4				
External Pressure	34	4	1	3, 5	2				
External Pressure	35	2, 4, 1	1, 3						
Perception of Proof	36	4	1, 5					2, 3	
External Pressure	37	2, 3, 4	1, 5						
External Pressure	38	1, 2	3, 5						4
External Pressure	39	1, 2, 3			4, 5				
Internal Pressure	40	1, 2	3, 5		4				
Internal Pressure	41	1, 2, 4, 5	3						
Resistance	42	2	3, 5		1			4	
Resistance	43	2	1, 3		5			4	
Perception of Proof	44	1, 2, 3, 4, 5							
Perception of Proof	45	1, 4, 5						2, 3	
Perception of Proof	46	2, 4			3		1, 5		
Resistance	47	1, 4	3					2, 5	
Drug Intoxication	48	1, 2, 3, 4, 5							
Drug Intoxication	49	1, 2, 4, 5						3	
Drug Intoxication	50	1, 2, 4, 5					3		
Drug Intoxication	51	1, 2, 3, 4, 5							
Drug Intoxication	52	1, 4, 5						2, 3	

Mode Analysis	110	38	16	30	14	14	36	2
Mean Analysis	2.115	0.731	0.308	0.577	0.269	0.269	0.692	0.038

Appendix G: General GCQ-R Mode and Majority Analysis

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1	2	2	1	
Internal Pressure	2	1	1	3	
Perception of Proof	3	2	2	1	
Internal Pressure	4	2	1	2	
External Pressure	5	3		2	
Perception of Proof	6	2	1	1	1
External Pressure	7	2	2	1	
Perception of Proof	8	3	1	1	
Internal Pressure	9	3	1	1	
Perception of Proof	10	1	1		3
Perception of Proof	11	1	1	2	1
External Pressure	12		4	1	
External Pressure	13	1	3		1
Internal Pressure	14	2	1	2	
External Pressure	15	3		2	
Resistance	16	2		3	
External Pressure	17	1	2	1	1
External Pressure	18	1	2	2	
Internal Pressure	19		1	4	
Legal Rights	20	2		3	
Legal Rights	21	2	2	1	
Legal Rights	22	4		1	
External Pressure	23	2	2	1	
Perception of Proof	24	1	1	3	
External Pressure	25	1	2	2	
Internal Pressure	26	3	1	1	
External Pressure	27	4		1	
Resistance	28	1	1	3	
Internal Pressure	29	3	1	1	
Internal Pressure	30	4		1	
Internal Pressure	31	3		2	
Internal Pressure	32	3	1	1	
Internal Pressure	33	2	1	1	
External Pressure	34	2	1	2	
External Pressure	35	2	3		
Perception of Proof	36	2	1	2	
External Pressure	37	5			
External Pressure	38	1	1		3
External Pressure	39	4		1	
Internal Pressure	40	1	3	1	
Internal Pressure	41	1	2	2	
Resistance	42	3	2		
Resistance	43	3	2		
Perception of Proof	44	4	1		
Perception of Proof	45	2	2	1	
Perception of Proof	46	4		1	
Resistance	47	2		2	1
Drug Intoxication	48	3		2	
Drug Intoxication	49	2		3	
Drug Intoxication	50	2	2	1	
Drug Intoxication	51	1	1	2	
Drug Intoxication	52		2	3	
Mode Analysis		29	4	4	
Mean Analysis		0.558	0.077	0.077	

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1	2	3		
Internal Pressure	2	3	1	1	
Perception of Proof	3	2	1	2	
Internal Pressure	4	2	2	1	
External Pressure	5	2	3		
Perception of Proof	6	1	2	2	
External Pressure	7	3	2		
Perception of Proof	8	3	2		
Internal Pressure	9	1	3	1	
Perception of Proof	10	2		2	1
Perception of Proof	11	2	1	2	
External Pressure	12		1	4	
External Pressure	13	2	2	1	
Internal Pressure	14	1	1	3	
External Pressure	15	4	1		
Resistance	16	1	1	3	
External Pressure	17	2	2	1	
External Pressure	18	3	1	1	
Internal Pressure	19	1	3	1	
Legal Rights	20	1	3	1	
Legal Rights	21	1	2	2	
Legal Rights	22	4		1	
External Pressure	23	4	1		
Perception of Proof	24	1	4		
External Pressure	25	4	1		
Internal Pressure	26	5			
External Pressure	27	3	1	1	
Resistance	28	1		4	
Internal Pressure	29	3	1	1	
Internal Pressure	30	4	1		
Internal Pressure	31	2	2	1	
Internal Pressure	32	3	2		
Internal Pressure	33	4	1		
External Pressure	34	2	3		
External Pressure	35	5			
Perception of Proof	36	3		2	
External Pressure	37	5			
External Pressure	38	4			1
External Pressure	39	3	2		
Internal Pressure	40	4	1		
Internal Pressure	41	5			
Resistance	42	3	2	1	
Resistance	43	3	1	1	
Perception of Proof	44	5			
Perception of Proof	45	3		2	
Perception of Proof	46	2		2	
Resistance	47	3		2	
Drug Intoxication	48	5			
Drug Intoxication	49	4		2	
Drug Intoxication	50	4		2	
Drug Intoxication	51	5			
Drug Intoxication	52	3		2	
Mode Analysis		70	4	8	
Mean Analysis		1.346	0.077	0.154	

Appendix H: GCQ-R Mode Analysis for External Pressure

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12		4		
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27	4			
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37	5			
External Pressure	38				
External Pressure	39	4			
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		13	4		
Mean Analysis		0.250	0.077		

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12			4	
External Pressure	13				
Internal Pressure	14				
External Pressure	15	4			
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23	4			
Perception of Proof	24				
External Pressure	25	4			
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35	5			
Perception of Proof	36				
External Pressure	37	5			
External Pressure	38	4			
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		26		4	
Mean Analysis		0.500		0.077	

Appendix I: GCQ-R Mode Analysis for Internal Pressure

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19			4	
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30	4			
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		4		4	
Mean Analysis		0.077		0.077	

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26	5			
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30	4			
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33	4			
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40	4			
Internal Pressure	41	5			
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis	21				
Mean Analysis	0.404				

Appendix J: GCQ-R Mode Analysis for Perception of Proof

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44	4			
Perception of Proof	45				
Perception of Proof	46	4			
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		8			
Mean Analysis		0.154			

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24		4		
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44	5			
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		5	4		
Mean Analysis		0.1	0.08		

Appendix K: GCQ-R Mode Analysis for Intoxication

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis					
Mean Analysis					

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48	5			
Drug Intoxication	49	4			
Drug Intoxication	50	4			
Drug Intoxication	51	5			
Drug Intoxication	52				
Mode Analysis	19				
Mean Analysis	0.365				

Appendix L: GCQ-R Mode Analysis for Legal Rights

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22	4			
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		4			
Mean Analysis		0.08			

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22	4			
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis		4			
Mean Analysis		0.08			

Appendix M: GCQ-R Mode Analysis for Resistance

Group A

Factor Loadings	No.	Group A (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28				
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis					
Mean Analysis					

Group B

Factor Loadings	No.	Group B (n = 5)			
		Not at all	Somewhat	Very much	N/A
Perception of Proof	1				
Internal Pressure	2				
Perception of Proof	3				
Internal Pressure	4				
External Pressure	5				
Perception of Proof	6				
External Pressure	7				
Perception of Proof	8				
Internal Pressure	9				
Perception of Proof	10				
Perception of Proof	11				
External Pressure	12				
External Pressure	13				
Internal Pressure	14				
External Pressure	15				
Resistance	16				
External Pressure	17				
External Pressure	18				
Internal Pressure	19				
Legal Rights	20				
Legal Rights	21				
Legal Rights	22				
External Pressure	23				
Perception of Proof	24				
External Pressure	25				
Internal Pressure	26				
External Pressure	27				
Resistance	28			4	
Internal Pressure	29				
Internal Pressure	30				
Internal Pressure	31				
Internal Pressure	32				
Internal Pressure	33				
External Pressure	34				
External Pressure	35				
Perception of Proof	36				
External Pressure	37				
External Pressure	38				
External Pressure	39				
Internal Pressure	40				
Internal Pressure	41				
Resistance	42				
Resistance	43				
Perception of Proof	44				
Perception of Proof	45				
Perception of Proof	46				
Resistance	47				
Drug Intoxication	48				
Drug Intoxication	49				
Drug Intoxication	50				
Drug Intoxication	51				
Drug Intoxication	52				
Mode Analysis				4	
Mean Analysis				0.077	

Appendix N: Examples of Interview Statements Group A

Examples of ASPD related to adverse childhood experiences (ACE):

“Yeah, I mean as a result of the way I was raised. I was pretty physically abused – severely physically abused. Isolated from the community as a child, the way I was raised, uh, you know, I just did not have the interaction and, and uh, the communication skills that I should have”.

“I don’t know much about [ASPD], but I, I had a pretty rough upbringing [...] I don’t get out a lot. I am pretty antisocial as far as it goes. Um, its caused a lot of problems over my life, I am sure. [...] but it is not so much society, it’s just people in general. [...] So it did not surprise me, but I figured I would have known sooner, because I was diagnosed with PTSD a long time ago”.

“I was 14, and she was 23. She started me with barbiturates”.

“It does not matter that I was sexually abused as a child. It does not matter that my parents were drug addicts”.

Examples of ASPD related to substance abuse disorder (SUD):

“But then the maximum dosage, 12.5 milligram, and it normally knocks people out. I was taking 800 to 1000 milligram throughout the day.”

“I was a pretty bad alcoholic. So, I, I, drank a lot”.

“Um, it was like 0.24 or something like that... but it was like four or five hours later”.

“[...] with uh, a lot of uh, heavy drinking and uh, uh, drug use”.

Examples of co-occurring disorders other than SUD:

“ I am bipolar and chronic depressive”.

“I thought I was only bipolar, but I am also ADHD”.

“I was diagnosed with PTSD a long time ago”.

“And, um, compulsive ADHD compulsive disorder”.

“I have been diagnosed with uh, gender dysphoria”.

Examples of ASPD related to the *neutralization theory*:

“And it was, it was, it was a, it was a mistake, you know, but it was fucking consensual, single event and um, man as much as I kick myself in the butt it was a neighbor’s daughter, she’d come over to my house and climbed into my bed you know”.

“When I feel like I lived my life on the streets where it was ‘Oh the laws apply. Rules apply to me. I just don’t care.’ I’ll eat all the consequences because I am not going to live long enough to see them”.

“[...] because when I was sitting back and telling her, hey, this is what’s really going on, and this and that, she ignored me. Like, for instance, um, I was 14 years old when I got with the woman I was with, the mother of the, of, of...my accused victims”.

Examples of ASPD related to a lack of insight and the *social control theory*:

“My contacts with the media, my uh, lack of interest in media, those things are what, what I attributed to my, my anti-social personality [...]”.

“It’s never really been talked about. And not, um... When I was working with mental-health here or any other facility it’s always been about, um, my posttraumatic stress disorder and I didn’t even find out about that I was diagnosed with antisocial personality disorder until, um, a few days ago”.

“[ASPD] had to be some time after I come into DOC custody about ten years ago [...] and I was living in Charlie Mod, the mental health mod. I am guessing sometime after that it, it came into my paperwork, but I do not know for sure because I had a psychological evaluation for my trial and uh, they said, they said I had a complex PTSD, um, but other than that, it didn’t say a whole lot in there, but I knew I had PTSD from before that”.

“Um, the doctor said, uh, I am something, but I don’t know. [...] I, whatever, I, this... I don’t know what they said it is. I thought I was bipolar, and depression, but its all other stuff, I guess. Never, never heard of [ASPD]. I just did learn of it. I just did learn of it. They told me it, but I, I don’t... yeah”.

“I feel like I care now, and things are difference now that I am actually living with some values and moral ethics. So, I don’t understand why, if I was... Why someone can’t outgrow that kind of diagnosis – or misdiagnosis, I am not sure”.

Examples of ASPD related to SUE and GQC-R's *perception of proof*:

“Yeah, if there was no [DNA] as evidence [...] I would have walked on that one”.

“Well, because the plea agreement, um, there was no way out of some of the facts, if that makes sense”.

“I would probably have given an open confession with the... with the request of, you know, can we actually, um, can we actually do a sting on my ex-wife, you know what I mean, and see if she'll tell the truth”.

Examples of ASPD related to shame, self-worth, PTSD, and ACE:

“Um, this is who I am. Please don't look at the person behind the mask [...] it turns into a very dark place in my heart, you know what I mean?”.

“I was a pretty bad guy. I did a lot of bad things before I was caught”.

I deserve what I got. I, I... um... I did these things”.

“I was already at the bottom of the food chain, and um you know, it's, it all comes into the same boat [...]”.

“I was pretty much a parasite as far as I am concerned”.

Examples of ASPD related to social life in prison:

“I have a friend here who has antisocial personality disorder. We get along fine, but we don't get along with a lot of other people. I don't know if that's connected or not”.

“But it felt like that's almost normal, like whatever they described about [ASPD] it's almost like everybody I know. So, I don't understand about it because it almost seems like it is everybody around here [identifies prison]”.

Examples of ASPD related to denials, *neutralization* and *social control* theories:

“This one was difficult, this one was a vehicular accident was uh... four people in the car, in the um... I, I had a couple of alcohol.... I had a couple of drinks.... But uh, alcohol should not have been a factor”.

“It was not about guilt or innocence. [...] it was about how long do I have to serve in jail”.

“They pushed six, seven, and eight years old children to tell them things that they were already saying were not true. They tried to play hangman with me”.

Examples of ASPD related to the presence of codefendants:

“I was really honest because I did not want my uncle to be in trouble [...] and that is what made me be honest”.

“[...] because they came to my house and grabbed me and my cousin [...] they were telling me that they were gonna charge my cousin and all this other stuff. I did not want him in any trouble for something I did”.

“She was my co-defendant and then they separated us”.