

Treating Psychopathic Offenders: Baby Stepping into the Future

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Overview

- The Starting Point
- 2001 to 2009
 - Thornton / Blud Analysis and Principles
 - Model
 - Treatment Tracks
 - TIFs before Needs
 - TIFs and Target Factors
 - Some Results
- 2010 onwards
 - Non-linear relationship to reactivity
 - Neuro-imaging: structural and functional deficits
 - Ideas for the Future

The Starting Point

The Population

- Wisconsin SVPs
 - Sexual Offenders
 - Legally determined to have a mental disorder that makes them more likely than not to commit a further act of sexual violence
 - Instead of release to the community
 - Represent 2.6% of annual release population

Paraphilia Diagnoses

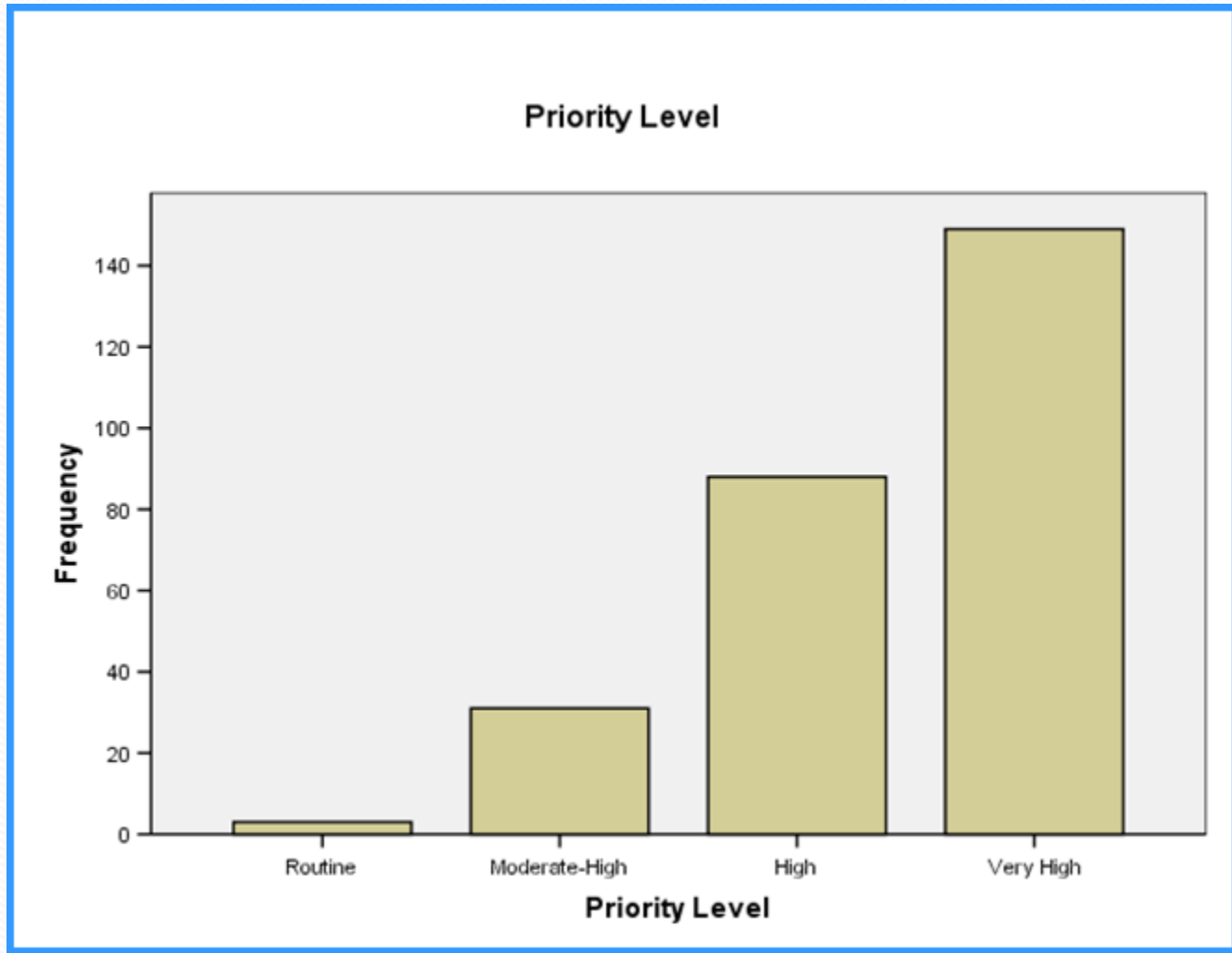
- Pedohebephilic Disorder
 - 52%
- Paraphilic Coercive Disorder
 - 34%
- Sexual Sadism Disorder
 - 20%
- *From recent field trials of proposed DSM-5 criterion sets*

Static-99 Frequencies

- Mean = 6.46
- Median = 7.00
- Mode = 6
- SD = 1.52
- Min = 2
- Max = 11

| Static-99 | Frequency | % |
|--------------|------------|------------|
| 2 | 4 | 1.5 |
| 3 | 6 | 2.2 |
| 4 | 16 | 5.9 |
| 5 | 38 | 14 |
| 6 | 70 | 25.8 |
| 7 | 65 | 24 |
| 8 | 54 | 19.9 |
| 9 | 17 | 6.3 |
| 11 | 1 | 0.4 |
| <i>Total</i> | <i>271</i> | <i>100</i> |

SRA-FV Need Assessment: Qualitative Norms



PCL-R: Total, Factors and Facets

| | Min | Max | Mean | SD |
|-----------------|-----|-----|------|-----|
| Facet 1 | 0 | 8 | 4.4 | 2.1 |
| Facet 2 | 0 | 8 | 5.8 | 1.8 |
| Facet 3 | 0 | 10 | 5.8 | 2.0 |
| Facet 4 | 0 | 10 | 6.0 | 2.2 |
| Factor 1 | 1 | 16 | 10.1 | 3.3 |
| Factor 2 | 2 | 20 | 12.0 | 3.7 |
| Total | 8 | 38 | 24.4 | 6.0 |

PCL-R Means (2nd ed)

Male Forensic
Patients = 21.5

Male Offenders =
22

How were the more psychopathic patients doing?

- Back in 2000
 - Very uncooperative in group
 - Often absent; Power games etc
 - Terrifying staff
 - Who resorted to extreme control strategies
 - Dominating other patients
 - Saw themselves as running the facility
 - Never released
 - Except through the occasional technicality

2001 - 2009

A Fresh Start

- New purpose built facility
 - Helpful architecture
- New treatment director
 - New program design and staff training
- New staff
 - Opportunity for a fresh start

Treatment Tracks

- Patients divided according to levels of psychopathy and cognitive ability
- Separate self-contained treatment services designed for each track
- The CT track
 - Higher Functioning more highly psychopathic patients
- The ACT track
 - Lower Functioning more highly psychopathic patients

Structural Changes

- CT Track
 - All wolves, no sheep
 - Very competitive
- Opportunity to tailor style and content of the program to the dominant responsivity factors of more psychopathic offenders
- Mild external incentives for treatment participation and for progress through treatment; running the regime so that misbehavior generally leads to a worse life

Foundational Resource

- Review of how psychopathic traits affected response to treatment in previous research
- Analysis of how facets would be expected to affect response to treatment
- Principles for working with offenders who show marked psychopathic traits

- *Thornton, D. & Blud. L. (2006). The influence of psychopathic traits on response to treatment. H.F. Hervé & J. Yuille (Eds.). (2006). The Psychopath: Theory, Research, and Practice . Lawrence Erlbaum Associates.*

Implications of Treatment Interfering Factors

- Work round them
 - Use processes that are less vulnerable to them
- Ameliorate them
 - Reduce their intensity
- We chose to focus on ameliorating TIFs prior to focusing on psychological risk factors for recidivism

Ameliorating TIFs

- Teach patients to identify TIFs in themselves and others
- Define positive target factors as the opposite of TIFs
- Develop own interventions plus bases of displaying target factors
- Phase 1 emphasis on sufficient management of TIFs

Example of Initial Task

- For each TIF
 - Give examples of this TIF that you have witnessed
 - List ways this TIF can interfere with treatment
 - Give examples from your own treatment experiences
- For each Target Factor
 - Give examples of the behaviors and traits of someone with this target factor
 - How might your behavior in treatment look if you were being [this target factor]

TIF #1

Grandiose

- Unrealistic and exaggerated perception of self
- Unwilling to admit fault or accept critical feedback
- Quick to see fault in others
- Fear of losing face, power and control

Reasonably Humble

- Honest and realistic impression of self
- Look in a mirror and be honest with what you see
- Recognize your own and others strengths & weaknesses
- Can teach and learn from others

TIF #2

Instrumental Emotion

- Emotional Displays designed to control other people
- Brief overly intense emotions when don't get what you want
- Difficulty recognizing own true emotions

Appropriate Emotion

- Emotional communication is genuine
- Emotional reactions are proportionate
- Attends to deeper and more enduring emotional responses

TIF #3

Impulsive

- Seeing something you want leads to an immediate urge to act quickly
- Behavior occurs without thinking about longer term or broader consequences

Thinking before Acting

- You can want something and determinedly pursue it without feeling the need to have it now
- You are aware of the broader context and potential consequences of an action and take these into account

TIF #4

Need to Dominate

- Always wanting to be in control
- Feeling powerful, important and safe when you dominate others and vulnerable and worthless when you can't

Allowing Other's Power

- Able to feel comfortable with others when power is shared
- Able to accept and work within authority systems in which others can give you directives

TIF #5

Callous

- Disdainful of others
- Unresponsive to how behavior harms others
- Lacking automatic empathic controls on behavior that makes others hostile to you

Considerate of Others

- Respectful of others
- Moderates behavior in the light of its likely impact on others
- Learns to listen to own empathic responses and/or learns to cognitively compensate for their absence

TIF #6

Irresponsible

- Cannot be relied upon to honor obligations, follow rules, or consider the consequences of his choices
- Requires constant external prompts to sustain appropriate behavior

Responsible

- Has developed and routinely applies the skills required to sustain responsible behavior
 - Prioritizing
 - Recognition of obligations
 - Time-management
 - Budgeting
 - Control of desire for instant gratification
 - Attention to longer term goals

TIF #7

Conning & Deception

- Taking pride in deceiving others
- Feeling safer when you can fool others

- Running scams
- Lying, cheating
- Lying by omission
- Distorting facts to meet ulterior motives

Upfront & Honest

- Taking pride in your integrity and honesty
- Being brave enough to be real

- Being honest and direct
- Avoiding misleading others
- Being truthful even when this is not to your immediate advantage

TIF #8

Unaccountable

- Seeks to evade external consequences by lying, distracting, playing the victim
- Does not learn from other's attempt to hold him accountable

Accountable

- Puts cards on the table and faces the consequences like an adult
- Uses being held accountable as an opportunity to learn and modify behavior

TIF #9

Belligerent

- Use of belligerence to intimidate and control others or to shut down uncomfortable lines of conversation
- May involve
 - Obscenity
 - Racism
 - Verbal hostility
 - Threats
 - Being obnoxious

Communicates Appropriately

- Listens to others respectfully to understand their perspective
- Expresses disagreement in a logical and respectful way

TIF #10

Lack of Sustained Effort

- Difficulty sustaining effort over time or difficulty
- Old ingrained patterns of behavior quickly resurface in response to frustration

Daily Effort

- Able to persevere in pursuing a long term goal even in the face of discouragement or difficulty

So how well does it work?

Independent Evaluation

- An independent evaluation by Leslie Harkins of the University of Birmingham found that
 - Early in treatment groups for the more psychopathic patients showed low group cohesion. This was markedly lower than in groups for psychopathic patients
 - By Phase Two of the program this difference had gone away with the more psychopathic groups attaining the same level of cohesion as other patients

Internal Research has examined Performance on Clinical Tasks

We look at

- Factors that contributed to past offending
- Factors apparent in ongoing functioning
- Changes needed for safe return to the community

And for each factor ask

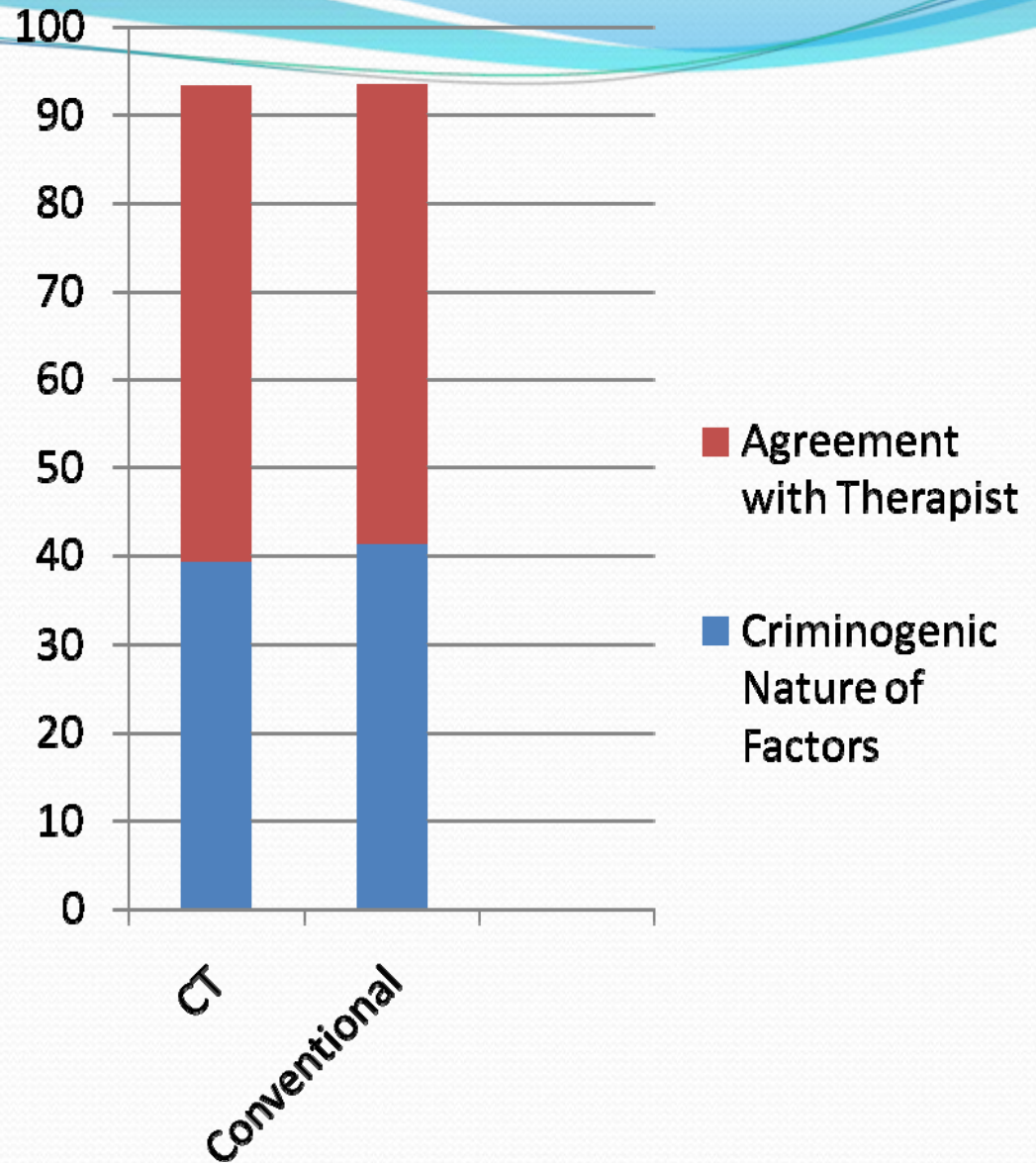
- Is there agreement between therapist and patient on the presence/absence of the factor?
- Is the factor actually criminogenic (according to meta-analyses)?

Features Contributing to Past Offending

The factors identified by patients from each track as contributing to their past offending were

- equally criminogenic
- equally agreed with by therapists .

This goal is being equally achieved by patients from both track

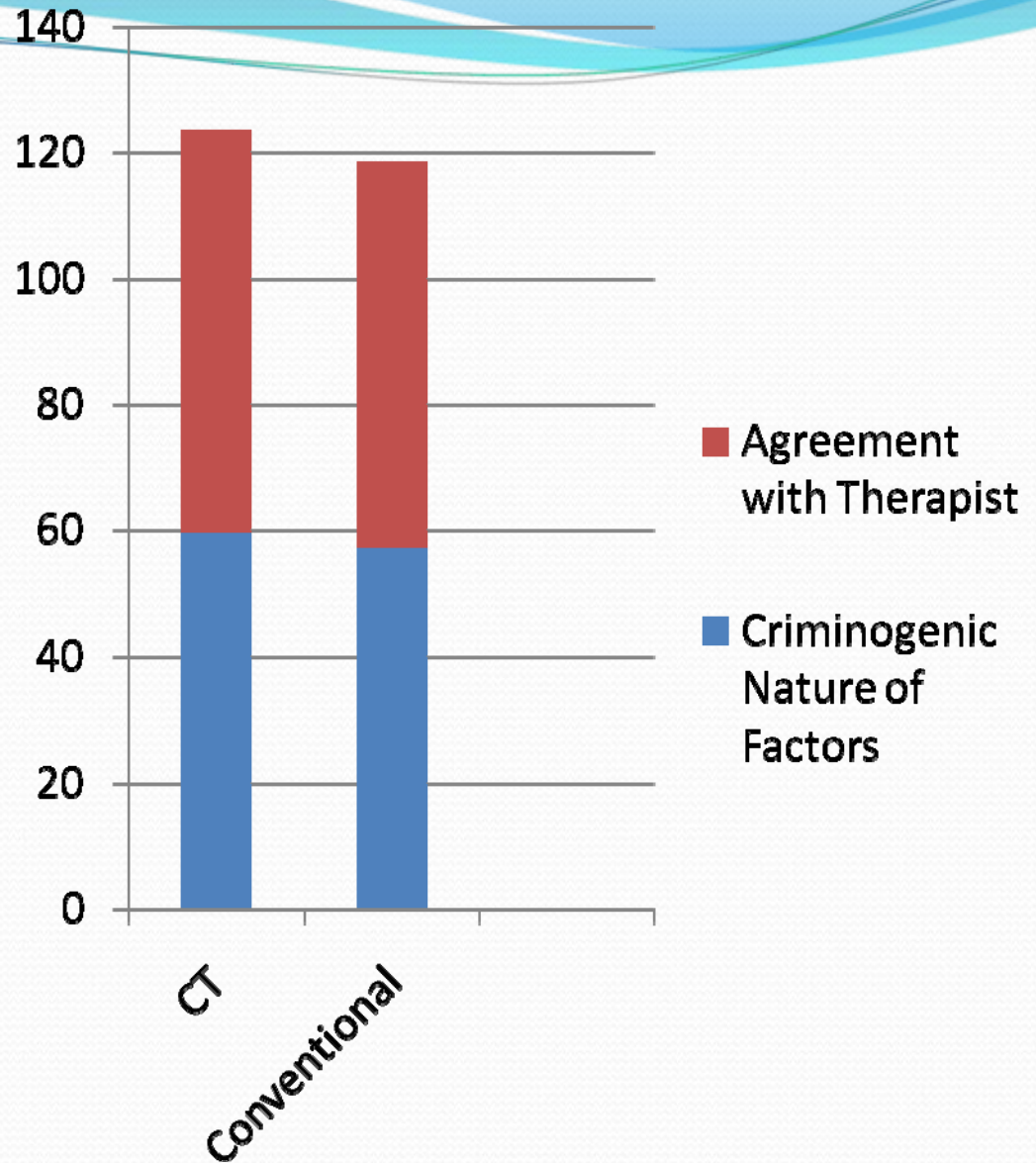


Features that are still apparent today

The factors identified by patients from each track as still apparent were

- equally criminogenic
- equally agreed with by therapists .

This goal is being equally achieved by patients from both track

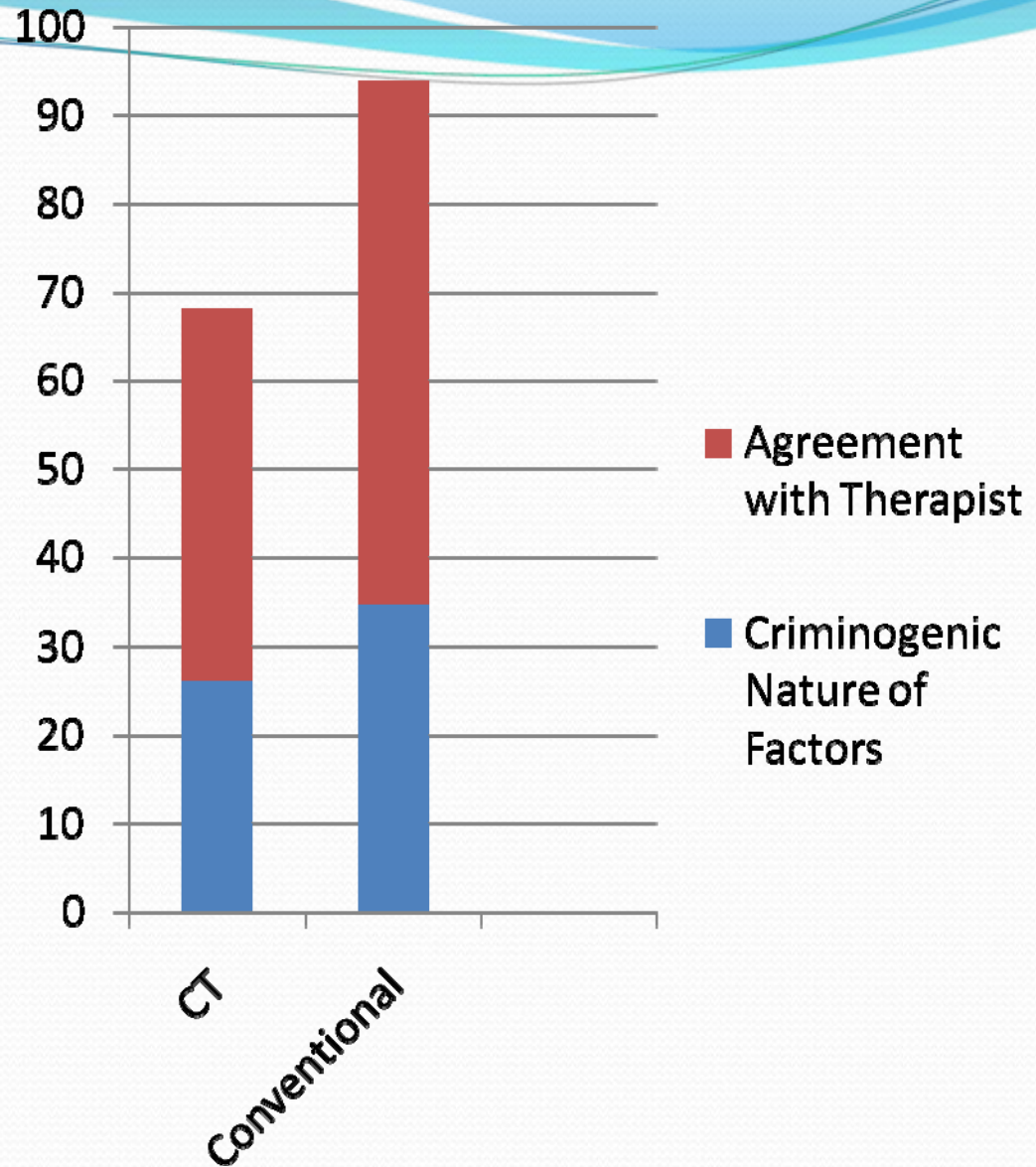


Changes Needed for Safe Return to the Community

The factors identified by patients from CT track as needed for them to return safely to the community

- were a little less criminogenic
- were a little less likely to be agreed by therapists .

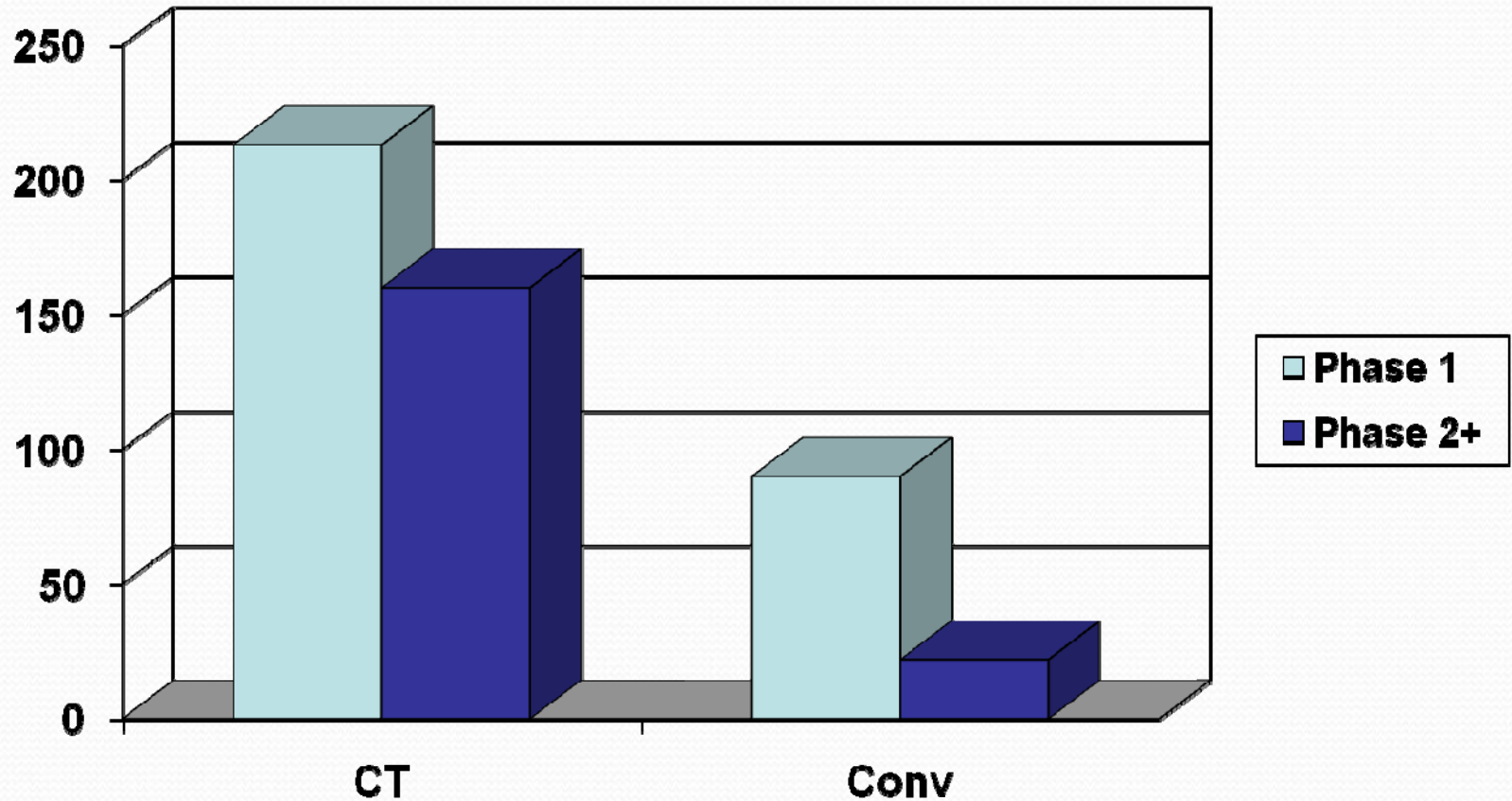
Overall this goal was less well achieved by patients from the CT track (difference about half a SD – $p < 0.05$)



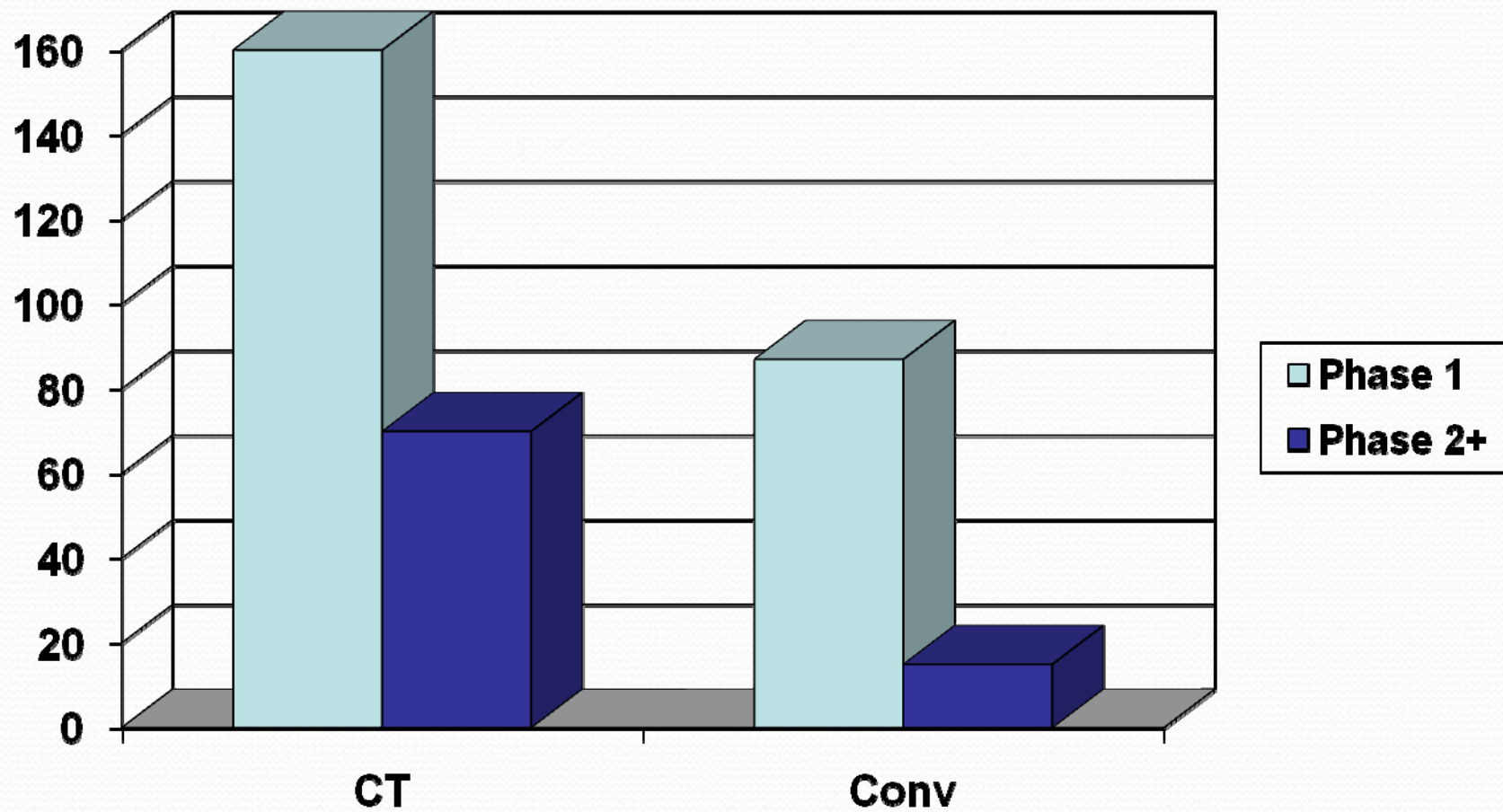
Internal Research into Behavior Change

- BDRs are reports for serious disciplinary infractions
- The next two slides show rates for patients earlier in treatment and further on in treatment

Number of BDRs per 100 Patients in 2006



Number of BDRs per 100 Patients in 2007



We are not in a position to conduct controlled evaluations

- But we find these results reasonably encouraging
- We also have a trickle of psychopathic patients back to community without serious sexual reoffenses so far

The Future

Emerging Research Findings

- Two sets of findings strike us as informative for effective treatment intervention
 - Non-linear relationship between reactivity and psychopathy
 - Structural and Functional Neuroimaging correlates

Non-Linear Relationship to Reactivity

- Finding
 - Moderately high psychopathy (25-29) related to abnormally elevated reactivity
 - High psychopathy (30+) related to abnormally low reactivity
- Joe Newman organized a symposium showing multiple replications of this basic finding at the 2011 SSSP conference

Structural and Functional Deficits Identified through Neuroimaging

- Sagari Sarkar, Ben S. Clark and Quinton Deeley
- **Differences between psychopathy and other personality disorders: evidence from neuroimaging**
- *Adv. Psychiatr. Treat.* 2011 17: 191-200
- doi:10.1192/apt.bp.107.004747

- Reviews findings from multiple studies

Structural Deficits are found in..

- Amygdala & Prefrontal Cortex
 - Less gray matter and total volume
 - Some suggestion that this depends on which nuclei of the amygdala you attend to
- Reduced microstructural integrity in the white matter pathway that connects limbic and ventral frontal brain regions.
 - fractional anisotropy of the uncinate fasciculus

Functional Deficits are found in..

- Abnormal activation of the Amygdala and Ventro-medial Prefrontal Cortex during tasks involving such things as emotion processing, moral decision-making, contingency detection, frustration
- Reduced functional connectivity between these two areas while watching deliberately inflicted pain

How to respond to these findings?

- Critical to distinguish over-reactors vs. under-reactors among patients with marked psychopathic traits
 - High levels of MI style and skill along with DBT style intervention particularly critical for the over-reactive
- With the assistance of the MIND Research Network we aspire to helping patients grow new brains (huh?)
 - Using the scanner to provide real time bio-feedback on the activation of specific brain systems for particular tasks
 - Practice outside the scanner
 - Measure change next year