



# Relationship Between the Self-Regulation Model and Level of Psychopathy in a Sample of Sex Offenders

Katherine Gotch, M.A., Megan Carter, Psy.D. & Elizabeth Stotler-Turner, B.A.



## Background

Although relapse prevention has been a common focus of sex offender treatment since the early 1990s, recent concerns have been raised regarding its application with this population. The relapse prevention model, as applied by many sex offender treatment providers, tends to treat offenders with a 'one-size-fits-all' approach (Hanson, 2000; Ward, Bickley, Webster, Fisher, Beech & Eldridge, 2004). Additionally, the traditional relapse prevention model assumes that all sex offenders do not want to offend, that offending behavior typically occurs at times of stress and/or when the offender is experiencing negative feelings, and all offenders use distorted beliefs in the process of offending (Bickley & Beech, 2003; Pithers, 1990). Despite such assumptions, clinical observations and research findings regarding offending processes have revealed a single pathway involving negative feelings, distorted beliefs, and poor coping skills does not apply to all sexual offenders (Bickley & Beech, 2003; Ward, Bickley, Webster, Fisher, Beech & Eldridge, 2004). Out of concern regarding the use of relapse prevention with sex offenders, the self-regulation model of the offense and relapse process was developed (Ward & Hudson, 2000). The self-regulation model offers four pathways (avoidant-passive, avoidant-active, approach-automatic, approach-explicit) for the offense process, which take into account different goals, varying affective states as well as different types of planning that lead to offending behavior (Ward, Bickley, Webster, Fisher, Beech & Eldridge, 2004; Ward & Hudson, 2000).

Psychopathy (as assessed with the Hare Psychopathy Checklist-Revised [PCL-R]) has also been demonstrated to impact treatment application, as well as recidivism rates and success within the community (Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003; Wong & Hare, 2005). While effective and evidence-based treatment approaches for individuals with a high level of psychopathy are in their infancy (Wong & Hare, 2005), a greater understanding of the pathways of sexual offending may also assist in guiding future treatment planning for individuals with varying levels of psychopathic traits.

This preliminary study will assess the prevalence of each of the self-regulation model offense pathways based on level of psychopathy (low, moderate, high) as assessed with the PCL-R within a sample of adult male sex offenders on community supervision (n = 89). Recommendations regarding treatment and community supervision will be addressed.

## Hypotheses

1. Offenders who have Approach goals will have higher PCL-R scores.
2. Offenders who have Avoidant goals will have lower PCL-R scores.

## Sample and Procedure

Participants (N=89) were adult male sex offenders on community supervision (parole, post-prison supervision, probation) in Multnomah County, Oregon. Each of the participants had committed a minimum of one sexual offense as an adult. Participants were chosen from a convenience sample of offenders who underwent psychosexual evaluation at the Multnomah County Department of Community Justice. This sample was chosen due to the amount of information readily available in the reports, including adequate descriptions of offenses and PCL-R scores. Such information was necessary for increased accuracy in classifying offenders by offense pathways. The original sample included 92 adult males on community supervision who participated in an evaluation with Katherine Gotch, M.A., Multnomah County Clinical Coordinator – Sex Offender Unit. Two participants were excluded from the current study due to lack of conviction for a sexual offense and one participant was excluded due to lack of PCL-R assessment. Ages ranged from 22 to 63, with a mean age of 42 years. Participants were primarily Caucasian (53.9%) with African-American participants (36%) over-represented based upon census data in 2000. Other ethnicities appeared representative of the population distribution for the geographical area including Hispanic (3.4%), Native American (1.1%), and mixed ethnicity (5.6%). The majority of participants were last convicted of an offense upon a child under the age of 18 (62%). The remainder of the participants offended against an adult 18 years or older (37%), or against both an adult and a child (1%).

The three investigators for this project independently reviewed each evaluation and assigned a pathway to the 89 offenders based upon evaluation information. The investigators then met to compare categories and, if there was disagreement on the assigned pathway for any individual subject, a majority of 2 out of 3 decided the assigned pathway.

Each PCL-R score was assigned to the category of High (raw score 27+), Moderate (raw score 18-26), or Low (raw score 0-17).

## Finding

S

- ❖ Significant associations ( $\chi^2=19.91$ ,  $df=89$ ,  $p<0.01$ ) were found between psychopathy level and pathway.
- ❖ Avoidant-goal offenders were more likely than expected by chance to have low psychopathy scores.
- ❖ Approach-goal offenders were more likely than expected by chance to have high psychopathy scores.
- ❖ Scores were not evenly distributed, with Avoidant-Passive accounting for 11%, Avoidant-Active 0.3%, Approach-Automatic 49% and Approach-Explicit 36% of the sample.

Crosstabulation revealed:

- ❖ 100% of Avoidant-goal offenders had scores in the low and moderate psychopathy range, with 0% in the high range.
- ❖ 89% of Approach-Automatic offenders had scores in the moderate to high psychopathy range, with 11% in the low range.
- ❖ 81% of Approach-Explicit offenders had scores in the moderate to high psychopathy range, with 19% in the low range.
- ❖ 32% of Approach-goal offenders had psychopathy scores in the moderate range and 54% had psychopathy scores in the high range.

Final Agreement of Pathway \* Psychopathy Level Crosstabulation

			Psychopathy Level			Total
			Low	Moderate	High	
Final Agreement of Pathway	Avoidant Passive	Count	6	4	0	10
		Expected Count	2.1	3.3	4.6	10.0
		Residual	3.9	.7	-4.6	
	Avoidant Active	Count	2	1	0	3
		Expected Count	.6	1.0	1.4	3.0
		Residual	1.4	.0	-1.4	
	Approach Automatic	Count	5	14	25	44
		Expected Count	9.4	14.3	20.3	44.0
		Residual	-4.4	-3	4.7	
	Approach Explicit	Count	6	10	16	32
		Expected Count	6.8	10.4	14.7	32.0
		Residual	-.8	-4	1.3	
Total	Count	19	29	41	89	
	Expected Count	19.0	29.0	41.0	89.0	

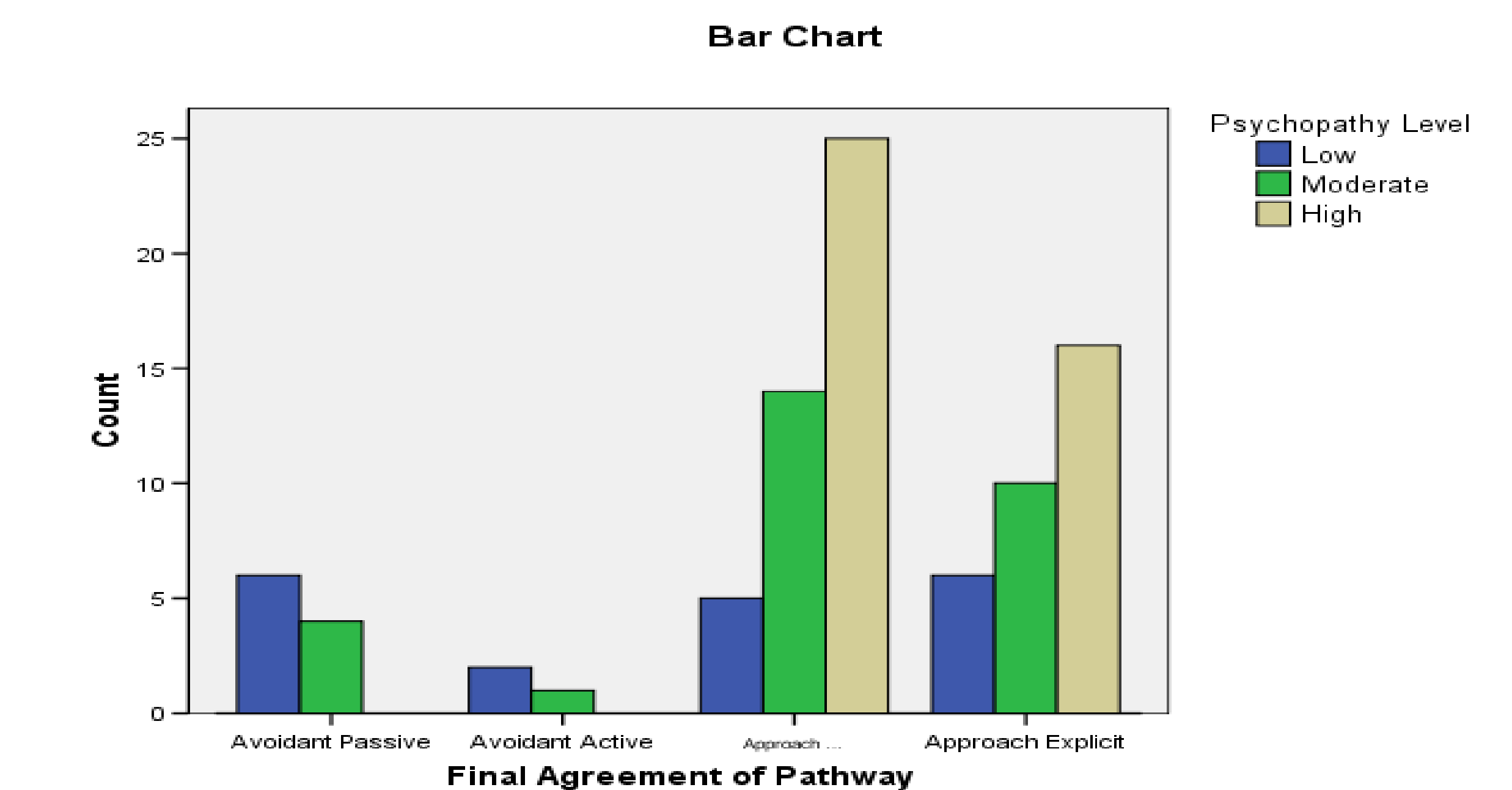
Psychopathy Level \* Collapse Crosstabulation

			Collapse		Total
			Avoid Goal	Approach Goal	
Psychopathy Level	Low	Count	8	11	19
		Expected Count	2.5	16.5	19.0
		Residual	5.5	-5.5	
	High	Count	0	41	41
		Expected Count	5.5	35.5	41.0
		Residual	-5.5	5.5	
Total	Count	8	52	60	
	Expected Count	8.0	52.0	60.0	

## Summary

Findings reveal that:

- ❖ Pathways were not evenly distributed in this sample. The majority of this sample was represented by an Approach-goal pathway.
- ❖ Approach-goal offenders were significantly more likely to have psychopathy scores in the high range compared to Avoidant-goal offenders.
- ❖ Avoidant-goal offenders were significantly more likely to have psychopathy scores in the low range compared to Approach-goal offenders.



## Limitations

- ❖ The sample was a convenience sample of offenders who were referred for a sexual offense specific treatment evaluation due to one or more of the following reasons: suspected high levels of psychopathy, questionable treatment amenability, identified as high risk for recidivism and/or appropriateness for sex offender specific supervision. As such, these offenders may not be representative of all adult male sex offenders on community supervision in Multnomah County.
- ❖ The current sample may have included an overrepresentation of adult-victim offenders when compared to other community samples.
- ❖ Although the investigators of the current research study attended training regarding the Self-Regulation Model, further training on the model would likely have improved investigator accuracy in categorizing individual pathways.

## Implications for Research and Practice

- ❖ Rather than a one-size-fits-all treatment model, identifying alternative models of offense and relapse may increase effectiveness of treatment interventions.
- ❖ Findings suggest that supervision and treatment strategies may need to be conceptualized differently for each pathway.
- ❖ Although categorizing PCL-R scores has assisted in identifying recidivism rates, pairing such information with specific offense pathways would create more individualized intervention practices for supervision. This may more accurately reflect recidivism risk and level of supervision, thus allowing for more effective use of supervision resources.
- ❖ Additional studies should examine the role that psychopathy plays in executing the pathway to offense.
- ❖ The findings of the current research study are consistent with published research regarding pathway distribution across varying samples.