

Treatment of Psychopathic Offenders: Evidence, Issues, and Controversies

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Dr. Stephen Wong



Dr. Robert Hare



...and Audrey Gordon, Kathy Lewis, Deqiang Gu, Min Yang & colleagues and all participants in our studies.

Psychopathy

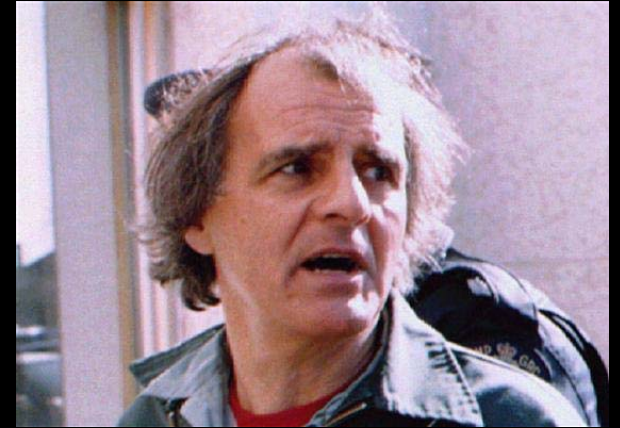
Who comes to mind?



Paul Bernardo



Robert Picton



Clifford Olson



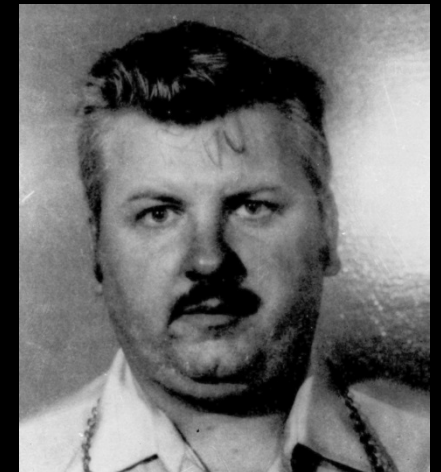
Ted Bundy



Jeffrey Dahmer



Kenneth Bianchi



John Wayne Gacy

Most offenders are not psychopaths

Many psychopaths are not offenders

**Sexual and violent offenders are not necessarily
psychopaths**

Psychopaths are not necessarily violent



Bernie Madoff

“a white collar psychopath who harms others not with physical violence but with his calloused and vicious indifference.”

Saul Kassin, President,
AP-LS
American Psychological Association

Operational Definition of Psychopathy

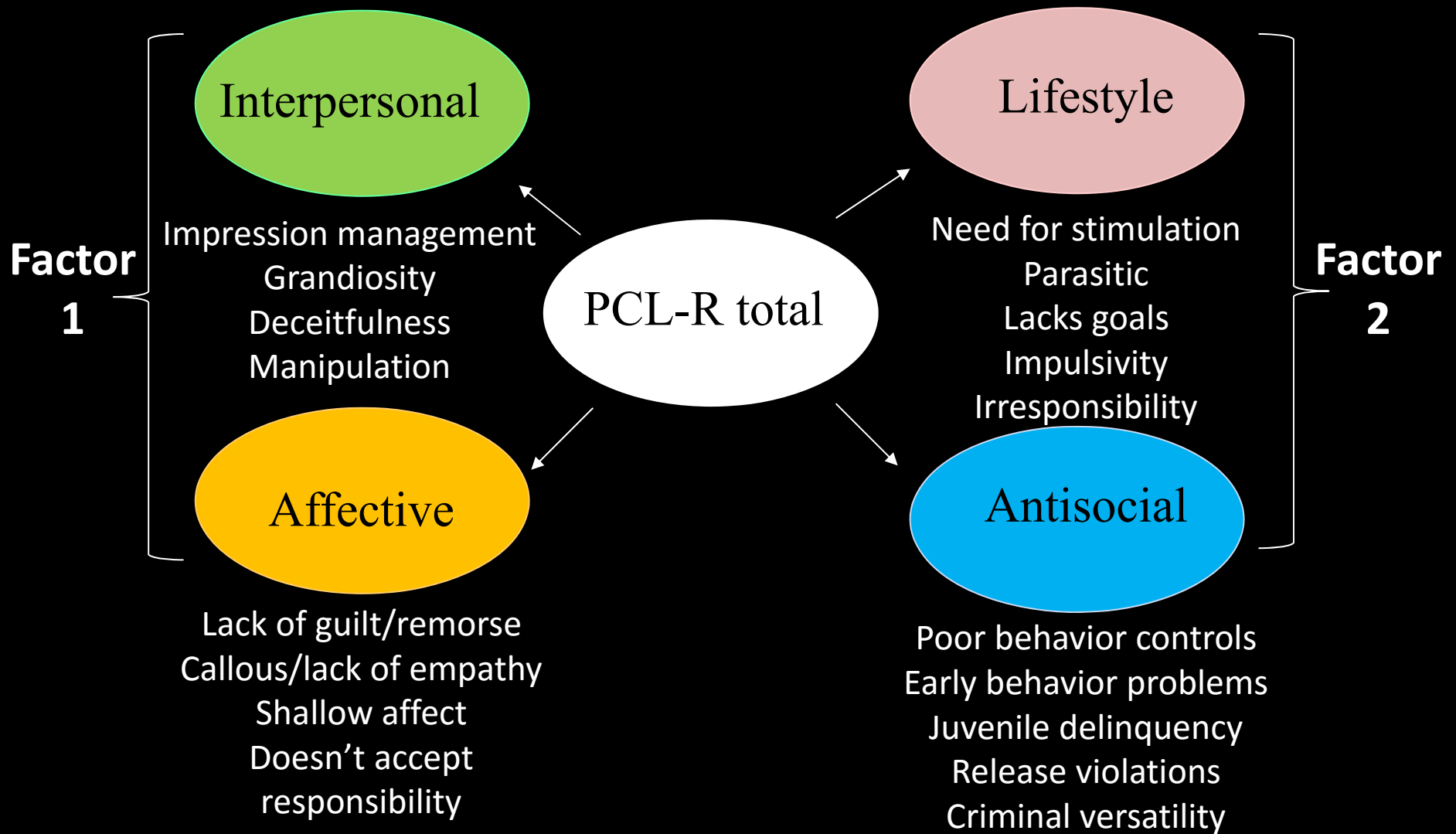
Psychopathy Checklist – Revised (PCL-R)

(Hare, 1991, 2003)



PCL-R 4-Factor model

(Hare, 2003; Hare & Neumann, 2008, 2010)



Predictive Accuracy of PCL-R: Results from Meta-analyses

Study	<i>r</i> general recidivism	<i>r</i> violent recidivism	<i>r</i> sexual recidivism
Hemphill et al. (1996) (<i>k</i> = 7, <i>n</i> = 1,275; <i>k</i> = 6, <i>n</i> = 1,374)	.27	.27	-
Gendreau et al. (2002) (<i>k</i> = 30, <i>n</i> = 4,385; <i>k</i> = 26, <i>n</i> = 4,823)	.23	.21	-
Hanson & Morton-Bourgon (2005) (<i>k</i> = 13, <i>n</i> = 2,783)	-	-	≈.10
Leistico et al. (2008) (<i>k</i> = 62, <i>n</i> = 11,140; <i>k</i> = 68, <i>n</i> = 12,359)	.25	.23	-
Campbell et al. (2009) (<i>k</i> = 24, <i>n</i> = 4,757)	-	.27	-
Hawes et al. (2012) (<i>k</i> = 13, <i>n</i> = 3,467; <i>k</i> = 20, <i>n</i> = 5,239)	-	≈.22	≈.14

* ≈ *d* converted to *r* adjusted using base rate from Hanson & Morton-Bourgon (2005)

- Why are we concerned about sexual and violent offenders who register a high score on this tool?

Therapeutic Pessimism

Cleckley, 1941

“...we do not at present have any kind of psychotherapy that can be relied upon to change the psychopath fundamentally.” p 438-439

Suedfeld & Landon, 1978

“review of the literature suggests that a chapter on effective treatment should be the shortest in any book concerned with psychopathy. In fact, it has been suggested that one sentence would suffice: No demonstrably effective treatment has been found” (p. 347)

Harris & Rice, 2006

“...no effective interventions yet exist for psychopaths. Indeed, some treatments that are effective for nonpsychopaths actually increase the risk of represented by psychopaths.” (p. 563 in Patrick, 2006 Ed.).

Evidence on treatment efficacy?

Does treatment make psychopaths worse?

Systematic Review of Treatment Literature

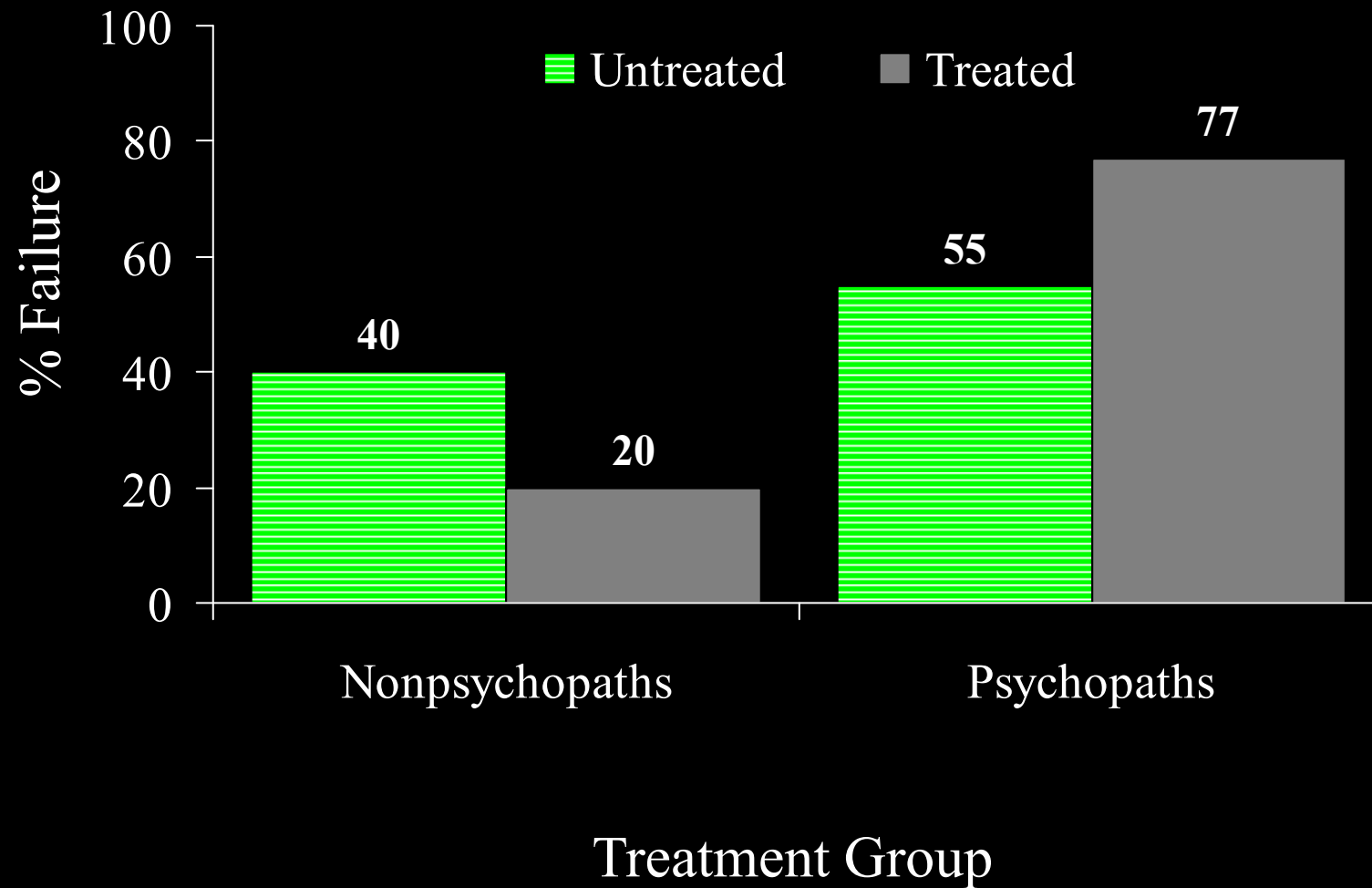
(D'Silva, Duggan, & McCarthy, 2004)

- Reviewed 24 studies
- “...none met our standard for an acceptable study”
 - High threshold of acceptability

“We conclude therefore that the commonly held belief of an inverse relationship between high-scores on the PCL-R and treatment response has not been established”.

<https://dl.dropboxusercontent.com/u/28771890/Penetang%20Program%20%26%20Therapy%202.05%20-%203.57.wmv>

Failure (%) Following Treatment: Violent Offences



“The present results strongly suggest that the kind of therapeutic community described in this article is the wrong program for serious psychopathic offenders”.

Rice, Harris, Cormier, 1992, p. 408.

“At a practical level, the treatment of psychopaths has an interesting history, short on quantity and long on lore... Close examination of the treatment studies of psychopaths shows that most treatment efforts have failed to attend to the principles of effective correctional interventions”

Simourd & Hoge (2000, p. 269)

Quantitative Evaluation of Treatment Efficacy

- Salekin (2002)
 - Meta-analysis of 42 treatment studies on psychopathy
 - Few empirical investigations & fewer follow up studies
 - Provided some evidence of +ve tx effects: “60% of patients benefitted from therapy”
 - Some methodological issues (Harris & Rice, 2006)
 - “little scientific basis for the belief that psychopathy is an untreatable disorder” (p. 79)

Why have earlier studies produced
negative outcomes?

Based on Salekin (2002) Meta-Analysis of 42 Treatment Studies

Pre-1980 Number of studies			1980 to 2002 Number of studies		
35			7		
Structured psychopathy assess. = most used Cleckley's criteria)			Structured psychopathy assess. = 4 (mainly PCL-R/SV)		
Structured risk assess. = 0/?			Structured risk assess. = 4 Cleckley's = 3		
CBT	OTHERS Mainly TC	Psychoanalytic	CBT	OTHERS Mainly TC	Psychoanalytic
4	14	17	2	4	1

Salekin et al., 2010

- Updated 2002 meta-analysis – added 9 new studies
- Much improved study designs and intervention
 - Structured risk/psychopathy assessment & outcome evaluation, use RNR principles
 - Long term follow up
- Some with +ve tx effects;
- Reduction in violence and reoffending with treatment.
- Literature definitely moving in the right direction...

Based on
Salekin, 2010 updated review

2002 to 2010 Number of studies		
9		
Structured psychopathy assess. = 9 (all used PCL-R/SV)		
Structured risk assess. = 9		
CBT	OTHERS	Psychoanalytic
	Mainly TC	
5	4	0

National Institute of Clinical Excellence (NICE) UK

- Treatment guidelines APD/Psychopathy (2009)
- Should not be excluded from treatment
 - Consider using CBT, group therapy
 - Attend to risk characteristics and therapeutic engagement, staff training (responsivity)

Regional Psychiatric Centre Saskatoon, Saskatchewan, Canada



Clearwater Sex Offender Program
Aggressive Behaviour Control (ABC)
Program



Principles of Effective Correctional Intervention

(Andrews, Bonta, & Hoge, 1990; Andrews, Zinger et al., 1990)

- Risk
 - Match treatment services to the risk level of the client (e.g., high risk = high intensity services)
- Need
 - Target criminogenic needs (a.k.a. psychologically meaningful risk factors) in treatment
- Responsivity
 - Tailor treatment delivery to unique client features (e.g., cognitive ability, personality, culture, motivation)

- VRS and VRS-SO used by ABC and Clearwater to:
 - Assess risk
 - Identify treatment targets
 - Assess change

Violence Risk Scale (VRS; Wong & Gordon 1999-2002) ; Violence Risk Scale-Sexual Offender version (VRS-SO; Wong, Olver, Nicholaichuk, & Gordon, 2003)

Psychopathy and Treatment Noncompletion

Olver & Wong (2011)

- Psychopathy, treatment noncompletion, and recidivism, examined in 154 treated sex offenders
 - 26.7% attrition rate for psychopathic offenders
 - Affective facet a particularly strong predictor of attrition

PCL-R facet	<i>r</i>	<i>B</i>	SE	Wald	e^B	95% CI (Lower, Upper)	
Interpersonal	.18*	-.029	.175	.027	.972	.690	1.37
Affective	.31**	.330	.165	3.99*	1.39	1.01	1.92
Lifestyle	.20*	.112	.137	.668	1.12	.855	1.46
Antisocial	.19*	.093	.115	.657	1.10	.876	1.38

* $p < .05$, ** $p < .01$

Psychopathy and Treatment Change (Olver, Lewis, & Wong, 2013)

- 152 male federal offenders received inpatient violence risk reduction treatment from ABC program
 - VRS used to measure risk & risk change in treatment
 - 94% VRS score > 50 (high risk)
 - 64% PCL-R > 25 (doubly high risk)
 - Affective facet particularly strong predictor of decreased therapeutic progress

PCL-R	<i>r</i> VRS change
Interpersonal facet	-.18*
Affective facet	-.30**
Lifestyle facet	-.14
Antisocial facet	-.18*
Factor 1	-.26**
Factor 2	-.20*
Total score	-.27**

Working Alliance and Psychopathy

(DeSorcy, 2013)

- 423 Canadian male federal sexual offenders from Clearwater
- Completed WAI and PCL-R rated on 25% of the sample
- 15.7% attrition rate for psychopathic offenders
- **Affective factor significantly negatively correlated with Bond**

PCL-R	WAI			
	Task	Bond	Goal	WAI Total
Interpersonal	.09	-.01	.07	.06
Affective	-.14	-.19*	-.21*	-.20*
Lifestyle	-.21*	-.15	-.17	-.19*
Antisocial	-.02	.00	.06	.02

- The Affective factor of the PCL-R associated with....
 - Decreased treatment progress
 - Increased dropout
 - Weaker working alliances

A Two Component Model for the Treatment of Psychopathic Offenders

Objectives in Treatment of Offenders with Psychopathic Traits

- Reduce risk for violence and sexual violence through treatment and risk management interventions

What to Change?

Using PCL-R as the operational definition of psychopathy

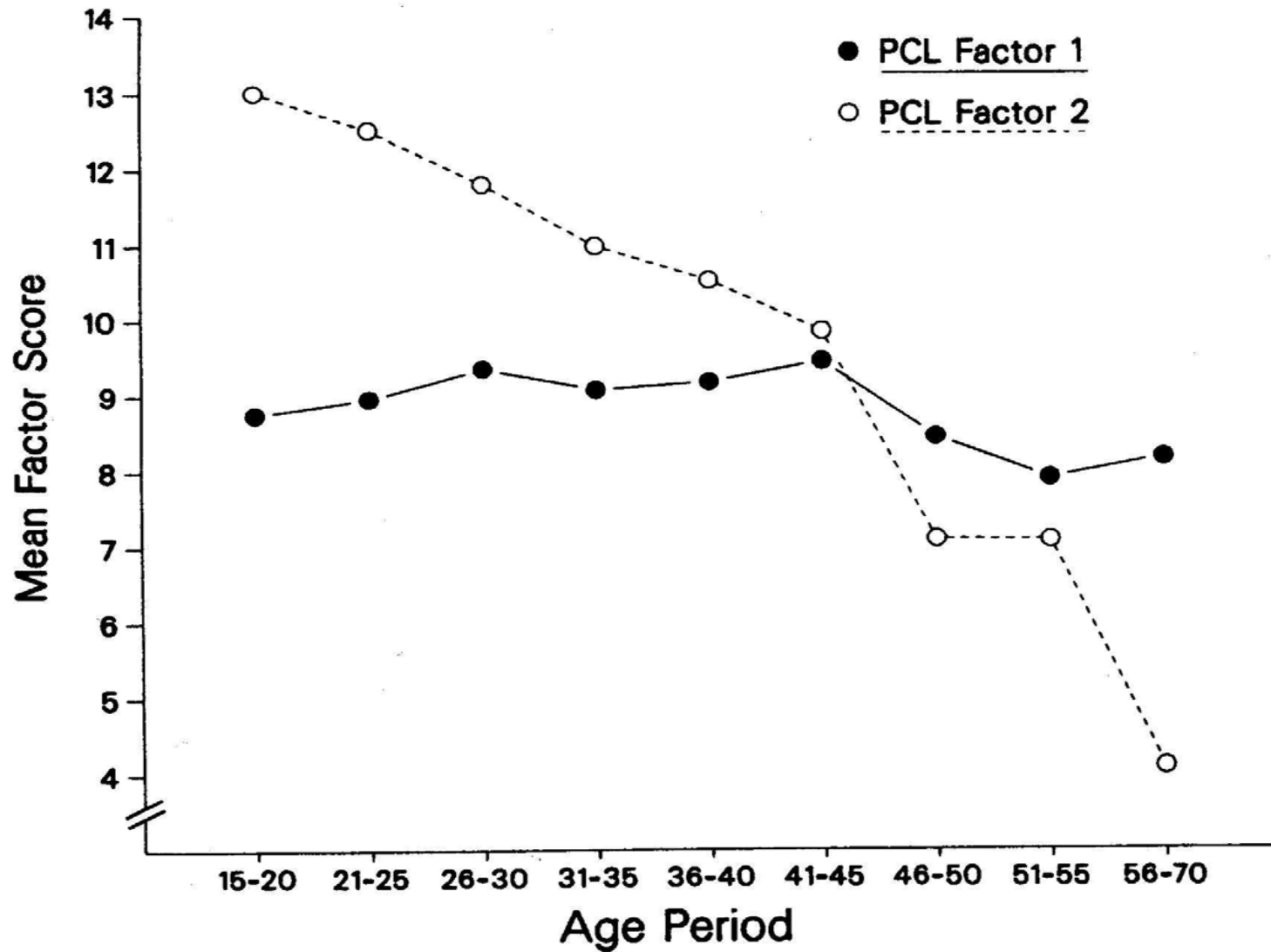
- Change Factor 1 ? Change interpersonal/affective traits
- Change Factor 2 ? Change lifestyle/antisociality (criminogenic issues)
- Change both ? Interaction of F1 and F2?

The focus of change should be on something

1. Likely to be changeable
2. Positive change lead to reduction in violence

How much can F1 & F2 change?

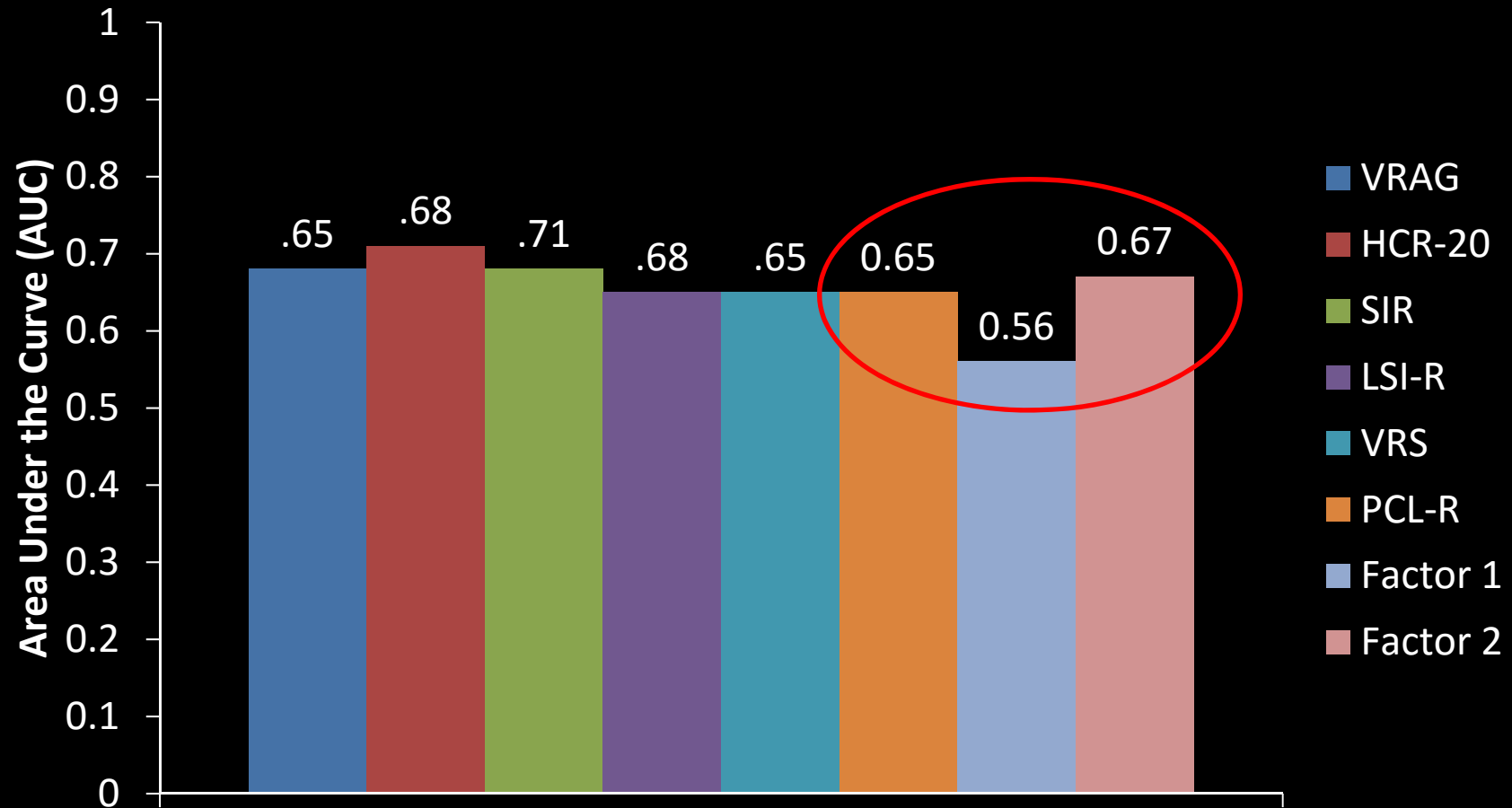
Psychopathy: Effects of Age



To what extent are F1 and F2 linked to violence?

Predictive Accuracy of Violence Risk Tools

(Yang, Wong, & Coid, 2010)



- There is not much evidence that Factor 1 changes over the adult lifespan (Harpur & Hare, 1994)
- OR that it predicts violent and sexual recidivism well (Hawes, Boccaccini, & Murrie, 2013; Yang, Wong, & Coid, 2010).
- The role of Factor 1?
 - A responsivity issue

Two Component Model for the Treatment of Psychopathic Offenders

(Wong & Hare, 2005; Wong et al., 2012; Wong, 2013)

- Component 1 – Interpersonal Component
 - Manage Factor 1 as a responsivity issue
- Component 2 – Criminogenic component
 - Target criminogenic needs (linked to Factor 2) as per the risk and need principles

Therapy interfering behaviors among offenders with psychopathic traits

- Manipulative behavior, lying, conning
- Irresponsibility
- Staff splitting
- Glibness, superficial charm
- Flirtatious, sexualized, inappropriate behaviors
- Attempts or threats of self harm
- Anger, abusiveness, aggression, and intimidation

Component 1 (Interpersonal): Treatment Implications

- Manage treatment interfering behaviors (as responsivity characteristics) to ensure program integrity
 - Careful staff selection, training, support & supervision
 - Team work & team coherence
 - Build working alliance, use motivational interviewing approaches
 - Boundary maintenance
 - Monitor offender activities

Component 2 (Criminogenic): Treatment Implications

- Treatment should focus on changing PCL-R Factor 2 (antisociality) characteristics to reduce violence
- Use dynamic risk assessment tools to assess criminogenic needs
 - “Psychologically meaningful risk factors” (Mann et al., 2010)
- Use CBT/skills training to address thoughts, feelings and behaviours linked to violence/sexual violence (i.e., to treat criminogenic needs)

Some illustrative data from the Clearwater and ABC Programs

- Three RPC-based studies have examined relationship of risk change (assessed via VRS-SO or VRS) and treatment to possible reductions in recidivism, controlling for baseline risk and psychopathy (PCL-R score)

VRS-SO Assessed Treatment Change and Sexual and Violent Recidivism in a Sample of Treated Sexual Offenders

(Olver & Wong, 2009)

- 156 treated federal sexual offenders attended Clearwater Program
 - High intensity, CBT/RNR based program
 - VRS-SO used to assess risk and change in treatment
 - PCL-R used to assess psychopathy (M = 20.2, SD = 7.4)
- Followed up a mean 10 years post-release
 - Outcome (sexual and violent recidivism) data obtained via CPIC

VRS-SO Assessed Treatment Change and Sexual and Violent Recidivism in a Sample of Treated Sexual Offenders
(Olver & Wong, 2009)

	Sexual recidivism				Violent recidivism			
	B	SE	Wald	e ^B	B	SE	Wald	e ^B
Block 1								
PCL-R	.053	.024	4.77*	1.05	.110	.027	16.96**	1.12
Change	-.097	.077	1.59	0.91	-.211	.079	7.10**	0.81
Block 2								
PCL-R	.016	.027	.348	1.02	.090	.028	10.24**	1.10
Static	.242	.059	16.98**	1.27	.152	.053	8.29**	1.17
Change	-.191	.087	4.80*	0.83	-.277	.087	10.10**	0.76

* $p < .05$, ** $p < .01$

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Change	-.191	.087	4.80*	0.83	-.277	.087	10.10**	0.76

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VRS Assessed Treatment Change and Violent Recidivism in a High Risk, Psychopathic Sample

(Lewis, Olver, & Wong, 2013; Olver, Lewis, & Wong, 2013)

- 152 treated violent federal offenders attended the Aggressive Behaviour Control (ABC) Program
 - High intensity, CBT/RNR based risk reduction treatment
 - VRS used to assess risk and change in treatment
 - 94% VRS score >50; mean score =61
 - (DSPD VRS mean score = 61 [Kirkpatrick et al., 2009])
 - 64%, PCL-R >25
 - 27% PCL-R > 30; sample mean PCL-R = 26
 - (DSPD mean 28.3 [Kirkpatrick et al., 2009])
- Followed up mean 5 years in community
 - Outcome data (violent recidivism) obtained via CPIC
 - Any new violent conviction and any new community violent conviction

Relative contributions of the PCL-R and VRS measured therapeutic change in predicting violent recidivism:
Cox regression survival analysis

Regression model	Community violence				Any violence			
	B	SE	Wald	e ^B	B	SE	Wald	e ^B
PCL-R	.06	.03	5.04*	1.06	.07	.03	6.62**	1.07
Change	-.08	.03	4.13*	0.92	-.09	.04	5.27*	0.92
F1	.08	.04	4.73*	1.09	.09	.04	5.96*	1.10
Change	-.09	.04	5.04*	0.92	-.10	.04	6.63**	0.91
F2	.09	.06	2.20	1.09	.10	.06	2.82	1.10
Change	-.09	.04	5.65*	0.91	-.10	.04	7.11**	0.90

*** $p < .001$, ** $p < .01$, * $p < .05$

Relative contributions of the PCL-R and VRS measured therapeutic change in predicting violent recidivism:
Cox regression survival analysis

Regression model	Community violence				Any violence			
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PCL-R	.06	.03	5.04*	1.06	.07	.03	6.62**	1.07
Change	-.08	.03	4.13*	0.92	-.09	.04	5.27*	0.92
F1	.08	.04	4.73*	1.09	.09	.04	5.96*	1.10
Change	-.09	.04	5.04*	0.92	-.10	.04	6.63**	0.91
F2	.09	.06	2.20	1.09	.10	.06	2.82	1.10
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Cox regression survival analysis

Regression model	Community violence				Any violence			
	B	SE	Wald	e ^B	B	SE	Wald	e ^B
Affective	.23	.08	8.91**	1.26	.23	.08	9.34**	1.26
Change	-.06	.04	2.27	0.94	-.07	.04	3.42 ^{.064}	0.93
Antisocial	.16	.08	3.63 ^{.057}	1.17	.16	.08	3.64 ^{.056}	1.17
Change	-.09	.04	3.35 ^{.067}	0.93	-.09	.04	4.69*	0.92

** , $p < .01$, * $p < .05$

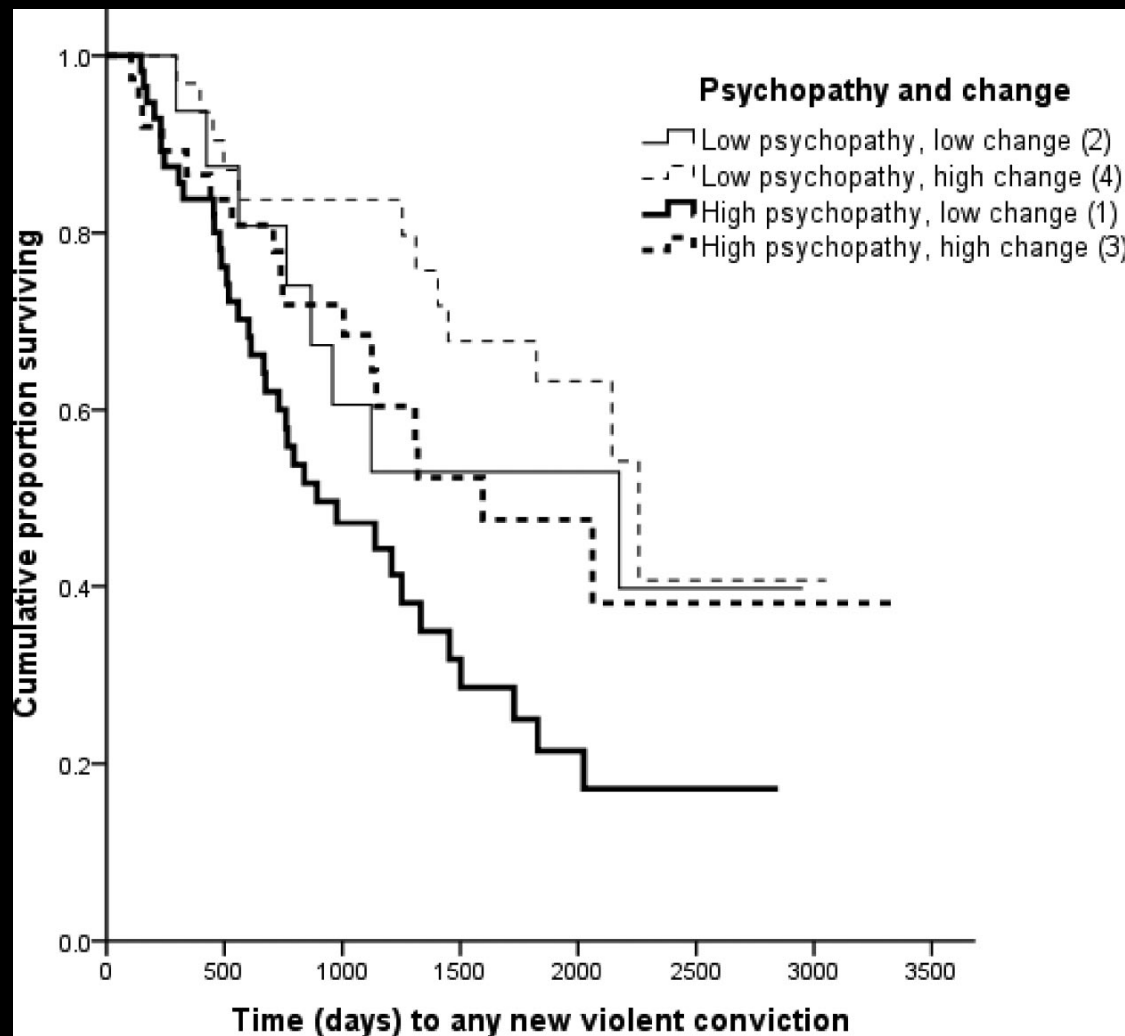
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Violent Recidivism as a Function of Treatment Change and Psychopathy

Olver, Lewis, & Wong (2013)



Matched Treatment Outcome Study

Wong, Gordon, Gu, Lewis, & Olver (2012)

- Treated: 32 psychopaths treatment completers
(from pool of 270 ABC treatment participants)
- Untreated: 32 psychopaths
(untreated from a pool of 239 offenders)
- Matching criteria:
 - Age (at first conviction, first release, data collection date)
 - Race
 - # past violent & non-viol convictions
 - PCL-R total and Factor 1 & 2 Scores
 - Risk measures (VRS, SIR)
 - Follow-up time (>7 yr)
- All data collected from computerize offenders management/criminal record system (OMS, CPIC).

Results: Outcome Measures

Table 2: Comparison of Recidivism Outcome Variables for the Treated and Matched Control Groups.

Variable n=32, both groups	Treated Mean (SD)	Matched Mean (SD)	t (p<)
Time to 1 st Return to Custody (Months)	18.5 (24.6)	10.5 (16.3)	n.s.
Time to 1 st Reconviction (Months)	22.2 (24.3)	14.8 (22.9)	n.s.
Time to 1 st Violent Reconviction (Months)	42.2 (29.1)	41.1 (36.3)	n.s.
Number of Revocations	1.2 (1.2)	1.7 (1.8)	n.s.
Time on Supervised Release (Months)	17.8 (26.4)	20.8 (32.8)	n.s.
Base Rate Any Reconviction**	93.8 %	93.8 %	n.s.
Base Rate Violent Reconviction**	81.3 %	84.4 %	n.s.
Total Number of Reconvictions	9.4 (7.8)	10.7 (9.2)	n.s.
Number of Non-Violent Reconvictions	7.3 (7.2)	8.3 (8.7)	n.s.
Number of Violent Reconvictions***	2.2 (1.97)	2.3 (1.9)	n.s.
Number of Sentencing Dates	4.9 (3.5)	6.1 (5.4)	n.s.

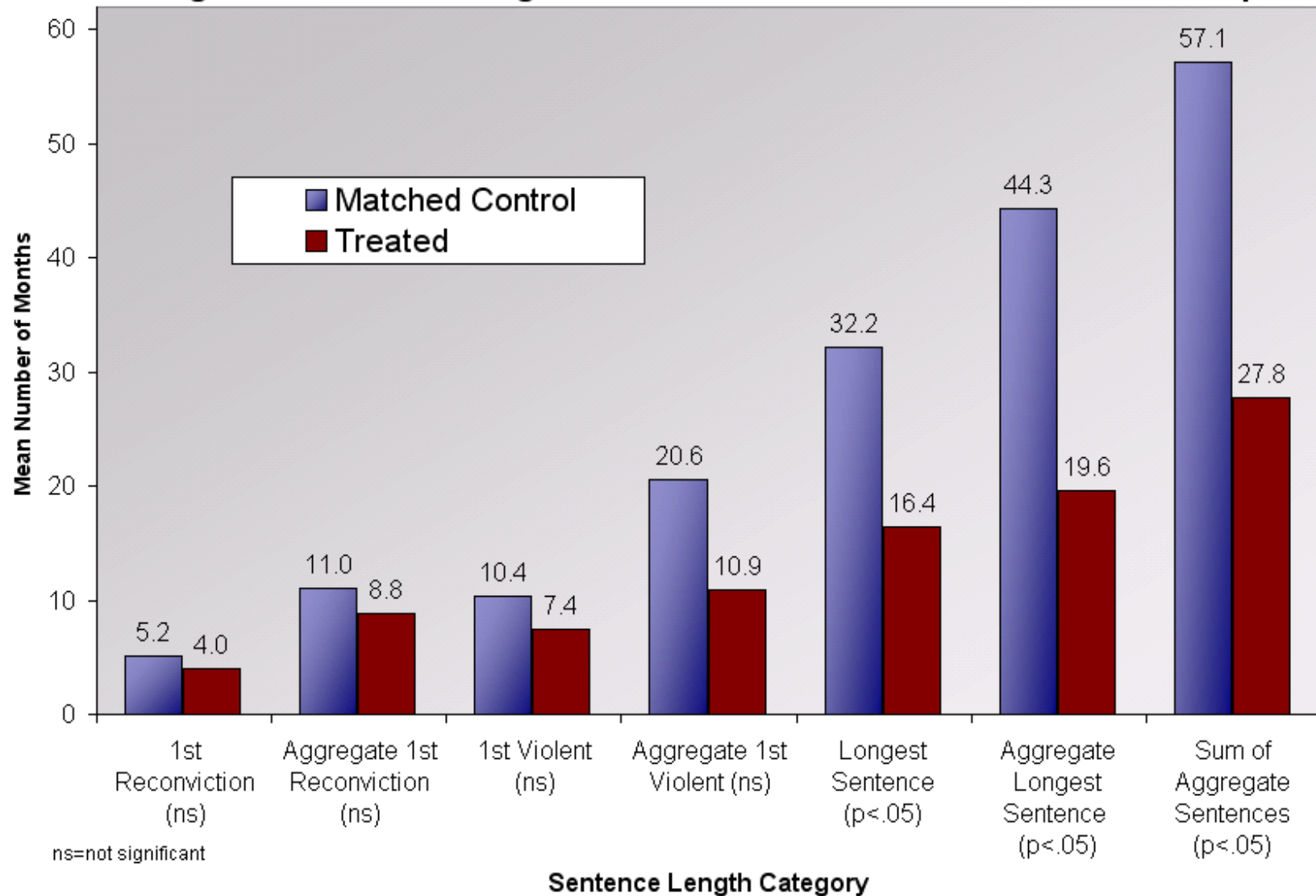
*p<.05 (two-tailed); **Base rates shown as percentage of sample with any reconviction and any violent reconviction, Chi square statistic used to calculate significance; *** Sexual offences are included in the number of violent convictions.

- *Guidelines for the treatment of psychopathy* (Wong & Hare, 2005)

“...it would be a mistake to believe that ... individuals with a history of predatory behavior will become model citizens. *Saul will not become Paul*, to use a biblical analogy. About the best we can hope for is that psychopaths who have gone through the [program] will be significantly (in a practical as well as statistical sense) less prone to engage in violent behavior than they were before the program. Still, even modest reductions in the use of aggression and violence by psychopaths would be of enormous benefit to society. (p 9)

RESULTS: Offence Severity

Figure 1: Sentence Length in Months for the Matched and Treated Groups



Some General Conclusions

1. No evidence that *appropriate* correctional treatment makes psychopathic offenders worse.
2. Risk reduction assessed during treatment linked to reductions in sexual and violent recidivism.
3. Risk reductions were evident among offenders with significant psychopathic traits.

What does this all suggest?

There's Hope!