CRIMINOGENIC RISK/NEED AND RESPONSIVITY: THE PSYCHOPATHIC OFFENDER

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Abstract

This presentation explores the two-factor conceptualisation of psychopathy and the relationship between psychopathy and environmental criminogenic risks. Beginning with an examination of the theoretical underpinnings of the age/crime curve, differential relationships between ‘normal’ and neurologically impaired individuals and environmental criminogenic risks are proposed. Original research conducted by the presenter in 1999, using the relevant sub-scales of the adolescent version of the Level of Service Inventory – Revised (LSI-R) and the childhood version of the Psychopathy Checklist – Revised, utilising a sample of serious juvenile offenders is presented to demonstrate both stable and dynamic offending factors. A case study and recent research findings will illustrate the relationship between psychopathy and LSI-R total scores and other possible indicators of psychopathy. As mainstream intervention may increase risk with this group of offenders, the importance to community safety of timely identification of psychopathy is incorporated into the concluding argument for the next generation of risk instruments taking on an algorithmic format. This advancement would enable objective measurement not only of risk of recidivism but also risk of dangerousness and recognise the heterogeneity within the offending population, particularly in terms of different types of offenders and appropriate modes of intervention.
In the April 2000 edition of the journal Criminal Justice and Behaviour, Canadians David Simourd and Robert Hoge published an article which explored how a criminogenic risk/need perspective could assist in understanding the construct of criminal psychopathy. Simourd and Hoge examined 321 serious adult offenders and suggested that:

- psychopaths had greater criminogenic risks and needs than nonpsychopathic offenders in almost all areas
- rather than a diagnostic approach that involves grouping offenders into categorical clinical entities, an incremental approach such as that adopted by actuarial instruments such as the Level of Service Inventory – Revised, better facilitates management and therapeutic decisions.
- psychopaths could receive standard offender interventions in a manner that maximally sustains their interest and motivation
- criminogenic needs such as employment, substance use, peer group associations and attitudes are appropriate treatment targets for psychopaths.
- that a classification of psychopathy was largely consistent with both medium-high risk and high-risk offenders based on LSI-R classification.

This particular article caught my attention because the previous year, the NSW Department of Juvenile Justice had allowed me, and my academic supervisor, Dr Adelma Hills, of the University of Western Sydney, the opportunity to examine criminogenic risk and need and the concept of psychopathy in a sample of incarcerated juvenile offenders.

Today I’d like to examine some of the conclusions reached by Simourd and Hoge (2000) using reference to my research on Australian juvenile offenders, recent literature on psychopathy and also on a single case study. The case study is an offender who is currently being supervised in NSW under our best practice, risk/need operational framework.

While theories of crime abound, they are for the most part somewhat slippery. However the relationship between crime and age, or the age/crime curve, has remained the same since records were kept and in all western societies. The rates of those offending gradually increases in adolescence, peaking at 17 years of age and declines sharply to 18 years of age. From 18 years of age, the number of offenders declines until around 40 to 45 years.

The relationship between age at the onset of criminal involvement and future criminal acts has also been supported by considerable research (eg. Mendelzys, 1979; Wolfgang, Figlio & Sellin, 1972), as have the relationships between age and number of convictions, age and length of criminal career (Farrington 1983), age and the rate of arrests (Fischer 1983), and age and violent behaviour (Andrews 1989; Mulvy & Lida 1984).

An actuarial approach to assessment of recidivism as exemplified by such instruments as the Level of Service Inventory – Revised, calculates the risk of an individual reoffending by measuring and correctly weighting environmental criminogenic risks combined with measures of the result of person-environment interactions such as attitudes and behaviours displayed by the individual. So, current individual factors such as antisocial attitudes are combined with historical factors such as offending history.

This accords with developmental social interactional theories of crime such as that offered by Gottfredson and Herschi (1990) in their General Theory of Crime. Early family dysfunction leads to alienation and early drop out from the education system, antisocial peers, early substance use, antisocial attitudes and an inability to delay gratification, which is sometimes conceptualised as
impulsivity. It is from this basis that adult risk factors of a history of offending, family difficulties, unemployment and financial difficulties, drug and alcohol issues, mental health, other emotional issues and accommodation matters emerge. From this perspective, the worse the family or origin dysfunction the earlier the offending career begins and the later it ends.

The early age of onset of offending is based on unfavourable environmental factors and the number and magnitude of such factors will positively correlate with the length of the criminal career or offending trajectory. Therefore the most important ingredients in the criminal recipe are environmental factors which have resulted in either antisocial learning or a failure to learn and internalise social norms and values. The notion of intervention is that antisocial learning or failure to learn social norms can be addressed. What is learned can be unlearned and what has never been learned can be learned by way of new learning.

The problem here is that such interactional theories and, hence, actuarial risk assessment, presumes a homogeneity of offending. It assumes that all individuals respond to the same environmental risk in exactly the same way and the results are the same. It assumes that all offenders have the same basic, individual characteristics that are simply shaped by unfavourable environmental factors and result in criminal behaviours. It assumes that differences are quantitative only rather than acknowledging the possibility of differences in risk levels being both quantitative and qualitative.

The qualitative only approach neglects investigations that began in earnest in the 1980s such as Anderson, Lytton and Romney who, in 1986, investigated how difficult children evoked unfavourable responses from their caregivers. This line of enquiry was theoretically conceptualised by Bem and Caspi (1990) as differential person – environment interactions. Bem and Caspi argue that different individuals exposed to the same environment experience it, interpret it and react to it differently. In particular, an evocative interaction style is described whereby an aggressive and difficult child with coercive behaviours initiates a cycle of parental anger and aggression and the parents finally withdraw. Bem and Caspi conclude that these early dysfunctional interactions have not only short-term negative behavioural consequences but create a pattern that is repeated throughout the life span.

From this perspective the most important ingredient leading to individual dysfunction is the characteristics of the individual. It is the individual who shapes their environment.

So, for one group, the environment is the key ingredient, for another, it is the individual’s characteristics. This conceptualisation leads to the notion of different types of offenders with different risk factors or qualitative differences.

Maladaptive characteristics impacting on the environment in a negative way may well apply to criminal psychopaths. Criminal psychopaths are the most violent and persistent of all offenders and commit more crimes and more violent crimes than non-psychopathic types. Psychopaths are more likely to have committed serious crimes including murder, violent crimes for material gain, more likely to be strangers to their victims, and more likely to use instrumental violence, threats and weapons (Serin 1991). Indeed, while investigating the role of anger in violent offending, Loza and Loza-Fanous (1999), found little relationship between several measures of anger and risk of violent, or even, non violent offending. On the other hand, psychopathic traits such as glibness, grandiose self-worth, pathological lying, manipulative behaviour, lack of remorse or guilt and lack of empathetic emotions were strongly related to risk of violent recidivism.

Not surprisingly, some describe psychopathy as a moral dysfunction. For others psychopathy is a severe personality disorder, usually identified following assessment by way of an instrument called the Psychopathy Checklist – Revised. The PCL-R has become the most popular instrument for
assessing psychopathy, and is widely used as a clinical and research tool. The PCL-R comprises a series of 20 questions and a score range from 0 to 40. Robert Hare, who developed this instrument recommends a total score of 30 as the criterion for a diagnosis of psychopathy, although in some clinical and research situations, a cut off of 25 is employed with no apparent changes in levels of criterion variables being measured (Hare, 1991).

Factor analysis on the PCL-R has consistently identified two factors that overlap. Factor 1 describes a constellation of interpersonal and affective traits commonly considered central to most clinical conceptions of psychopathy, including manipulativeness, egocentricity, shallow emotions and lack of genuine guilt and remorse. Factor 2 describes a chronically unstable, impulsive, antisocial and socially deviant lifestyle. Factor 2 is most strongly correlated with a diagnosis of antisocial personality disorder in adults including stealing, lying impulsive and irresponsible behaviours, substance abuse and most criminal behaviours (Hart & Hare 1997; Harpur & Hare, 1994). Several researchers, for example Serin (1996), have found that both Factor 1 and Factor 2 contribute equally to the prediction of violent recidivism.

Factor 1, the interpersonal and affective style of psychopathy, has consistently proven unrelated to environmental factors such as early family dysfunction (Wootton, Frick, Shelton and Silverthorn, 1997). In fact, dysfunctional family life so strongly associated with the emergence of early criminality in nonpsychopaths was not evident in psychopaths when investigated by DeVita, Forth, Hare and McPherson in 1991. In addition, Factor 1 appears to remain stable throughout the life-span, accounting for violent offending in the psychopathic offender well after other antisocial behaviours, more commonly associated with Factor 2 such as stealing and substance abuse, have extinguished at around 40 to 45 years of age. The propensity for violent offending in the criminal psychopath is life long.

My research in 1999 explored the relationships between age, environmental factors theorised as criminogenic, individual characteristics, and antisocial behaviour by way of institutional misconduct in an institution for serious and/or persistent juvenile offenders. While my sample was relatively small, only 38 boys ages 12.5 to 17.5 years, this was a particularly interesting group given the major developmental tasks of adolescence and the changes in criminal behaviour that occurs in this age range.

I reasoned that this group was representative of the top 6% of juvenile offenders since, according to NSW Children’s Court figures for 1998/1999, only 6% of appearances for criminal matters result in control orders requiring detention in a juvenile institution.

Environmental criminogenic risk factors of family circumstances/parenting, education and employment, peer associations and substance abuse were measured by interview and file data using the relevant sub-scales of the juvenile version of the Level of Service Inventory (Hoge & Andrews, 1996). The two factors of psychopathy were measured by the children’s version of the Psychopathy Checklist, called the Psychopathic Screening Device (Frick, et al. 1994).

What I found was that there was no link between this measure of environmental criminogenic risk factors and misconduct, which I had believed would be the case. This may have been due to my inexperience in using this instrument or the high number of indigenous offenders in the group being examined. Alternatively, for this sample representative of the most serious juvenile offenders, environmental criminogenic risk factors may not be as predictive of institutional misconduct as may be the case with less serious offenders.
Using hierarchical multiple regression statistical techniques, both age and the interpersonal/affective characteristics of psychopathy, Factor 1, made significant contributions to predicting institutional misconduct. Statistically, there was less than 5% probability that this was a result of chance. Therefore, both the factors associated with age and those theorised as remaining stable throughout the lifespan, namely interpersonal/affective style, were significantly predictive of institutional misconduct. Interestingly, despite the fact that these were A and B class juveniles, hardly one of them scored above 30 on the measure of psychopathy. Assuming the linear relationship between age related factors continues and interpersonal/affective style remains temporally constant, this research supported the notion of two basic types of offenders, those whose offending is age-limited and those whose offending will continue throughout the life-course.

Now to the promised case study. I first met this offender when I did my research in the secure juvenile institution. I later assessed the same offender for pre-sentence purposes when he was 18 years of age. The offence was a fairly innocuous malicious damage. The offender explained to me that the offence had occurred when a woman had thwarted what could be described as his delinquent activities with a group of friends. As a result, he had later returned to her home armed with a knife intent on physically mutilating and killing her. He indicated without any show of emotion that he believed that this act would be “fun”. Fortunately for the victim she was out and therefore the offender had damaged her property instead but recounted to me his disappointment that the mutilation and killing did not take place. The offender presented as grandiose, narcissistic, egocentric and highly antisocial.

Broader enquiries revealed several other indications of psychopathy as identified in recent literature. The offender’s family was reasonably functional and had managed to raise two other children who were relatively stable. According to the offender’s mother, he had been a difficult toddler with a childhood history suggestive of AD/HD, as well as the obvious conduct disorder. She had eventually given up trying to control or change his behaviour and he came and went from home as he pleased, often going missing for some days at a time. He had been expelled from several schools, including a special school for children with challenging behaviours. His eventual incarceration followed numerous criminal offences that had started when he was 8 years of age. As a juvenile he had eventually been held in NSW most secure juvenile institution from which he had escaped, stolen a car, driven around for a while before returning to the centre. He often offended alone. He had a history of polysubstance abuse, but had never been dependent on any drug.

A highly-respected NSW forensic psychologist later assessed this offender using a battery of tests including the Psychopathy Checklist – Revised. The report described the offender as likely to continue to offend throughout his life although fell just short of classifying psychopathy. The psychologist explained to me that the offender had scored 25 on the PCL-R, which was below the overseas cut off criterion for a diagnosis of psychopathy and Australian norms were not available for this instrument.

Following several adult convictions, including convictions for violent offences, this offender is now on a supervised parole order in NSW. His LSI-R score places him at the upper end of the medium-high risk group. This is well within the LSI-R range of scores that correlated with psychopathy in the Simourd and Hoge study in 2000.

The case plan, in line with NSW risk/need best practice, is for him to attend cognitive behavioural counselling to address his polysubstance use and to stabilise his lifestyle. Case notes indicate this offender is “highly motivated” but does not provide details of motivation for what. It seems unlikely to me that this case plan will have any impact whatsoever on his offending.
In general terms, the cognitive-behavioural approach emphasises that many problem behaviours are maintained by maladaptive cognitions (including attitudes, beliefs, interpretations, assumptions etc). Accordingly, challenging and changing these maladaptive cognitions will assist to client to develop more appropriate cognitive skills and habits and the offending behaviour will be reduced and, eventually, eliminated. While these techniques have been widely adopted overseas and in other Australian jurisdictions, there is no evidence of psychopaths benefiting from this form of cognitive-behavioural therapy and even some evidence that psychopathic behaviour deteriorates under these treatment conditions (Quinsey & Walker, 1992). These findings do not accord with Simourd and Hoge’s (2000) claim that psychopaths may benefit from mainstream intervention that addresses their criminogenic needs, however intensively that intervention may be delivered.

A further reason for doubting the ability of psychopaths to benefit from mainstream intervention is there is now considerable evidence firstly that the interpersonal/affective style of such offenders is biological and, secondly that this neurological dysfunction is linked to both the emotions and the moral dysfunction of psychopaths. The philosopher Imanuel Kant believed that human moral agency or our ability to articulate, justify and act on moral principles, must be defined in terms of our rational nature. That is, moral reasoning and decisions must be understood as being logically independent of our emotional nature. In an excellent review of available research published this year, Martens (2002) explored the constructive role emotions and cognitions play in the moral process and resultant moral behavioural dysfunction that occurs when these processes are disrupted by neurological abnormalities.

This biological explanation accords with a study conducted by Harris, Rice and Quinsey in 1994, that provided robust evidence that psychopathy is a discrete taxon. In other words, an offender is either a psychopath or is not a psychopath. However, the incremental nature of psychopathy intimated by Simourd and Hoge (2000) is not surprising since they studied adult offenders. Harris et al. (1994) concluded that childhood, but not adult criminal history variables were able to differentiate the psychopathic taxon from non-psychopathic offenders.

In NSW we have yet to make use of the new scanning instrument to assist in the identification of psychopathy, although I have little doubt that this is on the horizon. However, what has occurred overseas is that advances in the identification of psychopathy had lead to their exclusion from treatment programs. Even specialist units such as the inpatient Arnold Lodge Unit in the UK which was opened in 1999 to meet the needs of severely personality disordered individuals, excludes those who score over 30 on the Psychopathy Checklist – Revised due to their questionable treatability.

Somewhat ironically perhaps, it has been my anecdotal experience that, like the case study used today, very high-risk offenders, who would appear likely to attract a diagnosis of psychopathy, are highly motivated. Not highly motivated to address their offending behaviour but, highly motivated to protect their liberty and I think this is a potential key to reducing their offending.

The notion of preventing behaviours from occurring by avoiding high-risk situations is familiar from the drug and alcohol and sex offending literature. Relapse prevention is usually the final module in a comprehensive, multifaceted intervention plan for such behaviours. Outside of Western Australia this technique is not widely used and little empirical evidence exists on the use of a relapse prevention approach to prevent violent behaviour and, in particular, the violence of psychopaths. Nor, to the best of my knowledge, is this technique used in isolation from more traditional forms of cognitive-behaviour intervention.

Relapse prevention approaches assist the individual to identify and avoid situations in which violent behaviour has proved likely to occur, rather than attempting to modify the underlying maladaptive cognitions related to the unwanted behaviour, or “cure” or even “treat” the psychological problems
presumed to be the basis of such behaviours. Further, a relapse prevention approach suits a correctional framework. According to Pisgrove (1991), philosophically, it is consistent with a system that focuses on the offender’s criminal behaviour rather than therapeutic needs, and which retains an emphasis on the offender’s continuing responsibility to be actively involved in reducing their own risk of reoffending.

Despite the claims of Simourd and Hoge, if I look to the future, I see many advances on the risk/need approach we use in NSW today. Rather than presuming that one instrument can be used to identify risk of reoffending, intervention targets, intensity of intervention and management needs, I see a decision tree or algorithmic approach to risk assessment and intervention decisions. This approach will acknowledge the heterogeneity in the offending population and will identify different types of offenders, such as psychopaths, and different risk variables associated with each type. This will allow for not only risk of recidivism to be predicted with increasing accuracy but also risk of dangerousness or risk of violent offending that is so important in terms of protecting the community. The model will also incorporate the notion of responsivity, differentiating and directing not only intervention targets and the appropriate level of intervention but also the mode of intervention. This model will allow us to carefully research the results of interventions based on what type of intervention suits which type of offender and whether different and whether particular modules of treatment programs should be applied or not. We live in exciting times.
References


