

Reframing individuals with psychopathy as high risk (not hopeless) cases

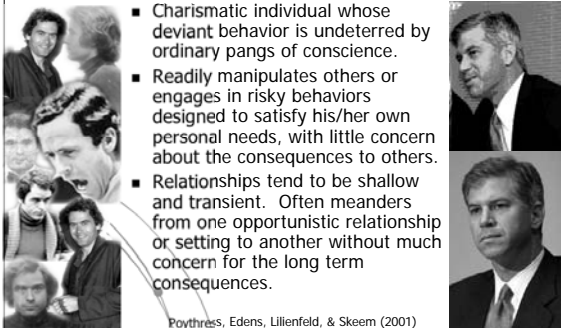
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What is psychopathy?



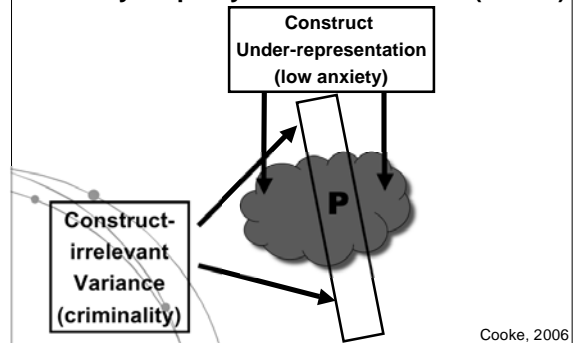
Psychopathy, as prototypic Cleckley (1941)



- Charismatic individual whose deviant behavior is undeterred by ordinary pangs of conscience.
- Readily manipulates others or engages in risky behaviors designed to satisfy his/her own personal needs, with little concern about the consequences to others.
- Relationships tend to be shallow and transient. Often meanders from one opportunistic relationship or setting to another without much concern for the long term consequences.

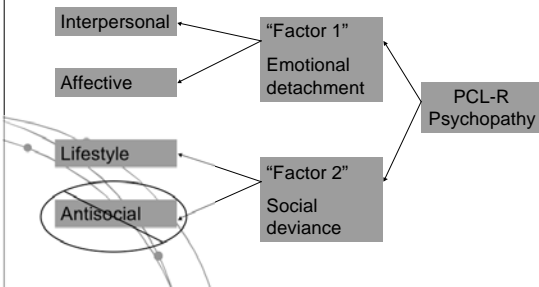
Poythress, Edens, Lilienfeld, & Skeem (2001)

Psychopathy, as operationalized Hare Psychopathy Checklist-Revised (PCL-R)



Cooke, 2006

Psychopathy, as operationalized Hare Psychopathy Checklist (PCL-R)



PCL-R psychopathy bears little relation to its conceptual roots

- Tendencies toward violence and major crime are something "independent, to a considerable degree, of the other manifestations which we regard as fundamental" to psychopathy
 - Cleckley (1976, p. 262)
- Psychopaths are "*intraspecies predators*" who will use "impulsive and cold-blooded violence to attain their ends"
 - Hare (1996, p.1)

Skeem & Cooke (2006)
Cooke, Michie, & Skeem (2006)

How did our conceptualization drift so far, so quickly?

- Reification of the PCL-R
- Assumptions about PCL-R psychopathy
 - "Unparalleled" risk factor for violence and recidivism
 - Identifies untreatable individuals
- Criminal & juvenile justice assessment demands




Examining Assumptions About PCL-R Psychopathy


- Does psychopathy *per se* predict violence?
- Are psychopaths untreatable?

Does psychopathy *per se* predict violence?

Skeem & Mulvey (2001)
Skeem, Miller, Mulvey, & Monahan (2004)

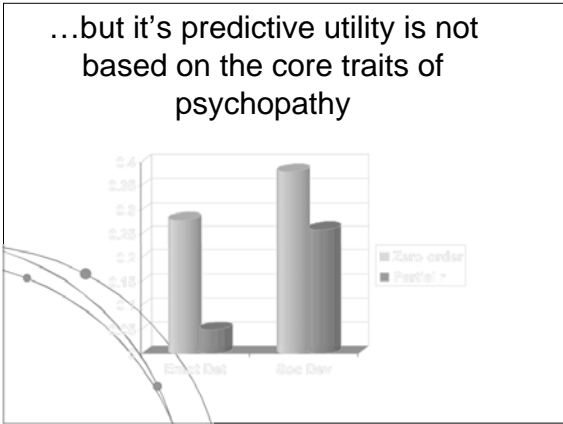
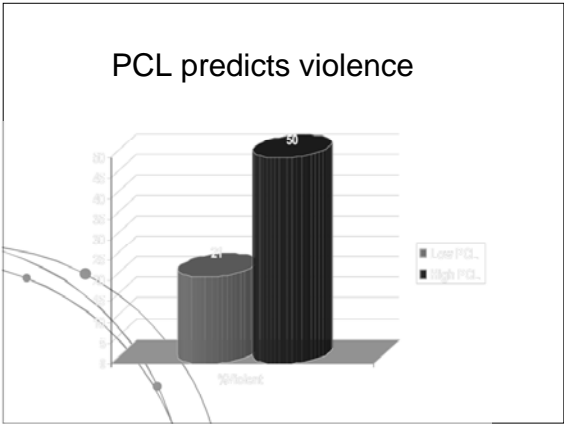
Examining PCL Factors in Relation to Violence

- Emotional detachment is essential to psychopathic personality deviation
 - Most predictive of performance on laboratory measures of emotional processing
- Social deviance is not specific to psychopathy
 - Taps past angry, aggressive, antisocial behavior
 - Most predictive of violence



Does the PCL capture a unique disorder that predicts violence?

- Design (Monahan et al., 2001)
 - Multi-site, prospective study of 871 psychiatric patients
 - Baseline: hospital interviews
 - Follow-ups: every 10 weeks, the year post-discharge
- Measures
 - Psychopathy: PCL:SV
 - General traits: NEO-FFI
 - Violence: battery resulting in injury, use of a weapon, threat with a weapon in hand, sexual assaults



...instead, it reflects past misbehavior & general traits of antagonism

- Contradicts assumption that the PCL captures a personality disorder marked by emotional detachment that includes violence as an intrinsic component
- Consistent with Walters (2003) meta-analysis

Distinguish the pursuit of understanding psychopathy from the enterprise of risk assessment

“Why has this man done these terrible things? Because he is a psychopath.”

And how do you know that he is a psychopath? Because he has done these terrible things”

Ellard (1998, p. 387)

Examine the possibility that the PCL captures variants of psychopathy

- Primary psychopathy (Cleckley, 1941)
 - Without conscience
- Secondary psychopathy (Karpman, 1941)
 - Disturbed conscience
- Differ in etiology, anxiety, and aggression

Skeem, Poythress, Edens, et al. (2003)
 Skeem, Johansson, Andershed, et al. (in press)
 Skeem, Kimonis, & Cauffman (2006)

Are psychopaths untreatable?

Skeem, Monahan, & Mulvey (2002)
 Caldwell, Skeem, Salekin & Van Rybroek (2003)
 Skeem, Douglas, Poythress, & Edens (2006)

Therapeutic Pessimism

- There is “nothing the behavioral sciences can offer for treating those with psychopathy” (Gacono, et al., 1997, p. 119)
- “This disorder is beyond my practice” (in Benjamin, 1996)
- The prognosis for effectively treating a patient with psychopathy “is practically zero. The main therapeutic task is to protect the family, the therapist and society from such a patient...” (Kernberg, 1998, p. 377)

Such views are “so deeply ingrained in the culture of mental health and legal professionals alike that few objective efforts have actually examined the treatability of psychopaths” (Zinger & Forth, 1998, p. 256)

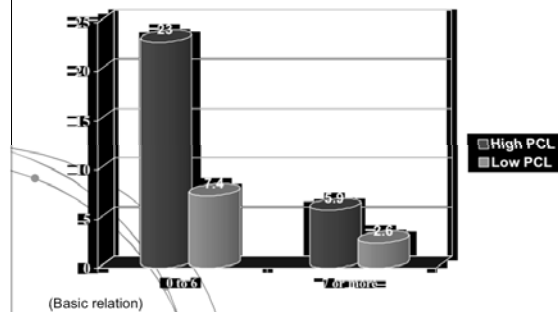
Basis for Pessimism

- Conceptual basis: strong
- Empirical basis: weak
 - Harris, Rice & Cormier (1991)- retrospective matched trial; 176 offenders treated in radical TC in 1960s
 - Ogloff, Wong & Greenwood (1990)- prospective end-of-treatment ratings for 80 offenders treated in traditional TC in 1980s. Hemphill & Wong (1993) completed uncontrolled follow-up
 - Compare Alterman, et al. (1998), Barbaree (2005), Rogers et al. (2003), and Salekin (2002)
- Unanswered questions
 - Role of premature dropout
 - Effectiveness of intensive or psychopathy-specific programs

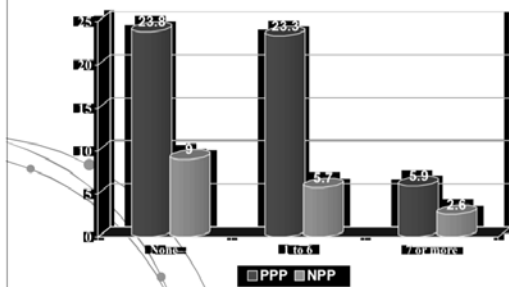
Does TAU reduce violence risk for patients with psychopathic traits?

- Prospective study of 871 psychiatric patients (Monahan et al., 2001)
- Treatment as usual
 - Patient report of the number of sessions attended per follow-up: 0-6 sessions or 7+sessions
- Approach
 - Lagged follow-ups (focus on 1 → 2)
 - Propensity scores

Violence in Follow-up 2 by Treatment Sessions Attended in Follow-up 1



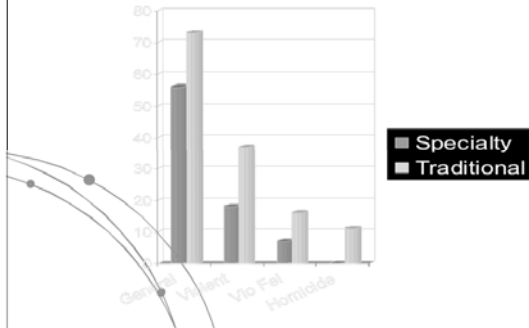
Violence in Follow-up 2 by Treatment Sessions Attended in Follow-up 1



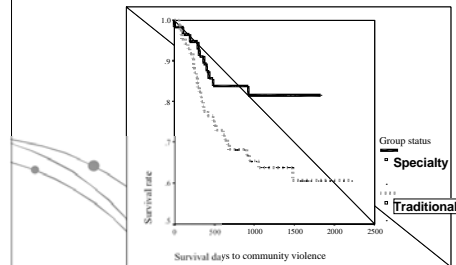
Does specialty treatment reduce recidivism risk for ‘psychopathic’ juveniles?

- Prospective study of 141 “deep end” male juvenile offenders treated in usual or specialty program
 - Psychopathic ($M PCL:YV = 27$)
 - Violent (60% ≥ 3 violent charges; M institutional = 3)
- TAU (n=86)
 - Accountability and sanctions
 - Fewer treatment resources (75:1)
- Specialty (n=56)
 - Disrupt defiance with decompression
 - More treatment resources (20:1)
- Followed for two years after release

Community recidivism rates



Time to community violence



Does psychopathy moderate the effect of substance abuse treatment?

- Prospective study of 381 male offenders mandated to residential drug treatment (M PCL-R= 22)
- Treatment programs (LOS= 6 mo)
- Within treatment
 - Motivation
 - Misbehavior (objective; subjective)
- End of treatment and outcome...

End of treatment status

- Skill mastery
 - How effectively did X master skills needed to help overcome drug problems? (interview; 1-7 scale)
- Subjective status (interview)
 - Which best describes X's experience with the program?
 - Left/dismissed/removed OR minimal gains
 - Substantial gains OR program "success"
- Objective status (records)
 - When X left the agency, had s/he successfully progressed to the highest level of the program? (Yes/No)

Treatment outcome

- Post-treatment criminal recidivism within one year of release (FBI records)
- General categories

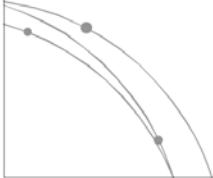
Person	4.3%
Drug	11%
Property	12%
Minor	32%
Any	44%
- Serious violent arrest (violent, robbery, sexual assault): 4%

Psychopathic clients are a bit more difficult during treatment

- Clinicians confront in groups, $r = .26^{***}$
- Refuse psychotropics, $\eta = .21^*$
- Unexcused absences, $r = .16^{**}$
- Poor treatment motivation, $r = .14^*$
- Level demotion, $\eta = .12^*$
- Physical incidents, $\eta = .11^*$
 - Any incident= ns

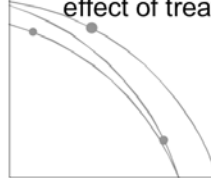
...and are perceived as less skilled at the end of treatment

- Subjective progress in attaining skills, $r = -.19^{**}$
- Subjective end of treatment status, $\eta = -.12^*$

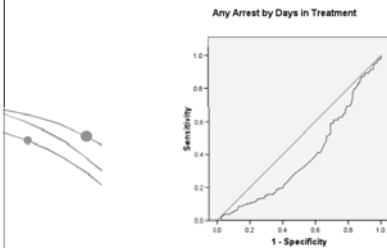


..but are as likely as anyone else to benefit from adequate treatment

- Psychopathic traits are unassociated with attainment of the maximum program level
- Psychopathic traits do not moderate the effect of treatment on rates of rearrest

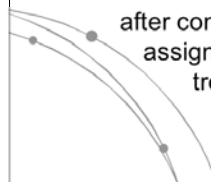


Treatment reduces recidivism, regardless of psychopathic traits ($\eta = -.19^{***}$)



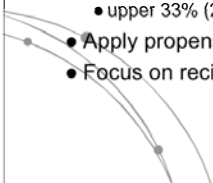
Do high psychopathy clients respond...

after controlling for nonrandom assignment to high vs. low treatment length?



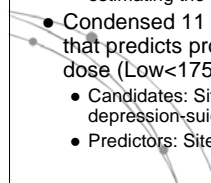
Pushing the envelope

- Maybe only the "good psychopaths" stayed in treatment long enough to benefit
- To test this
 - Focus on 115 cases high in psychopathy
 - upper 33% (25 or higher on full PCL-R)
 - Apply propensity score analysis
 - Focus on recidivism



Propensity score analyses Rubin (1997)

- Steps
 - Compute probability of treatment group membership (low vs. high dose) based on observed predictors
 - Examine overlap between groups
 - Use these propensity scores as covariates in estimating the effect of treatment
- Condensed 11 Covariates \rightarrow 1 propensity score that predicts probability of low vs. high treatment dose (Low < 175 < High)
 - Candidates: Site, demographics, substance abuse sx, depression-suicide sx, criminal versatility
 - Predictors: Site, education, & suicide sx

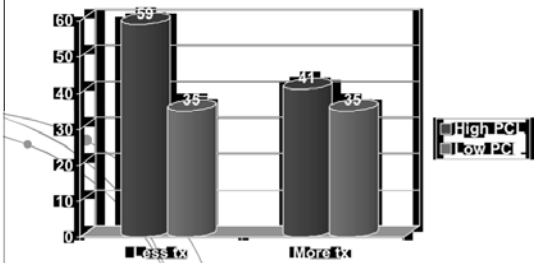


Relation after controlling for treatment assignment process

- Is the treatment assignment process ignorable, given propensity score?
 - Overall classification success= 68%
 - Association between propensity scores and treatment involvement is moderate: $\eta = .36$
 - Psychopathic groups overlap in propensity scores
 - Yes...condition treatment estimate on propensity score (LR)

Propensity toward intensive treatment group ->1	1	2	3	4	5
Low PCL	28%	25%	30%	39%	32%
Med PCL	27%	41%	39%	34%	40%
High PCL	46%	34%	31%	28%	29%

Of psychopathic patients, those who receive intensive treatment are 3.6 times less likely to recidivate



Summary

- Treatment is painful, but well worth it
 - Weak relationships with poor motivation and in-treatment misbehavior
 - Perceived as less skilled
- Nevertheless, as likely as others to objectively benefit from adequate doses of substance abuse treatment

Implications of treatment studies

- Results hold across populations, treatments ...and the emotional detachment factor
- For maximum reduction in crime and violence, recast these individuals as high risk cases in need of intensive services
 - Develop techniques to increase treatment motivation and retention
 - Identify optimal treatments
- Will require a sea change in attitude
 - Psychopathic individuals are not the first caste of untreatables

"The way you understand a problem affects whether and how you fix it"

-adapted from Borum (2003)

*What treatment programs
have been designed
specifically for
psychopathy?*

Wong & Hare (2005)

- *Guidelines for a Psychopathy Treatment Program*
- Objective: modify cognitions and behaviors that precipitate violent behavior (not modify traits)
- Format: institutionally based, highly structured, cognitive-behavioral, relapse prevention program of 6-12 months
- Key features
- *Has yet to be evaluated...*