

Psychopathy and Sexual Offender Treatment

Leigh Harkins, M.A., Symposium Chair

There are a number of studies and reviews discussing the commonly stated position that men who score high in psychopathy tend to respond poorly to treatment (e.g., Hobson, Shine, & Roberts, 2000). However, other evidence and opinions have also called into question the suggestion that psychopaths are 'untreatable' (e.g., D'Silva, Duggan, & McCarthy, 2004; Loving, 2002; Salekin, 2002; Stalans, 2005; Wong, 2000). Newer evidence suggests that those with high psychopathy scores may have different treatment needs, and may respond differently to treatment, but that they are treatable nonetheless. This symposium presents research examining different aspects of treatment in sexual offenders, specifically looking differences between men who score high in psychopathy compared to men who score low in psychopathy. The first three papers examine sex offenders detained under Wisconsin's Sexually Violent Persons law at Sand Ridge Secure Treatment. The final paper examines overall treatment outcome with consideration of PCL-R score from another centre. The results reported in the symposium indicate that both similarities and differences exist between those with varying levels of psychopathy.

The Influence of Psychopathy on the Therapeutic Climate of Sex Offender Treatment Groups

Leigh Harkins, M.A.
Anthony Beech, D. Phil

The aim of this study was to compare the therapeutic climate of sex offender treatment groups for men who score high on the PCL-R to groups with men who score low on the PCL-R. This was examined in 137 sexual offenders detained under Wisconsin's Sexually Violent Persons law. The participants attended one of four treatment tracks, depending on IQ (above or below average) and level of psychopathy (below 25 or 25+). Treatment tracks were combined to examine differences related to psychopathy. Therapeutic climate was examined using the Group Environment Scale (GES; Moos, 2002). A MANCOVA was carried out with treatment track as the grouping variable, age at testing and number of prior sentencing dates as covariates, and the 10 GES subscales as the dependent variables. This MANCOVA was significant ($F(10/122) = 1.9, p < .05$) indicating that the overall group environment differed depending on whether someone was in one of the Higher PCL-R treatment tracks versus those in the

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Lower PCL-R treatment tracks. A MANOVA was carried out for each of the treatment tracks with the Phase of Treatment as the grouping variable and the 10 GES subscales as the dependent variables. Separate MANOVAs for the Lower ($F(10/53)= 2.6, p < .05$) and Higher ($F(10/62)= 3.2, p < .01$) PCL-R treatment tracks were each significant indicating that the overall group environment differs as a function of phase of treatment. Results demonstrated that therapeutic climate was less positive in the Higher PCL-R treatment track, however the overall group environment of this treatment track was generally acceptable. Those in later phases of the Higher PCL-R treatment track reported improved ratings on two important subscales of the GES (i.e., Cohesion and Task Orientation). Although difficulties in treating men who score high in psychopathy are acknowledged (e.g., low levels of cohesion in early phases of treatment), this is an area where improvement was observed.

Can Participation in Preparatory Programs Effectively Damp Down the Effect of Psychopathic Traits on Treatment Interfering Behaviors?

David Thornton, Ph.D.
Nick Yackovich, Ph.D.

Psychopathic traits notoriously interfere with treatment participation. This presentation explores the experience of treatment providers working with relatively psychopathic sexual offenders (PCL-R of 25 and above) who have completed preparatory treatment designed to damp down the treatment interfering effects of psychopathy. Their experience is compared to that of treatment providers working with less psychopathic offenders (PCL-R < 25) who had also completed preparatory treatment designed to address their treatment interfering factors. A number of sources of information about response to treatment are used: ratings of treatment notes made by an independent rater; records of retention in treatment; records of disciplinary infractions; and ratings made by treatment providers of their experience of treatment interfering behaviors. The analysis seeks to distinguish between treatment interfering behaviors genuinely being at an acceptably low level versus treatment providers shifting their standards in response to ongoing misbehavior and/or manipulation of staff into not imposing consequences for misbehavior versus responses to treatment interfering behaviors that enables treatment to proceed despite them.

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Psychopathy and the Completion of Clinical Tasks

Greg Giles, M.A.
LuAnn Daniels, MSSW

Psychopathic traits notoriously interfere with treatment participation. Three expectable effects of psychopathic traits are difficulty accepting a need to make fundamental changes, more oppositional reactions to demands made by treatment, and shallower engagement in treatment. This presentation explores the treatment performance of relatively psychopathic sexual offenders (PCL-R of 25 and above) who have completed preparatory treatment designed to damp down the treatment interfering effects of psychopathy relative to the treatment performance of less psychopathic offenders. Both groups of offenders were engaging in parallel clinical tasks: initially disclosure of life history, past offending, and specific offenses; followed by constructing narrative accounts and cognitive-behavioral chains depicting a representative sample of offenses; and identification of psychological factors that contributed to past offending. Data analyzed include samples of products produced while engaging in these different tasks, treatment records, and ratings made by treatment providers. Comparisons between more psychopathic and less psychopathic offenders are made and interpreted in terms of whether the two groups achieved comparable standards in completion of clinical tasks.

Treatment of High Risk Sex Offenders: Updated Outcome Data from the Regional Treatment Centre Sex Offender Treatment Program

Jeffrey Abracen, Ph.D.
Jan Looman, Ph.D.

The present investigation examined a sample of 71 offenders treated at the Regional Treatment Centre (Ontario) Sex Offender Treatment Program (RTCSOTP) and a matched sample of untreated sexual offenders from the Ontario region of Correctional Service of Canada. Comparison group subjects were obtained from among consecutive admissions to the Millhaven Assessment Unit in the Ontario Region of Correctional Services of Canada. Groups were matched on age at index offence, Hare Psychopathy Checklist-Revised (PCL-R) score and type of sexual offender. As well, the Rapid Risk Assessment of Sexual Offence Recidivism Scale (RRASOR) was scored on all subjects in the present investigation. Analyses were performed both for the entire group of treated and comparison subjects as well as for groups consisting of only those subjects

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who met the diagnostic criteria for psychopathy. Recidivism, based upon officially recorded charges and convictions, was used as the primary dependent measure.

As there are few outcome studies related to the treatment of psychopathy, at least as defined by score on the Hare PCL-R, and even fewer studies using matched comparison groups, such research is essential if questions as to whether psychopathy is a treatable condition are to be resolved. The presentation will also fit these data into the existing literature on the subject. It will be argued that, although more research is clearly needed before any definitive conclusions can be reached, there is reason for optimism with reference to treatment efficacy with high risk offenders including those who meet the diagnostic criteria for psychopathy.