

AN ABSTRACT OF THE THESIS OF

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Treatment Structure: An Exploratory Study

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A total of 48 volunteer subjects, taken from a volunteer pool of incarcerated male adolescent status offenders, were administered the Empathy Test and the Conceptual Level by Paragraph Completion Method Instrument. The hypothesis was tested that an empathy level and a conceptual level can be determined and combined to develop a speedy and more successful treatment structure for male adolescent status offenders.

The scores were analyzed using a 2X2 analysis of variance and a Pearson Product Moment Correlation. The results indicated that the two instruments do not significantly determine the treatment structure needed.

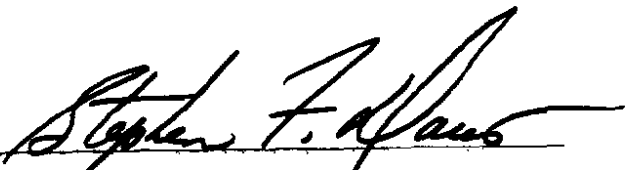
EMPATHY AND CONCEPTUAL LEVEL AND THE
RELATIONSHIP TO TREATMENT STRUCTURE:
AN EXPLORATORY STUDY


A Thesis
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the Department of Psychology
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Chapter 1

INTRODUCTION

In recent years, clinical psychologists have found that there is a great need for quick and objective psychological instruments which are at the same time reliable and valid. This need has been especially apparent to those concerned with the treatment of teenage male status offenders. What psychologists, who work with these young males, have needed is an accurate instrument to determine the kind of structure and treatment to which the individual client will be most responsive. This study focused on the development of such an instrument; an accurate and reliable instrument to determine the combined Empathy and Conceptual level to be used in treatment. This chapter includes the theoretical formulation, the problem for investigation, the hypothesis, and the purpose of the study.

Theoretical Formulation

In the areas of overlap between treatment of character and personality disorders, theory of personality, and the development of operational and applied psychometrics there has arisen a fertile and socially valuable speciality of differentiated treatment, the matching of kinds of treatment (an unparallel array of each of social environment, counselor, modalities) with kinds of persons. In comparing the five best efforts, " 'Conceptual Level' is of special usefulness to 'gate-keepers' who must accurately decide the correct level of structure required for a given offender's treatment. The time dishonored

practice of 'try this, try that' is a disservice and life time-wasting and demoralizing of offenders and conscientious workers" (Force, 1980a). Some offenders require highly structured and stable settings for their own movement and future coping; some grow better with somewhat less structure; others have a real autonomy yet need some structure to which they can relate; and some are more reflective persons whose conceptual levels change more rapidly while they are depending upon their own internal structure (Force, 1980b). The male offender subjects have all experienced varied life styles, social attitudes, and have differing degrees of inaccurate self-reference; therefore, the development of an accurate measuring device would allow the therapist to be more precise in the development of a treatment plan. The change in coping methods of young adults fluctuates rapidly, and the need for several degrees in treatment structure is definitely crucial to successful treatment.

Force (1980a) has developed a four-step classification system which defines the degrees of structure needed in the treatment of teenage males. This simple classification system defines the amount of structure needed at each of the four treatment levels. The system begins with Level A clients who have a very high need for structure. Level B clients need structure which defines limits, but contains a small amount of personal structure that needs to be outlined. Level B/C provides a step between the B Level and the less structured C Level. Clients on the B/C Level have developed a real autonomy but need help in defining limits. Level C clients are reflective persons and depend on their own self-developed internal value system. Clients on the Levels B/C and C have already developed an intrinsic structure and may rebel if structure is forced upon them from the outside.

The instrument which has yielded good results in the placement of offenders according to their differing ability to make interpersonal differentiation (and, therefore, their optimum level of structure in treatment) is the Conceptual Level-Paragraph Completion Method (PCM). The major drawbacks of this method are the projective nature of the scoring and the lack of research surrounding the development of the instrument. As a projective device the PCM gives a good clinical "feel" for the client (Appendix D).

In the 1950's, an Air Force Retraining Group had need for and generated a test of "empathy" which was designed primarily for the selection of counselors who would be effective with amenable Air Force offenders (Force, 1956). It is possible to measure empathy and the amount a client exhibits should be included in the development of his treatment plan. Empathy is an important determinant in the success of treatment. A teenage male who can conceptualize the feelings and internal needs of others will respond to a treatment which differs greatly from the treatment for a young man whose understanding of the world is based only on his self-perception of his personal life experience (Appendix C).

The empathy measurement and its use in developing a treatment plan would seem to facilitate a speedy and more relevant treatment. Combining the measuring of empathy and the understanding of the conceptual level of the offender would also seem to be a good step toward more accurate treatment, with more rapid recovery, and a better individual clinical understanding of the offender's self-attitudes and his personal view of where his treatment may lead him.

The empathy test items and the PCM questions seemed to have a

a common theme; therefore, a combined instrument and its score would yield results more quickly than separate tests. Such results would possibly be more valid than the score of either instrument used by itself. Force then developed a table comparing the hypothesis behind the empathy questions and compared the results to the various degrees of needed structure which are predicted by the Conceptual Level (Appendix D). After making these comparisons, Force concluded that it seemed logical to independently evaluate Empathy and Conceptual Level (CL) on the same population of CL A, B, and C offenders to see the extent of overlap of what each measures.

Purpose

The purpose of this study was to test the relationship between the scores of the Conceptual Level by the Paragraph Completion Method and the Empathy Test. The study is based on the belief that there is a shortage of reliable instruments which can be used to determine quickly the amount of structure needed for the treatment of teenage male status offenders. The results were expected to introduce an instrument which would yield speedy, reliable results for this purpose.

This study contributes a much needed dimension to the study of Empathy, Conceptual Level, and their internal relationships; as well as their relationship to structure in treatment. Specifically, this study sought to speed the evaluation process and, hence, possibly shorten treatment time. Not only is the study significant to our growing knowledge about the Conceptual Level and Empathy, it also points out the importance of the development of successful treatment plans and the anticipation of patient needs.

Problem

Each teenage male status offender has been exposed to an individual lifestyle, has developed his own coping skills, and has formed a personal conceptual level and belief system with which he deals with the problems of his life. If treatment is not planned with these individual differences in mind, the offender will not develop proper coping skills during the treatment. In fact, he may rebel, and the treatment will be a failure. Treatment plans must be versatile enough to adapt to the needs of individuals, and those needs may range from no intrinsic system of structure at all, to a very strong structure of intrinsic beliefs. In order to determine the offender's treatment needs, the Conceptual Level by Paragraph Completion Method (PCM) has been developed. An offender who scores high on the PCM instrument needs little artificial structure. He has probably developed a strong intrinsic value system.

Perhaps if an individual treatment plan includes an estimate of the patient's conceptual problems, the treatment needs of status offenders can be anticipated more accurately and success will come sooner in the treatment period. Possibly the two instruments which are compared in this study can be combined and used to judge the positive changes in individual clients, as well as contribute to an early completion of treatment.

Statements of the Problem

Will the scores on the Conceptual Level by Paragraph Completion Method (PCM) and the scores on Force's Empathy Test, both given to a group of teenage male status offenders, show a significant difference

in reliability and accuracy? Will the scores on both instruments, when given to the same individual, differ significantly? Will the scores on the PCM and the Empathy Test differ significantly when offenders in one unit of St. Francis Boys' Home are compared to those in another unit?

Statements of the Hypotheses (Null Form)

There is no significant difference in the combined Conceptual Level scores of the 48 male subjects resident at St. Francis Boys' Homes when the scores of the Paragraph Completion Method are compared to the same subjects' scores on the Empathy Test.

There is no significant difference in the kind of treatment indicated by the compared scores when the Paragraph Completion Method and the Empathy Test are given to the residents of the two St. Francis Boys' Homes housing units which include 48 male status offenders aged 12 to 17.

Methods and Procedures

In order to investigate the relationship between empathy and conceptual level and their relationship to treatment structure, a population of adolescent male status offenders was chosen. St. Francis Boys' Homes, with residences in Salina and Ellsworth, Kansas, has specialized in the treatment of adolescent male status offenders for more than 30 years. The institution offered an appropriate sample for this study. This section has discussed the population and sampling procedures used, the instruments administered, the design, the data collection, and the statistical tools used for this investigation.

Population and Sampling

All residents admitted and currently in residence at the two units

of the St. Francis Boys' Homes in Salina and Ellsworth, Kansas were included in the population. The study was conducted during a 10-week period, August 15 to November 1, 1980.

Volunteers were solicited after an explanation of the project by the treatment coordinator and the experimenter. All volunteers were allowed to participate in the research. Every resident at a St. Francis Boys' Home had a current psychological evaluation and up-to-date behavior history on file. Psychological histories were screened for previous test exposure and evaluated for the possibility of current psychotic episodes. A total of 48 boys were included in the study. Three of the residents failed to complete the instruments because of complications which included a runaway and a jail sentence. One subject refused to be tested.

Instrumentation

All subjects were informed of the researcher's reason for the administration of the instrument and were given an absolute guarantee of confidentiality in the content of written responses. They were also informed that only numerical scores would appear in their permanent psychological files.

Before the testing began, the subjects were interviewed individually by the researcher and reassured on the above points. Each subject was asked his name (not recorded), his age, his level of treatment, amount of time in St. Francis Boys' Homes, his grade in school, and urged to voice his questions and misgivings about the testing.

Design of the Study

The design chosen for this study was consistent with those used in previous studies of empathy and its relationship to treatment. Because

another comparison was added to the basic study, a comparison of the PCM and Empathy and their relationship to successful treatment, the study was a two-part investigation. The Empathy Test and the PCM were administered to the 45 teenage male status offender subjects. Two separate scores were determined from the two instruments and were considered to be valid. Both groups were considered to be equal in treatment level and ability.

The two scores achieved from scoring the instruments were compared to each other to determine the relationship between the empathy level and the PCM level. When a comparison of the scores was completed, the results were correlated according to the development of the treatment plans. The treatment plan should then include a more realistic structure system and should make it possible to shorten the whole treatment process.

Materials

In the testing procedures, one of the two instruments was distributed to the group of subjects. As each subject completed one of the two instruments, he was given the second instrument. During the administration of the tests, the researchers answered only the questions concerning definition of words on the Empathy Test. No other materials were allowed in the testing room.

Each group was made up of four or five volunteers who were well informed about the instrument and the motivation behind the testing. The subjects were urged to finish the work as quickly as possible and to answer the items with their first thoughts rather than to waste time trying to guess what a correct answer would be. There were no right or wrong answers on either of the two instruments. As a subject finished, another volunteer would come to take his place. The testing was

completed in four sessions, each lasting between one and two hours. The average length of time it took a subject to complete his task was 20 minutes. Interaction between the subjects was kept to a minimum, but due to the acting-out behavior common to juveniles, there was some interaction. No significance has been attached to the interaction which did occur.

The Empathy Tests were scored from a scoring key, developed by Force (1948), and a stanine score was assigned. The PCM instrument was scored independently by the experimenter and her advisor. The final scores were then averaged and recorded.

Data Collection

The subjects were 45 males, ages 12 to 18, all of whom were residents of a St. Francis Boys' Home Unit. Twenty-four of the boys were placed at Salina Unit, and 26 were at the Ellsworth Unit. All of the boys tested volunteered for the study and received two merit points for participating.

The 45 subjects were administered the Empathy Test and then the Conceptual Level by Paragraph Completion Method (PCM). The instruments were completed in groups of four. Each subject worked at his own speed. Instructions were printed at the beginning of each instrument and were explained further if questions arose. If a subject did not understand a statement on either instrument, the examiner defined the words in the statement as objectively as possible. She did not state a meaning for the whole statement, only for individual words. The subjects received no reinforcement for the content of their replies, nor were they allowed to compare answers during the testing period.

The subjects were assigned a random number and were referred to by that number in order that the instruments could be scored by the experimenter. The Conceptual Level-PCM was interpreted by the experimenter

and the treatment coordinator, Ronald Force. A mean of the two conceptual levels found served as the final Conceptual Level score.

Data Analysis

The Pearson product moment correlation coefficient (r) between the Empathy Test and the PCM method was computed. The analysis of variance (ANOVA) between the test scores of the two separate homes were compared and correlations were also reported. In order to determine the relationship between the tests, an item analysis was performed on the Empathy Test items. The scores for each item of each instrument were recorded and the variance and correlation values noted.

Chapter 2

REVIEW OF THE RELATED LITERATURE

This chapter is a review and summary of the literature regarding empathy and its use in treatment. The chapter also includes a review of the literature describing conceptual level and its use in treatment of juveniles in trouble.

Clark (1980) called attention to empathy as a neglected topic in research in his address before the American Psychological Association. Clark was the 1979 recipient of the Distinguished Contributions to Psychology in the Public Interest Award. A review of the literature at that time convinced Clark that:

. . . There were relatively few articles that attempted to attack the more fundamental problems of the nature and the determinants of empathy--empathy and individual differences; the degree, manifestation, and salience of empathy; the extent to which empathy can be learned; the neurological, physiological, biochemical, or genetic determinants or limitations. In short, the available literature does neglect a clear definition and a comprehensive theoretical approach to this important phenomenon (p. 187).

Clark defined empathy as an unique capacity of the human being to feel the experience, needs, aspirations, frustrations, sorrows, joys, anxieties, hurt, or hunger of others as if those emotions were his own. Clark stated that individuals may vary in the degree of functional

empathy they possess because of the critical development necessary to sustain such empathy. He also stated that a majority of human beings can be trained to achieve an adequate level of empathy. He concluded that if there is a blockage of functional empathy by power drives, such a situation is the basis of interpersonal and social tensions, conflicts, violence, terrorism, and war. Clark was specific in his pleas that it is necessary to develop techniques to increase functional empathy among human beings in order to control these destructive forces.

If it is true, as Clark said, that little attention has been devoted to the fundamental problems of empathy, it follows that there are only a few studies which deal with the area of empathy, conceptual level, and the relationship of environmental structure. A study by Dymond (1949) stated that insight is a common goal of many types of psychotherapy. It was also stated that insight appears to be necessary for lasting personality reformations. Dymond believed that insight results from the bringing to consciousness the repressed unconscious material. Personality is a combination of "self-other patterns and their intrapersonal organization" (p. 228). Empathy may be one of the underlying mechanisms on which insight is based. Dymond found that in order to produce greater empathy an individual must consciously attempt to take his role in an interpersonal relationship and attempt to structure the relationship as the other would.

In a 1950 study, Dymond described the result of a revised test for empathy. Subjects who had a high empathy ability were compared to the subjects with low empathy ability. Dymond proposed her definition of empathy, "The imaginative transposing of oneself into the thinking, feeling, and action of another" (p.343). It also was in this same study

that she expressed her opinion that identification and empathy are different. Identification, according to Dymond, is more of a role-taking relationship and is more lasting and more emotional than empathy. Dymond concluded that identification seems to be a process antithetic to empathy since projection is involved in identification. The thoughts and feelings of the self are attributed to others, rather than those that are being experienced,

Stohrer (1966) discussed empathy as the concept has developed philosophically, and as it differs from sympathy, as well as the way it is used in the arts. He defined empathy as a "two directional process involving the observer and the observed" (p. 30). The ethical concept is defined as an emotional "feeling into," extension, or investment of the self on the part of the observer--a reciprocity of emotions between the counselee and counselor. Emotional interaction differentiates empathy from sympathy. In empathy, the observer's association is in terms of the client's frame of reference. In a sympathetic exchange, the observer's association is in terms of his own frame of reference. Stohrer presented evidence that youngsters are willing to enter an empathic relationship. Counselors are encouraged to expand their aesthetic experiences and to be more aware of everyday empathic associations as they develop a concept of empathy.

Truax and Carhuff (1967) attempted to identify accurate empathy and stated that it involves more than just the ability of the therapist to sense the client's "private world as if it were his own" (p. 110). Empathy also involves more than just the therapist's ability to know what the client means in his statements, A therapist's sensitivity to the client's current feelings and his verbal ability to communicate this

understanding in words that are relevant to the current feelings play an important part in the development of empathy.

The idea of establishing a person's conceptual level was first developed by Hunt (1968) to predict the structure needed for specific classroom problems. Its uses can be expanded to identify the amount of structure needed for the treatment of adolescent behavioral problems.

Little was done with Hunt's theory, however, until Hoffman (1973) presented his theory that altruistic motives developed out of the synthesis of empathic distress and the child's increasingly sophisticated cognitive development, especially his level of differentiation between himself and others. Hoffman examined empathy and sense of other and their relationship in sympathetic distress, cognitive mediation, personal and existential guilt to arrive at his theory which suggests that the development of empathic distress and, consequently, a sense of altruism is linked to a fairly sophisticated level of discrimination between self and others.

The 1973 Hoffman paper, delivered at the National Institute of Child Health and Human Development Workshop in Eldridge, MD, builds on an earlier paper (Hoffman, 1972) which presented a summary of behavioral concepts that together provide the outline of a possible developmental theory of prosocial motivation. At first a small child cannot discriminate between himself and others in empathic distress. As the child learns to discriminate and can feel sympathy, he moves through four developmental stages: (1) the assumption that other's feelings are first based on the projection of his own feelings, even though he is trying to relieve the other's distress; (2) an awareness that the other's perspective is different from his own, and guesses what his feedback should be;

(3) a synthesis of his own empathic distress and a cognitive understanding of the other's situation, and (4) a comprehension of the problems of a whole group of people, and the ability to generalize his empathetic distress. Hoffman defined personal guilt as a synthesis of sympathetic distress and an awareness of having been the cause of that distress.

In a study of affective and cognitive role taking at Paul Burwald School of Social Work, Rotenberg (1974) noted the ambiguity and inconsistency found in operational definitions and measures of empathy. Terms such as "affective role-taking" and "cognitive role-taking" are offered in his work as substitute operational concepts. Affective and cognitive role-taking dispositions were assessed and it was found that delinquents were not lower in cognitive role-taking skills, but were significantly lower in affective role-taking skills. In a related study, Kendall, et al (1977) studied empathy and socialization in juvenile offenders. He included both first offenders and repeat offenders, as well as normal juveniles, in his study.

Feshbach (1975) discussed children's rights and parental punishment practices and came to the conclusion that empathy and reasoning should govern parental discipline. The parent should consider reasons for the desired behavior, rather than the consequences of misbehavior. These findings may be generalized and used to guess effectively the amount of insight an adolescent has into his own behavior.

In 1976 The American Psychological Association abstracted selected documents in the JSAS Catalog of Selected Documentation Psychology. The summary of the selected documents in the January issue concluded that the decade between 1966 and 1976 had seen a trend toward social responsibility, altruism, and helping behaviors. Altruism was defined as

those helpful acts in which the actor experiences vicarious pleasure in helping to relieve distress as a consequence of performing his actions. The actor must not expect any reward in return for his actions if those actions are to be classed as altruistic. This culture has developed social systems which function to further the group survival. The bases of information for understanding the emotional lives of others is shown facially and verbally as the immediate situation allows. Empathy and understanding are the basis for the understanding of other's lives.

Berzonsky (1978) applied Ausubel's Satellization Theory to his own research on adolescent behavior. Ausubel's theory of personality development in adolescence examined the role that social factors, especially the child's relationship to his parents, played in a youngster's struggle to differentiate himself from those around him. Berzonsky used Ausubel's theory to explain some selected examples of research on delinquency and student activism in his study. An overview of Ausubelian theory is presented by Berzonsky and compared to Erickson's theory of personality development.

Research into empathy was at this stage when Clark (1980) made his pleas for more work in developing a means of assessing the level of empathy and providing new ways to help clients increase the level on which they function empathetically;

Given the perspective of the nature and definition of empathy, it is incumbent upon the social and behavioral sciences to address themselves to the important problem of the determinants of empathy (p. 188).

Hudak, et al (1980) compared delinquent and non delinquent response patterns and the differences between the social values of each group.

The research used six measures, drawn from different theories, which reflected selected socialization values. Included were; (1) the empathy scale; (2) the socialization scale from the California Psychological Inventory; (3) the Machiavellianism scale; (4) the compassion-compulsion scale; (5) the Andre Psychopolitical Scale, and (6) the Andre Psychopolitical Differential.

Impulsiveness and venturesomeness in a detention center population was studied by Eysenck and McGurk (1980). They found that offenders had high scores on all the scales they used except empathy, where the scores were significantly below the normal population. The study found that the identification of impulsiveness with psychoticism and venturesomeness with extraversion could be identified somewhat more clearly in the offender group. Even though Eysenck and McGurk confirmed a positive relationship of empathy with neuroticism, a significant negative correlation was obtained for empathy with psychoticism in the offender group only. The study found that offenders differed on all means but venturesomeness.

Ellis (1982) attempted to clarify the role of empathy in the development of antisocial and aggressive delinquent behavior. In a study of 331 delinquent and 64 nondelinquent youths, the delinquents were found to be delayed or arrested in the development of empathy. The nondelinquent controls exhibited a significant age-related increase in empathy, which did not appear in the delinquent group.

Obviously, it is imperative that the determination of empathy level and conceptual level of a client be addressed early in treatment, and be determined as quickly as possible. It is equally obvious that the therapist or counselor needs an accurate instrument to determine the

amount of empathy and the conceptual level of his client. The literature includes some explanation of the use of empathy learning in psychotherapy, but it does not yet include any studies which throw much light on the more basic need--the need to determine the client's conceptual level. Until this lack is remedied, it is still difficult to tailor a client's treatment to his personal needs, especially it is difficult to meet the individual's need for structure in the therapeutic relationship. The results of such a study will allow the psychotherapist to quickly and accurately predict an empathy-conceptual level and continue the client's individualized treatment. Possibly such a custom-tailored placement will also speed the recovery process.

Chapter 3

ANALYSIS OF DATA

The results of the study were drawn from a Pearson Product Moment Correlation. The details of those results, the summaries, and the interpretations are presented in this chapter.

The Pearson Product Moment Correlation between Empathy Test stanine scores and Conceptual Level top three average scores is .54. The best fit table of equivalent scores is:

Empathy Test Stanine

1 = A	Conceptual Level
2 = A	Conceptual Level
3 = A	Conceptual Level
4 = B	Conceptual Level
5 = B	Conceptual Level
6 = B/C	Conceptual Level
7 = B/C	Conceptual Level
8 = C	Conceptual Level
9 = C	Conceptual Level

The above correlation and the equivalency table may seem to imply that the two are equivalent for determining CL "for all practical purposes." One-third of the residents are misclassified by the equivalency table by as much as two Empathy Test stanines. Two-third success can be useful in mass screening, but is not acceptable except as an aid or as ancilliary data for individual conceptual level work.

The steps taken as reported here were to, if possible, increase the power of the Empathy Test in predicting the Paragraph Completion-derived (PCM) Conceptual Level (CL). Though a .54 product moment correlation is relatively high among social-psychological assessment

means (tests, interviews, physical measurements, etc.), it is also an acknowledgement at 71 percent of the variance between test scores is accounted for by variables other than that quantified by the test.

By standard item validity procedures, contrasting the 59 Empathy Test item responses of the top and bottom seven PCM scores of the Ellsworth Unit St. Francis Boys' Home population, we obtained a key containing 10 Empathy Test items which best predict that population's CL as measured by the PCM. The Empathy Test items which best predict PCM-derived CL (keyed for high CL) are:

- 38. A person who understands others well is less likely to understand himself as well as one who concentrates his attention more solely upon himself. (False)
- 43. There ought to be a fixed sentence, decided upon in advance and published, for each offense. (False)
- 28. Women should stay out of politics. (False)
- 32. School teachers don't make good mothers. (False)
- 34. Orientals are inscrutable. (False)
- 39. The general truths, mottos, sayings about people handed down over the ages are very important guides to achieve understanding with a person you have met for the first time. (False)
- 53. The main job of a parent is to give children food, education, and teach them right from wrong. (False)
- 7. Psychiatrists are a little bit screwy. (False)
- 19. A person can get refreshed, sort of spiritually, by going off drinking or having sex relations sometimes. (False)
- 48. It is more important to be "correct" than to be polite- (False)

A review by several clinicians of the Empathy Test items validated against the PCM criterion leads us to view the low empathy differentiating items as describing a person:

1. At PCM-CL Level A, he may reject authority (See Empathy 7, 32), is aggressive (see Empathy 34, 32, 28, 7). At Level B he sees a need for rules (see Empathy 48, 53, 39, 32, 28, 43), is anxious for closure (see Empathy 43, 34, 39, 53, 19, 48), and is counter to Levels B/C (tolerance) and C (alternative-acceptings, others' point of view, has time perspective).

2. Low scorers are subjective, narcissistic, and subject to acting out, have a mechanical model of human interaction, are emotionally tough, and not humanitarian. They are also concrete in perception, believe in overt deterrence and disregard internal change, and are not introceptive. They tend to disregard individual differences and have a low tolerance for ambiguity, and its evaluation. They prejudge by types, roles and extremes, not along a continuum, and are unable to predict behavior in themselves, or in others.

The mean Ellsworth CL/PCM score was 1.47, with scores ranging from .5 through 2.5. The mean Salina CL/PCM score was 1.41, with scores ranging from .25 through 2.3. The mean of the Ellsworth low CL/PCM is .8, and the mean of the high CL/PCM is 1.96.

The above Ellsworth Unit derived key used to score the responses of 24 Salina Unit boys who volunteered for completing both the PCM and Empathy tests resulted in scores such that the correlation between the two sets is .60.

A cross-validation correlation of this size (.60 CL Ellsworth derived Empathy Test key vs. Salina CL by PCM) predicts 36 percent of the variance. The relationship is too low between PCM and Empathy to consider the CL key of the Empathy Test as an alternate form of the PCM/CL test. It predicts 100 percent more variability than does any

other known test relationship. This is a high inter-test relationship. The Empathy Test could possibly be augmented by the addition of a readily obtainable variable or variables exterior to the test, such as chronological age. As it is, the relationship is high enough to recommend the use of the Empathy Test and the PCM to determine estimates of the "true" CL for a client. Since the Empathy Test was not designed to measure CL, it may not overlap into CL completely as does the PCM, but it does overlap some into PCM, which measures CL. So, administering the two together should add to the body of knowledge of the relationship between CL and Empathy.

Table 1

Number of Subjects, Means and Standard Deviations for Empathy Test Scores for the Ellsworth and Salina Units of St. Francis Boys' Homes

Group	Number	Mean	Standard Deviation
Ellsworth Unit	22	7.000	2.33
Salina Unit	24	5.08	1.82

Table 2

2X2 ANOVA Summary Table of Empathy Test Scores (Ellsworth and Salina Units of St. Francis Boys' Homes)

Source	Degrees of Freedom	Sums of Squares	Mean Squares	F
Between Groups	1.	42.1665	42.1665	9.7734
Within Groups	44.	189.8335	4.3144	
Total	45.	232.0000		

Table 3

Number of Subjects, Means, and Standard Deviations for the PCM
Instrument Scores for the Ellsworth and Salina Units of
St. Francis Boys' Homes

Group	Number	Mean	Standard Deviation
Ellsworth Unit	22	1.40	0.49
Salina Unit	24	1.41	0.64

Table 4

2X2 ANOVA Summary Table of the PCM Instrument Scores
(Ellsworth and Salina Units of
St. Francis Boys' Homes

Source	Degrees of Freedom	Sums of Squares	Mean Squares	<u>F</u>
Between Groups	1,	0,0012	0,0012	0,0036
Within Groups	44.	14,4974	0,3295	
Total	45	14,4986		

Chapter 4

FINDINGS AND INTERPRETATIONS

This study sought to find a reliable testing instrument, which could be quickly administered and evaluated, to determine the kind of treatment, as well as the amount of treatment, needed for 48 adolescent male status offenders. Two instruments were compared and when the data was analyzed there was not a significant correlation between the Empathy Test and the PCM method scores. This fact indicated that a conclusion that the two tests are interchangeable is not warranted. The subject's scores were positively correlated when compared to each other individually and when the Ellsworth Unit was compared to the Salina Unit. It was concluded that the instruments are capable of individually predicting the appropriate treatment plan structure for adolescent male status offenders, but the combined scores of the instruments are not interchangeable with the two compared scores.

The Empathy Test and the PCM instrument were found to be reliable when used separately and in conjunction with each other. The large majority of the subjects who scored in the lower range in amount of empathy measured were in the first stages of treatment. The same majority of subjects also scored in a lower than average range on the Conceptual Level.

When comparing the results of the two testing instruments and applying them to treatment plans, there were several conclusions which could be drawn. The study revealed that counseling may increase the amount of empathy and that increase, in turn, may raise the Conceptual

Level. Another possibility for explaining the higher than usual scores may be the maturation process inherent in the treatment of adolescents and the resultant gaining of insight attendant to the varied experiences of a status offender. Conceptual Level, measured by the Paragraph Completion Method, may also be influenced by educational training and Intelligence Quotient. These two variables should be considered when using the results of this study. The correlations scores also revealed that teenage male status offenders have varied reactions to a structured testing situation.

The preceding study has, however, established that the results of the Empathy Test and Conceptual Level by Paragraph Completion Method can, and should be, used to determine treatment plans for male teenage status offenders. Testing instruments should be used for accelerating treatment, as well as individualizing treatment plans.

An acceptance of the use of testing in treatment is an important step in understanding the intrinsic changes needed for success in the treatment of adolescent male status offenders. New advances in treatment areas could be applied in innovative ways to a speedy attainment of the treatment goal.

The use of these instruments should be expanded to be used in family therapy, behavior modification, and reality therapy. If an understanding of the patient's view of his need for structure and his ideas on the way the world around him works can be established, then all aspects of his therapy can be explored. The patient's family views can also be explored using these instruments, and insight can be gained about the development of the presenting problem.

This study does not mean to suggest that individualized testing

should be used without caution. It is important to have a complete and unbiased view of the patient's life skills and a history of his problems with his behavior. Even though there is a strong link between the results of both instruments, it is important to understand that each patient is an individual and each of the testing instruments should be used as the patient's individual problem indicates. It seems that more research is necessary. Can the above study be replicated? Would hospitalized patient benefit from the use of these instruments?

Further study is recommended. Specifically, more work needs to be done in the area of background and research of the varied uses of measuring Conceptual Level and Empathy. With such investigation, the usefulness of testing such specific personality traits would become greater.

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APPENDICES

APPENDIX A

Clinical Care Evaluation: A Paper and Pencil Test Which Quickly
and Well Predicts the Paragraph Completion-Derived Conceptual Level

Part 1

CLINICAL CARE EVALUATION; A PAPER AND PENCIL TEST WHICH QUICKLY AND WELL PREDICTS THE PARAGRAPH COMPLETION-DERIVED CONCEPTUAL LEVEL

PART I

PREPARED BY: Ronald C, Force, M.A,
Elizabeth A, Adams, B.S.

DATE; October 6, 1980

INTRODUCTION;

In the area of overlap between treatment of character and personality disorders, theory of personality, and the development of operational/applied psychometrics has arisen a fertile and socially valuable specialty of differentiated treatment, the matching of kinds of treatment (an array of each of social environment, counselor, modalities) with kinds of persons. Of the five or so strong efforts, one, "Conceptual Level," is of special usefulness to "gatekeepers" who must accurately decide the correct level of structure required for a given offender's treatment. The time dishonored practice of "try this, try that" is a disservice and life time-wasting and demoralizing of offenders and conscientious workers. Some offenders (a) require highly structured and stable settings for their own movement and future coping; (B) some grow better with somewhat less structure; (B/C) others have a real autonomy yet need some structure to relate to; and (C) some more reflective persons move faster while depending upon internal structure.

The instrument which has given yeoman service in fine placement of offenders by their differing ability in making interpersonal

conceptual differentiation (and therefore their optimum level of structure in treatment) is the Paragraph Completion Method (PCM). This method gives reliable scores after a rater's period of blood and sweat, if not tears, during early training. As a projective device the PCM also gives a clinical "feel" for the person.

In the 1950's, an Air Force Retraining Group had need for and generated a test of "empathy" which was designed primarily for the selection of counselors who are effective with amenable Air Force offenders ¹. With various populations the Empathy Test correlated .50, .49, .40, and .65 with independent estimates of empathy, and was found to be especially sensitive at the low empathy end of the score. Reliability correlations are .89. The test is 59 true-false items in length, and scores in 30 seconds to two minutes.

As we scored PCM protocols we were frequently reminded of the hypotheses and items of the Empathy Test. Items from the Empathy Test were derived from the hypotheses listed in the left column. Comparable statements from Conceptual Level are recorded at the right.

LOW EMPATHIZERS, HYPOTHESES AND RELATIONSHIP FOUND IN THE EMPATHY TEST	LOW CONCEPTUAL LEVEL (A and usually B) CHARACTERISTICS (and mirror images in C, D, and E (indicated by a "-") FROM THE PCM
Predict behavior by typing	B Status-sensitive C -Own point of view, self-distinctness D -Empathic understanding differences between others,

¹Force, Ronald C., Empathy: Tests for Selecting Personnel to Deal with People in Trouble, Journal of Social Therapy, 2, No. 1, 1956, pp. 46-50.

LOW EMPATHIZERS, HYPOTHESES AND RELATIONSHIP FOUND IN THE EMPATHY TEST	LOW CONCEPTUAL LEVEL (A and usually B) CHARACTERISTICS (and mirror images in C, D, and E (indicated by a"--")) FROM THE PCM
Describe behavior as externally motivated (denial of psychological causes)	A Can't use independence which relies upon internally relevant standards
Are anti-introceptive or suspicious	B More internal problems C - "I am distinctly different." C - May seek a therapeutic relationship; non-directive counselor
Can't predict others' behavior	None
Morally undifferentiated, not socially responsible	A Pre-incorporation of cultural standards. C - Socially responsible, own decisions owned by them.
Relate to things (distancing, separation from persons), likes mechanical things, animals,	A Concrete
Relates superficially, low verbal, low emotional communication, not one-to-one, manipulative, low social service interest	A Others are sources of gratification coming in.
Makes black-white dichotomies	B Learns the ground rules of cultural standards. B Good/Bad
Rule-bound; works compulsively	C - Needs low structure, not need residential center A Need for order and structure A Best taught by rule and example C - Can structure free time A Needs lists, schedules, free time, suggestions, behavior modification,
Deny emotion and communication	None
Emotionally hard	None
Opposes empathizers	None
Low level of abstraction	E - Organize a theory of inter-relationships

LOW EMPATHIZERS, HYPOTHESES AND RELATIONSHIP FOUND IN THE EMPATHY TEST	LOW CONCEPTUAL LEVEL (A and usually B) CHARACTERISTICS (and mirror images in C, D, and E indicated by a "-") FROM THE PCM
Dependence	C - Complex A Needs concrete, tangible support A Chooses peers to direct him C - Not need support and adults A Needs a role model and instruction C - High autonomy, low normative pleasure
Low intellectual efficiency	C - More capable A Needs a simple environment, repeatedness, immediate feedback
Narcissism	A Self-centered, gets without giving, egocentric C - Objective B - More than one perspective

Thus it seemed "a natural" to independently evaluate Empathy and Conceptual Level on the same population of CL A, B, and C offenders to see the extent of overlap of what each measures.

PROCEDURE:

From September 4 to 29, 1980 Ms. Betsy Adams administered the Empathy Test and The Conceptual Level-PCM to 24 boys of the St. Francis Boys' Homes, Salina Unit population. Both Ms. Adams and Ronald C. Force independently rated PCM's with an original reliability quotient of .77, then reconciled differences in scoring for a single best score for each resident. This was thought of as the criterion. The average scoring and reconciling time was 25 minutes. A plot of Empathy Test scores and PCL scores was made, and a table constructed from which Empathy Test scores translate to CL.

RESULTS:

The Product Moment correlation between Empathy Test stanine scores and Conceptual Level top three average scores is .54. This is .11 correlation digits higher than the highest publish CL and other test score (with Wide Range Achievement Test vocabulary) and similar to one-year test-retest reliability cutoff for CL. The best fit table of equivalent scores is:

Empathy Test Stanine	1	=	A Conceptual Level
	2	=	A Conceptual Level
	3	=	A Conceptual Level
	4	=	B Conceptual Level
	5	=	B Conceptual Level
	6	=	B/C Conceptual Level
	7	=	B/C Conceptual Level
	8	=	C Conceptual Level
	9	=	C Conceptual Level

The above correlation and particularly the equivalency table may seem to imply that the two are equivalent "for all practical purposes." This is not quite the case. One-third of residents are mis-classified by as much as two Empathy Test stanines. Two-thirds hits can be useful in mass screening, but not quite acceptable except as an aid or as ancilliary data for individual Conceptual Level Work.

RCF;db

APPENDIX B

Clinical Care Evaluation: A Paper and Pencil Test Which Quickly
and Well Predicts the Paragraph Completion-Derived Conceptual Level

Part II

CLINICAL CARE EVALUATION; A PAPER AND PENCIL TEST WHICH QUICKLY AND
WELL PREDICTS THE PARAGRAPH COMPLETION-DERIVED CONCEPTUAL LEVEL

PART II

PREPARED BY: Ronald C. Force, M.A.
Elizabeth A. Adams, B.S.

DATE: November 3, 1980

The steps taken as reported here were to, if possible, increase the power of the Empathy Test in predicting the Paragraph Completion-derived (PCM) Conceptual Level (CL). Though a .54 product moment correlation is relatively high among social-psychological assessment means (tests, interviews, physical measurements, etc.), it is also an acknowledgement that 71 percent of the variance between test scores is accounted for by variables other than that quantified by the test. At any rate, we want as high a relationship as we can achieve.

By standard item validity procedures, contrasting the 59 Empathy Test item responses of the top and bottom seven PCM scores of the Ellsworth Unit St. Francis Boys' Home population, we obtained a key containing 10 Empathy Test items which best predict that population's CL as measured by the PCM. The Empathy Test items which best predict PCM-derived CL (keyed for high CL) are:

38. A person who understands others well is less likely to understand himself as well as one who concentrates his attention more solely upon himself. (False)
43. There ought to be a fixed sentence, decided upon in advance and published, for each offense. (False)

- 28. Women should stay out of politics. (False)
- 32. School teachers don't make good mothers. (False)
- 34. Orientals are inscrutable. (False)
- 39. The general truths, mottos, sayings about people handed down over the ages are very important guides to achieve understanding with a person you have met for the first time. (False)
- 53. The main job of a parent is to give children food, education, and teach them right from wrong. (False)
- 7. Psychiatrists are a little bit screwy. (False)
- 19. A person can get refreshed, sort of spiritually, by going off drinking or have sex relations sometimes. (False)
- 48. It is more important to be "correct" than to be "polite." (False)

A review by several clinicians of the Empathy Test items validated against the PCM criterion leads us to view the low empathy differentiating items as describing a person:

1. Is at PCM-CL Level 0 (rejects authority (E 7, 32), is aggressive (34, 32, 28, 7), or is at Level 1 (sees a need for rules (48, 53, 39, 32, 28, 43), is anxious for closure (43, 34, 39, 53, 19, 48), and is counter to Levels 2 (tolerance) and 3 (alternative-accepting, others' point of view, takes time, has time perspective),
2. Low scorers are subjective, narcissistic, and subject to sprees and id discharge, have a mechanical model of human interaction, are emotionally tough and not humanitarian, are concrete in perception, believe in overt deterrence and disregard internal change, are isolates, distancers, and are anti-introceptive, disregard individual differences and ambiguity, and its evaluation, prejudge by types, roles and

extremes (not along a continuum), are unable to predict.

RESULTS:

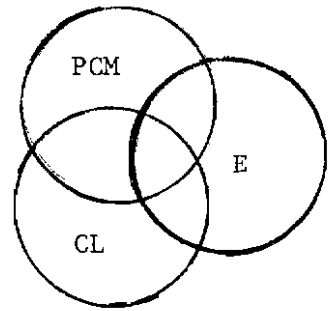
The mean Ellsworth CL/PCM score was 1.47 with scores ranging from .5 through 2.5. The mean Salina CL/PCM score was 1.41, with scores ranging from .25 through 2.3. The mean of Ellsworth low CL/PCM is .8 (much structure), and of the high CL/PCM is 1.96 (less to little structure).

The above Ellsworth Unit-derived key used to score the responses of the 24 Salina Unit boys who volunteered for completing both the PCM and Empathy Tests resulted in scores such that the correlation between the two sets is .60.

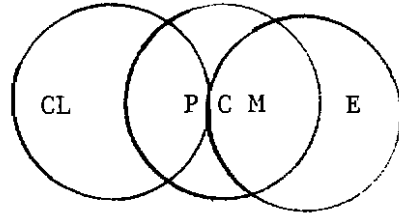
A cross-validation correlation of this size (.60 CL Ellsworth-derived Empathy Test key vs. Salina CL by PCM) predicts 36 percent of the variance. The relationship is over-low to consider the CL key of the Empathy Test as Form B of the PCM/CL test or a reliability quotient CL/a vs. CL/b . It predicts 100 percent more variability than does any other known test relationship. In the world "such as it is," this is a high inter-test relationship. We suspect that it could be somewhat augmented by the addition of readily obtainable variable or variables exterior to the test, such as chronological age. As it is, the relationship is high enough to recommend the use of the Empathy Test in addition to the PCM as estimates of the "true" CL. Since it was not designed to measure CL, it may overlap into CL less completely than does PCM, but it does overlap into PCM, which we feel we know measures CL. So, administering the two together for awhile should add to the body of that which we know.

Which Applies?

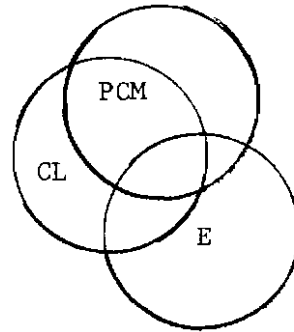
E measures 36 percent of PCM, some half of which is CL itself and half of which is non-CL error, plus E measures a small bit of unique variance of CL itself.



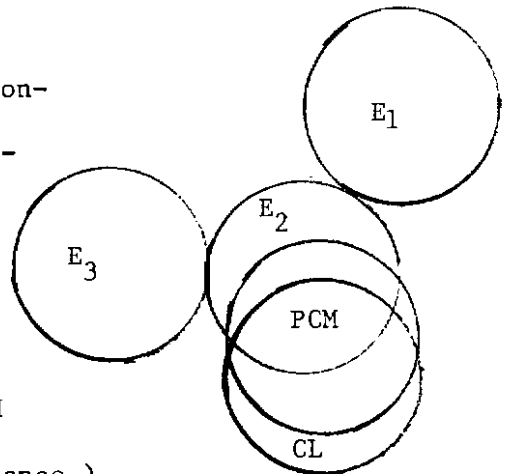
Whatever E measures, it is most like PCM in those respects that PCM is in error in measuring CL itself.



E measures a fraction of Conceptual Level itself, overlaps with PCM in part (36 percent), measures some unique part of CL which PCM doesn't measure, plus unidentified non-CL error variance.



PCM is most of CL, with no more error variance than that expressed by the reliability coefficient being less than 1.00. (Operationally this is as true a statement as investigators can make.) E might be, as above, either a large part (E-3), or a small part error (E-1), and if small part error, with high (E-1) or medium (E-2) overlap into PCM (giving either a duplicate or a unique variance.)



APPENDIX C

Empathy Test

NAME _____

+ YES - NO

DIRECTIONS: On the following 59 items, if you agree with the statement and your answer is "YES", put a plus (+) sign by the number; if you disagree with the statement and your answer is "NO", put a minus (-) sign by the number.

- _____ 1. Counseling should be strictly restricted to the area of trouble.
- _____ 2. If it is made too easy for prisoners, other persons won't be deterred from stealing and other offenses.
- _____ 3. In spite of the talk of romance, there is more marrying for money and to climb the social-economic ladder than one might think.
- _____ 4. It is only natural for a boy to like his mother more than his father.
- _____ 5. "Sincerity", "reliability", "constancy" are much over-rated virtues in a busy world.
- _____ 6. When people tell you their troubles, they ordinarily want you to tell them in some detail what to do.
- _____ 7. Psychiatrists are a little bit screwy.
- _____ 8. In a democracy and with free education available, a man who would ask advice from another is beyond help anyway.
- _____ 9. Homosexuals are sissies.
- _____ 10. If you are demonstrative to a young boy, he will be less manly as an adult.
- _____ 12. The kind of people who get ahead are those who have money, a Cadillac, and highly respected homes as their goals.
- _____ 13. Though the reasons are not all known, it is established by scientists that such things as eye color, hair color, height, head shape correlate with personality.
- _____ 13. Most men get into trouble because they have the wrong job.

- _____ 14. Once justice is taken care of, survival of the fittest will provide for mercy.
- _____ 15. A painting can be pretty, accurate, etc., but with all the ways money can be spent, building art museums around them is just too much.
- _____ 16. Full responsibility for education should be the problem of the schools.
- _____ 17. Workers work for pay almost exclusively.
- _____ 18. Goody-goody indoctrination is OK, but when it comes to handling prisoners this is still a matter for punishment, after all.
- _____ 19. A person can get refreshed, sort of spiritually, by going off drinking or having sex relations sometimes.
- _____ 20. One person is as likely to get into trouble as any other-- some worse things happen to some, so they go wrong for awhile.
- _____ 21. The philosophers who talk about ultimate values and "the meaning of life" are a long way from this world, and a little boring.
- _____ 22. School counselors are overpaid.
- _____ 23. People can be divided into two distinct classes; the weak and the strong.
- _____ 24. A girl with a bust like Marilyn Monroe's, legs like Betty Grable's, a voice like Lauren Bacall's, and a face like Elizabeth Taylor's, would most certainly make an ideal wife.
- _____ 25. Over 7% of persons are currently in confinement.
- _____ 26. Husbands should help their wives wash dishes and care for the children.
- _____ 27. People can be trusted.
- _____ 28. Women should stay out of politics.
- _____ 29. Familiarity breeds contempt.
- _____ 30. If a man has not liked his last boss, the chances are he will like his next supervisor.
- _____ 31. The more people know about you the more harm they can do you.

- _____ 32. School teachers don't make good mothers,
- _____ 33. Religious cults that handle snakes ought to be eliminated.
- _____ 34. Orientals are inscrutable.
- _____ 35. Women who wear tailored clothes and mannish haircuts should not get married,
- _____ 36. People who have made a lot of money haven't made it honestly.
- _____ 37. One can disregard an individual's past history and the reasons he gives for doing something if one knows what he has done.
- _____ 38. A person who understands others well is less likely to understand himself as well as one who concentrates his attention more solely upon himself.
- _____ 39. The general truths, mottos, sayings about people handed down over the ages are very important guides to achieve understanding with a person you have met for the first time.
- _____ 40. People interfere with one's thinking.
- _____ 41. There is not much point in a lot of discussion about most decisions.
- _____ 42. Nowadays more and more people are prying into matters that should remain personal and private.
- _____ 43. There ought to be a fixed sentence, decided upon in advance and published for each offense.
- _____ 44. There is a good type and a bad type that almost all people can be separated into.
- _____ 45. Most people do queer things for which there is no reason.
- _____ 46. People get into more trouble than they do good by thinking of why they do things.
- _____ 47. More people are rule-bound, careful, and formal than are imaginative, interesting, and carefree.
- _____ 48. It is more important to be "correct" than to be "polite."
- _____ 49. Those who employ wise sayings and well-chosen mottos as guideposts are more effective people, because it gives them a certain stability.

- _____ 50. A person who is always feeling sick is often trying to avoid something.
- _____ 51. It isn't good to tell people your troubles.
- _____ 52. A person who expects to be original and productive must necessarily be more remote from people generally than would the average person.
- _____ 53. The main job of a parent is to give a child food, education and teach him right from wrong.
- _____ 54. A man can be what he wants to be; the claim that a man's early life limits what he can accomplish is almost always the "yelping" of the weak.
- _____ 55. Most people make you impatient.
- _____ 56. What I like least about women is their feet.
- _____ 57. If you want a child to grow into an effective adult, you'd better not coddle him when he is young.
- _____ 58. Our treatment of prisoners is too harsh; we should try to cure, not punish them.
- _____ 59. Conscientious objectors are traitors to their country and should be treated accordingly.

APPENDIX D

Conceptual Level by Paragraph Completion Method (PCM)

1. What I think about rules

Try to write at least three sentences on this topic.

· WAIT FOR SIGNAL TO TURN PAGE

2. When I am criticized

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

3. What I think about parents

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

4. When someone does not agree with me

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

5. When I am not sure , . . . ,

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

6. When I am told what to do

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

APPENDIX E

Tables of Test Scores, Including Scores by Subject and by Test Question,
for both Ellsworth and Salina Units of St. Francis Boys' Homes,
as well as Tables Showing Revised Empathy Scores for
Individuals at Both of the Units

Table 1
Test Scores

A

(Ellsworth Unit, St. Francis Boys' Homes)

Subject Number	Empathy	CL/PCM	CL
1	4	1.5	B
2	5	1.3	B
3	5	1.4	B
4	6	1.4	B/C
5	-	-	-
6	5	1.9	B
7	5	1.0	B
8	-	-	-
9	4	1.7	B
10	3	1.1	A
11	3	.7	A
12	4	1.3	B
13	-	-	-
14	7	2.1	B/C
15	3	1.0	A
16	6	1.4	B/C
17	7	1.3	B/C
18	-	-	-
19	5	2.5	B
20	5	1.6	B
21	6	.7	B/C
22	3	1.9	A
23	5	1.0	B
24	5	2.0	B
25	5	.5	B
26	3	1.6	A

Table 1

Test Scores

B

(Salina Unit, St. Francis Boys' Homes)

Subject Number	Empathy	CL/PCM	CL
1	2	1.2	A
2	7	1.1	B/C
3	4	.6	B
4	2	.83	A
5	5	.66	B
6	5	2.16	B
7	2	.25	A
8	6	1.1	B/C
9	5	1.4	B
10	7	1.3	B/C
11	8	1.5	C
12	6	2.0	B/C
13	3	1.16	A
14	-	-	-
15	6	2.3	B/C
16	9	2.3	C
17	4	2.3	B
18	5	1.5	B
19	5	2.0	B
20	4	.66	B
21	5	1.33	B
22	-	-	-
23	7	2.3	B/C
24	6	2.1	B/C
25	4	.6	B
26	5	1.3	B

Table 2
 Scores by Question on the CL/PCM
 A
 (Ellsworth Unit, St. Francis Boys' Homes)

Subject Number	Question 1	Question 2	Question 3	4	5	6	\bar{X} top 3	\bar{X} 6	CL/PCM
1	1.0	1.5	2.5	2.0	1.5	2.0		1.75	1.5
2*									1.3
3	1.0	1.5 (2.0)	1.0 (.5)	.5	1.0	1.0		1.0	1.4
4	.5	1.5	1.0	.5	1.0 (.5)	1.0 (1.5)		.95	1.4
5	-	-	-	-	-	-		-	-
6	1.5	1.0 (.5)	1.5	2.0	2.5	1.0		1.5	1.9
7*									1.0
8	-	-	-	-	-	-		-	-
9*									1.7
10	0	.5	1.2 (1.5)	1.0	0	0		.75	1.1
11*									.7
12*									1.3
13	-	-	-	-	-	-		-	-
14	2.0 (1.5)	1.5	2.0	2.0	1.0	2.0		1.75	2.1

Subject Number	Question Number						\bar{X} top 3	\bar{X} 6	CL/PCM
	1	2	3	4	5	6			
15	0	1.0	1.0	.5 (0)	.5	0		.83	1.0
16	2.0 (1.5)	1.0	0 (.5)	1.0	1.0	1.5 (2.0)		1.08	1.4
17*									1.3
18	-	-	-	-	-	-		-	-
19	3.0	1.5	3.0	2.0	1.0 (1.5)	2.0 (1.5)		2.08	2.5
20	1.5	1.0	1.0	2.5	1.5	1.5 (2.0)		1.25	1.6
21*									.7
22 (1.5)	1.0	2.0	.5 0	2.0	2.0	1.5		1.5	1.9
23	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0
24	2.0 (1.5)	2.0	2.5	1.0	2.0 (3.0)	.5		1.66	2.0
25	0	0	.5	0	.5	.5		.25	.5
26 (1.0)	1.5 (.5)	1.0	1.5 (.5)	1.0	2.0	2.0		1.5	1.6

*CL/PCM individual scores were unavailable. Subjects had been tested with the CL/PCM prior to this research. The CL/PCM scores which are recorded are scores from the subjects' files on record at St. Francis Boys' Homes, Salina, Kansas.

Table 2

Scores by Question on the CL/PCM

B

(Salina Unit, St. Francis Boys' Homes)

Subject Number	Question Number						\bar{X} top 3	\bar{X} 6	CL/PCM
	1	2	3	4	5	6			
1	1.0 (1.5)	.5 (1.0)	1.5	0	1.0 (.5)	1.0	1.5 (1.0)	1.16 (.6)	1.2 (1.2)
2	.5 (1.0)	2.0 (0)	.5 (3.0)	.5 (0)	.5	1.0 (.5)	1.2 (1.1)	.83 (.83)	1.1 (1.1)
3	1.0	0	0	.5	.5	.5	.7	.5	.6
4	1.0	1.0	0	1.0 (0)	0 (.5)	1.0 (1.5)	1.0 (.66)	.58	.83
5	1.0 (.5)	- (0)	1.0 (1.0)	- (.5)	- (.5)	- (0)	- (0)	-	- .66
6	2.5 (2.0)	2.0 -	2.5 (1.5)	1.5 -	1.5 -	1.0 -	1.8 -	1.83 -	2.16 -
7	0 (0)	.5 (0)	.5 (0)	0 (0)	0 (0)	.5 (.5)	- -	- -	.25
8	1.5	.5	1.0	1.0	1.0	1.0	.5	1.2	.91
9	1.0	.5	2.5	.5	0	.5	1.0	1.4	1.1
10	1.0 (1.5)	0 (0)	1.5 (.5)	1.0 (.5)	.5 (.5)	.5 (.5)	1.5	.91	1.3
11	1.0 (1.0)	2.0 (1.5)	1.0 (.5)	1.0 (.5)	2.5 (1.5)	1.5 (1.0)	2.2	1.73	1.5
12	2.0 (1.5)	2.0 (1.0)	2.5 (1.0)	1.5 (2.0)	1.0 (1.5)	2.0 (2.0)	2.2		2.0
13	1.0	1.0	1.0	0	1.5	1.0 (.5)	1.5	1.08	1.16
14	-	-	-	-	-	-	-	-	-
15	2.0	2.0 (1.0)	2.5	0 (1.0)	.5	.5	2.2	1.25	2.3

Subject Number	Question Number						\bar{X} top 3	\bar{X} 6	CL/PCM
	1	2	3	4	5	6			
16	2.0 (1.0)	2.0 (1.0)	2.5	2.5	1.0	2.5	2.0	2.5	2.3
17	1.5	2.5 (2.0)	3.0	1.5	.5 (1.5)	1.5 (.5)	2.7 (1.6)	1.91	2.3
18	1.5 (1.0)	0	1.5	0	1.5	1.5	1.5	1.25	1.5
19	1.0 (1.5)	0 (.5)	3.0 (2.7)	1.0 (1.0)	1.0 (1.0)	2.0 (2.0)	2.0 (2.0)		2.0
20	2.0	2.0	0	1.0	1.0	1.5	.5	1.5	.66
21	1.0	0 (.5)	1.0 (.5)	1.0 (1.5)	1.5 (1.5)	.5	1.5		1.33
22	-	-	-	-	-	-	-	-	-
23	2.0	2.0 (1.0)	1.5	2.5	2.5 (2.0)	1.9	2.3	2.16	2.3
24	1.0 (2.0)	2.0 (2.0)	2.0 (2.5)	.5 (1.5)	2.0 (2.0)	1.5	1.5	2.0	.21
25	1.0 (.5)	.5 (.5)	.5 (.5)	0 (.5)	1.0 (.5)	.5	.7	.58	.6
26	.5 (0)	.5 (0)	0	1.0 (.5)	2.0 (.5)	2.5 (1.5)	.5 (1.0)	1.7	1.3

Table 3

Revised Empathy Key

A

(Ellsworth Unit, St. Francis Boys' Homes)

Subject number	Empathy	Conceptual Level (CL)
1	5	1.5
2	6	1.3
3	4	1.4
4	1	1.4
5	-	-
6	4	1.9
7	6	1.0
8	-	-
9	8	1.7
10	5	1.1
11	8	.7
12	6	1.3
13	-	-
14	5	2.1
15	3	1.0
16	2	1.4
17	2	1.3
18	-	-
19	4	2.5
20	4	1.6

Subject number	Empathy	Conceptual Level (CL)
21	4	.7
22	7	1.9
23	3	1.0
24	3	2.0
25	5	.5
26	3	1.6

B

(Salina Unit, St. Francis Boys' Homes)

Subject number	Empathy	Conceptual Level (CL)
1	7	1.2
2	5	1.1
3	6	.6
4	7	.83
5	6	.66
6	3	2.16
7	7	.25
8	2	1.1
9	4	1.4
10	6	1.3
11	2	1.5

Subject number	Empathy	Conceptual Level (CL)
12	4	2,0
13	7	1.16
14	-	-
15	2	2,3
16	0	2,3
17	6	2,3
18	2	1,5
19	3	2,0
20	6	,66
21	8	1.33
22	-	-
23	4	2,3
24	1	2,1
25	5	.6
26	4	1.3
