

Workshop on Psychopathy Highlights Need for Appropriate Intervention

Therapeutic community treatment programs can inadvertently increase the recidivism rates of psychopaths, according to two independent studies discussed at the annual Canadian Psychological Association convention held in Ottawa, Ontario, from May 31 to June 2, 1990.

A follow-up study of a therapeutic community program that operated out of Penetanguishene approximately 10 years ago has found that psychopaths who completed therapy recidivated at a higher rate than those who had not received any therapy. Penetanguishene is a maximum security mental health centre in Ontario.

The authors of this study, Grant Harris and Marnie Rice, are employed at the research department in Penetanguishene. In his presentation of the study, Harris offered a possible explanation for the increased recidivism of psychopaths: The peer interaction, open communication style, and lack of staff intervention typical of the therapeutic community approach may have reinforced skills that psychopaths could use for antisocial purposes after release.

However, in the Penetanguishene study, the therapeutic community treatment program seemed to have some positive effects on the non-psychopathic participants. This is an interesting finding, as non-psychopathic inmates were not targeted for improvement, but were included in the group only to create a mixed environment for peer interaction.

It is also noteworthy that the follow-up study used a different definition of psychopathy than did the original study. The original study defined psychopathy according to the clinical impressions of the psychiatrists, whereas the recent study employed Hare's 20-item Psychopathy Checklist (PCL) as its measure. Examples of some of the items on the checklist are: glibness/superficial charm, shallow affect, criminal versatility, and grandiose sense of self-worth.

When the PCL was applied retrospectively to the extensive file information available on each program participant, about one third of the group originally classified as psychopaths no longer fit that designation.

The results of another study on a therapeutic community program, at the Regional Psychiatric Centre in Saskatoon, also indicate that such programs may be inappropriate for psychopaths. Stephen Wong and James Ogloff found that psychopaths showed less clinical improvement, displayed lower levels of motivation and were discharged from the program earlier than both a non-psychopathic group and a mixed group. The psychopaths were often discharged from the program for security reasons. Scores from the PCL consistently postdicted and predicted treatment outcomes.

In his discussion, Wong said that in his experience, the treatment sessions, rather than teaching psychopaths to empathize with others, taught some of them how to manipulate human vulnerabilities and insecurities.

Wong concluded his talk by saying that psychopaths should not be put into a situation in which they

gained a better understanding of the "human psyche." Instead, counselling for psychopaths should appeal to their egocentricity, by stressing the disadvantages of another term of incarceration as a result of a return to illegal activities.

In another study, Vernon Quinsey, Marnie Rice and Grant Harris conducted a follow-up of rapists assessed at Penetanguishene. Recidivism and readmission data were gathered over an average 46-month follow-up period on 54 rapists released from Penetanguishene. The results of the study indicated that sexual recidivism and violent recidivism were well predicted by degree of psychopathy and by phallometrically measured sexual interest in non-sexual violence.

Overall, the symposium very clearly demonstrated the gains that have been made in the understanding of psychopathy. Robert Hare's Psychopathy Checklist provides clinicians with systematic guidelines to differentiate criminal psychopaths and non-psychopaths, while eliminating much of the bias associated with individual clinical assessments.

Robert Hare pointed out that as psychopaths are considered to be pathological liars, the PCL is more reliable than self-report inventories in attempting to determine the presence of psychopathy. According to the Harris study at Penetanguishene, the PCL is also reliable when used by raters if they have had some training in using the measure.

The rater reliability of the PCL was also shown in a French-language study recently completed by Gilles Côté at the Institut Philippe Pinel, in Montreal. Côté reported that the reliability results of his study were comparable to other Canadian studies that used the English version of the PCL. The predictive validity of the French version of the checklist is currently under review

To further assess the implications of the PCL within the criminal justice system, Ralph Serin (Joyceville Institution, Ontario) reported on two independent research projects using the checklist. In a five-year follow-up study, he found that the PCL significantly predicted recidivism and violent recidivism rates in a sample of psychopaths, non-psychopaths, and a mixed group.

In his second study on the relationship between criminal psychopathy and violence, Serin demonstrated that although the two were not synonymous, they were strongly related. The study found that violent psychopaths were more likely than violent non-psychopaths to use threats and weapons. However, there was no demonstrable difference between the two groups in terms of seriousness of offence.

The psychological community continues to debate the question of whether or not psychopaths are treatable, but psychologists now have an assessment measure that seems to be reliable in predicting pre- and post-treatment outcomes of psychopathy.

Treatment programs may not always produce positive or neutral results. The Penetanguishene retrospective study highlights the consequences of inappropriate intervention. Future research may find that highly structured intervention may be a more successful treatment for psychopathic clients.

But therapeutic community treatment should not be dismissed simply because it does not seem to benefit psychopathic persons. The treatment was found to have positive results on the non-psychopathic patients

in the Penetanguishene study. In brief, appropriate intervention is the key to successful treatment programs.

The two studies also point out the importance of an initial classification of inmates. Like Toch and Adams's classification system for disturbed violent offenders (see Research in Brief, "Understanding the 'Disturbed Violent Offender'"), Robert Hare's Psychopathy Checklist differentiates between offenders so that inappropriate treatment programs can be avoided. The value of these classification systems will only increase as psychologists develop new ways to use them in the creation of treatment programs.

Gilles Côté, Robert Hare, Grant Harris, Ralph Serin, Vernon Quinsey and Stephen Wong spoke at a symposium entitled "Psychopathy and the Criminal Justice System" at a convention of the Canadian Psychological Association on Friday, June 1, 1990.