WORKING WITH HIGH RISK OFFENDERS

Sexual Offenders with a Personality Disorder:
A Clinical Perspective and Treatment Implications

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The presentation draws from clinical experience how personality disorders (DSM V) manifest within sexual relationships and sexual offending. This includes sexual offenders with narcissistic, borderline, and schizotypal personality disorders. Offenders who have been diagnosed with personality disorder have been referred to as ‘untreatable’, resulting in significant implications for those tasked with ‘treating’ this offending group. Offenders with personality disorders are likely to experience significant difficulties genuinely engaging within, and benefiting from, treatment. However, within the UK treatment models have been designed and implemented in order to effectively treat such offending groups. One of the most prominent treatment models within the UK will be presented and discussed. This treatment model integrates a range of treatment approaches and theories including those presented by Theodore Millon, W. John Livesley, Marsha Linehan, and Jeffrey Young. The treatment implications of working with sexual offenders diagnosed with a Dangerous and Severe Personality Disorder, and the impact working with this client group can have on therapists, will also be discussed.

Goals of the Paper:
1. Attendees will gain an understanding of personality disorder and how this links to sexual relationships and sexual offending
2. Attendees will increase their clinical understanding of the barriers that prevent this client group from engaging in and benefiting from traditional treatment interventions and therefore why the need for an alternative treatment approach arose.
3. Attendees will gain an understanding of a treatment approach used with sexual offenders diagnosed with dangerous and severe personality disorder. They will also become more aware of the personal impact of working with this client group.
Dissecting What Did Not Work: A Case for Treating High Risk Offenders

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There have been numerous critiques of sex offender outcome studies due to methodological issues (Duwe & Goldman, 2009; Hanson et al., 2009; Lösel & Schmucker, 2005; Olver, Nicholaichuk, Gu, & Wong, 2012) such as a lack of comparison group(s), the use of non-experimental designs, non-matched samples, potential selection bias, small sample sizes, and short and/or non-standardized follow-up periods (Duwe & Goldman, 2009). In fact, in a recent meta-analysis researchers concluded that “Despite a large amount of research, only a tiny fraction of studies meet a minimum of scientific standards, and even fewer provide sensible and useful data from which it is possible to draw conclusions” (Grønnerød, Grønnerød, & Grøndahl, 2014, p. 1). These critiques have prompted a group of leading sex offender researchers called the Collaborative Outcome Data Committee (CODC; 2007) to develop a set of standards to guide researchers in their evaluation process.

The purpose of this study was to use the CODC guidelines in evaluating a prison-based male treatment programs for male ISOs, in hopes of increasing confidence in the results both for our own purposes and for the academic records. This study evaluated the Sex Offender Accountability and Rehabilitation program (SOAR) that is administered by the North Carolina Department of Public Safety. The original sample included 3,865 sex offenders who exited a North Carolina prison between January 1, 1999 and December 31, 2009 and who met the eligibility criteria for the program. Of these prisoners, 3,271 (84.6%) were not selected for treatment during their period of incarceration and 297 (15.4%) volunteered and enrolled in treatment.

We used a three-step analysis approach. At Step 1 we established the conditioning model (details omitted here due to space limitations). At Step 2 we obtained propensity scores (to match the sample). At Step 3 we estimated treatment effects using the post matched sample. The dependent variable contains two pieces of information: any recidivism event and the time-to-event. The study window was a minimum of 48 and a maximum of 168 months.

The findings of this study indicate that participation in SOAR does not significantly decrease the rates of recidivism for sexual or violent crimes for program participants. However, there was a significant reduction in the recidivism rate for non-violent crimes by 34%.

Although this study did not demonstrate significant findings, there are critical lessons to be learned. The first lesson is the importance of following rigorous standards when evaluating treatment outcomes. This program had done evaluations of its program before, demonstrating a very low recidivism rate. However, because they did not have a comparison group they were unable to detect whether there was a significant treatment effect on recidivism.

A second important lesson is regarding sampling. This program has used a fairly restrictive list of exclusionary criteria that created a group of participants who were at low risk for offending. Therefore, through the matching process we were only able to
compare low-risk ISO participants to low-risk ISO non-participants, which may be the reason there was no treatment effect seen in the analysis.

Another lesson is regarding dosage. In this analysis, those who received Pre-SOAR (an outpatient 1.5 hour/week for 10 week preparation group) plus SOAR were found to have the lowest recidivism rates, leading to a question regarding whether or not low-risk offenders require such intense treatment and whether they might be served just as well having a lower dose of treatment such as a Pre-SOAR only, as others have noted (Mailloux et al., 2003).

Although significant findings are often the focus of publications and presentations, rigorous studies that demonstrate non-significant findings can be important in identifying treatment lessons for practitioners and researchers.

Goals of the Paper:
1. To demonstrate how the CODC guidelines can be used in a program evaluation for ISOs.
   a. Participants will be able to visualize how to operationalize the guidelines in research.
2. To identify lessons learned from the SOAR study.
   a. Participants will be able to identify at least three important lessons that can be used to strengthen outcome assessments.
3. For clinicians, to be able to determine how to more effectively evaluate their own treatment programs.
   a. Clinicians will be able to identify at least two ways that they can strengthen their own methods of evaluating their treatment program’s effectiveness.