

THE CORRECTIONAL PSYCHOLOGIST

Vol. 38, No. 2
April, 2006

smithr@marshall.edu

SEXUAL OFFENDER UPDATE: SELF-REGULATION MODEL OF OFFENDING AND TREATMENT

Lorraine R. Reitzel, Ph.D.

The relapse prevention model of offending and treatment promulgates that offending behaviors stem from a lack of behavioral regulation, with relapse prevention requiring the avoidance of high risk situations and the enhancement of coping skills, and is the traditional approach in understanding the offense cycles of sexual offenders (Ward et al., 2004). Due to diversity in the motives and offending patterns of sexual offenders however, it has been suggested that the assumptions of the traditional relapse prevention model may not completely account for the variability in offenders commonly seen in treatment (Yates, 2005). The self-regulation model of the sexual offense process offers an alternative to the relapse prevention approach, and emphasizes that there are multiple pathways to offending behaviors, which present different levels of reoffense risk and require different approaches to treatment (Fisher & Beech, 2005). The allowance for a more individualized offense cycle and treatment plan is congruent with the needs and responsivity principles of correctional best practices (Crime & Justice Institute, 2004), and recent evidence that flexibility in treatment approach enhances outcome (Marshall, 2005).

Ward and Hudson (1998) proposed the self-regulation model of relapse for sexual offenders following detailed interviews with incarcerated offenders regarding their offenses (original sample was predominantly child molesters; Fisher & Beech, 2005). This model postulates four pathways to offense behavior that represent combinations of goals (avoidance or approach) and offense strategies (passive or active), each associated with primarily positive or

primarily negative affect (Webster, 2005). The avoidant pathway offenders do not want to reoffend. However, the avoidant-passive offender lacks the skills to prevent recidivism and avoids thoughts of it rather than developing a plan for relapse prevention. On one hand, recidivism for the avoidant-passive offender is the result of under-regulation of behavior, often stemming from poor coping skills for negative affective states (Fisher & Beech, 2005). On the other hand, the avoidant-active offender tries to enact strategies to prevent recidivism; however, the strategies selected are ineffective or inappropriate for doing so, resulting in a "mis-regulation" of behavior (Fisher & Beech, 2005). Offending in both of these pathways is typically accompanied by negative affect. Alternatively, in both of the approach pathways there tends to be a desire to sexually offend, or at least little inhibition against it (Yates, 2005). Approach-automatic offenders have under-regulated behavior and poorly planned and impulsive styles of offending (Fisher & Beech, 2005). These offenders may, for example, "go with the flow" when they find themselves in a high risk situation, committing a sexual offense that was not explicitly planned but for which an opportunity was presented, activating old, well-known cognitive and behavioral scripts for this behavior (Ward et al., 2004). Resulting affective states may be positive or negative for these offenders (Yates, 2005). Finally, the approach-explicit offender has an overt desire to sexually recidivate and plans extensively to do so (i.e., intact regulation of behavior), and offending is accompanied by a positive

(Continued on page 3)

AMERICAN ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

The Correctional Psychologist is published every January, April, July and October, and is mailed to all American Association for Correctional & Forensic Psychology (AACFP) and Mental Health in Corrections Consortium (MHCC) members. Comments and information from individual members concerning professional activities and related matters of general interest to correctional psychologists are solicited. The AACFP and MHCC endorse equal opportunity practices and accepts for inclusion in *The Correctional Psychologist* only advertisements, announcements, or notices that are not discriminatory on the basis of race, color, sex, age, religion, national origin, or sexual orientation. All materials accepted for inclusion in *The Correctional Psychologist* are subject to routine editing prior to publication. Please address your contributions to: Dr. Robert R. Smith at smithr@marshall.edu.

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SELF-REGULATION MODEL (Continued from page 1)

affective state (Fisher & Beech, 2005).

Because each pathway has a different motive and self-regulatory style, treatment planning would also differ by pathway, in a manner responsive to the needs of the individual offender. For example, offenders in the avoidant-passive pathway might increase understanding of (and attention to) the offense cycle (Fisher & Beech, 2005), and regulate their behavior by increasing pro-social self-efficacy, as well as learning and using coping strategies (for both sexual offending and undesired affective states; Yates, 2005). Avoidant-active offenders could learn better ways of regulating their behaviors (Yates, 2005) and evaluating the effectiveness of these strategies (Fisher & Beech, 2005). Both avoidant pathway offenders have the pro-social goal of avoiding recidivism, and this asset could be emphasized in therapy to reinforce personal identification as a non-offender (Yates, 2005). With the approach-automatic offender, treatment could focus on the development of “meta-cognitive control” (Fisher & Beech, 2005), personal responsibility enhancement, and cognitive restructuring (Yates, 2005). Finally, the approach-explicit offender’s treatment might alter offense-supporting beliefs, “recondition” sexual interests, and develop outside supervision and support systems (Fisher & Beech, 2005). Since the approach-explicit offenders lack inhibitions against recidivism, these offending goals would need to be addressed in therapy and, if possible, replaced with more pro-social goals (Yates, 2005).

The strength-based approach to treatment in the self-regulation model is complementary to the “good-

lives” model of treatment, which has been suggested to maximize the effectiveness of treatment with sexual offenders (Marshall, et al., 2005). This framework for treatment focuses on “enhancing hope, increasing self-esteem, developing approach goals, and working collaboratively with the offenders” (Marshall et al., 2005, p. 1096) in the attainment of “good-lives.” Whereas the traditional relapse-prevention model has been associated with more of a confrontational, punitive therapeutic style focused on “avoiding that which is bad,” the self-regulation model of offending strives for collaborative treatment focused on building goals and “achieving that which is good” (Yates, 2005).

The pathways and treatment approaches as presented represent a brief overview of some aspects of the self-regulation model, and the interested reader should consult the indicated references for more information about this theory and its potential applications for assessment and treatment. Empirical evaluation of this model is currently underway, but some initial evaluations have supported its content validity (e.g., Webster, 2005). Although more research is needed, the self-regulation model of relapse prevention might present a viable model for offending to aid in sexual offender treatment. Moreover, it could be appealing to offenders because of the focus on approach goal development for pro-social lives and emphasis on identification of offender strengths to build upon in treatment, possibly resulting in enhanced motivation for treatment adherence and completion (Yates, 2005).

(Continued on page 4)

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SELF-REGULATION MODEL (Continued from page 1)

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Contact lreizel@houston.rr.com

CORRECTIONAL SERVICE OF CANADA (CSC) LIFERS HELPING LIFERS

In 1964, Canada abandoned capital punishment and commuted all death sentences to life imprisonment. In 1976, the death penalty was removed from the *Criminal Code of Canada* and replaced by life imprisonment with no consideration of parole for 10 to 25 years. As a result of this legislative change, Canada was faced with a growing number of life-sentenced offenders being incarcerated for much longer periods. Since 1980, the population of offenders serving life sentences ("lifers") has more than tripled. There are currently over 4,500 offenders serving life sentences in Canada, over 60% of whom are currently incarcerated.

Cognizant of the need to respond to the challenges presented by an offender population whose average length of stay prior to release on parole is 22.4 years, the Correctional Service of Canada (CSC), in partnership with the National Parole Board (NPB) and community-based voluntary agencies examined creative ways to respond to this unique correctional challenge. Initially envisioned in the 1991 Donner Report and guided by the recommendations of the 1998 CSC Report of the Task Force on Long-Term Offenders, LifeLine was implemented in all Canadian federal institutions in 1998.

So, what is LifeLine? LifeLine is a voluntary CSC social program geared specifically towards enabling lifers and long-term offenders to successfully reintegrate into society. The mission of Lifeline is pursued through three key components: 1. In-Reach Program, 2. Community Resources, and 3. Public Awareness.

In-Reach Program: Men and women serving the remainder of their life sentences in the community who have successfully reintegrated for at least 5 years return to institutions through the sponsorship of a community-based agency as In-Reach workers. In-Reach workers contribute to public safety by supporting lifers throughout their incarceration and helping to prepare them for potential release and a successful transition to the community. The In-Reach

worker provides support to lifers in a number of areas, including correctional planning, maintaining family contact, parole board hearings, temporary absences, unescorted temporary absences, and judicial review applications. In addition to the provision of consistent support and guidance, the In-Reach worker is a source of hope that there is life after imprisonment. There are currently over 20 In-Reach workers, including women and Aboriginals, making their services available to every federal institution in Canada.

Community Resources: Once released on parole, a lifer must reintegrate into a community and rebuild relationships that have likely undergone significant changes. In-Reach workers work closely with a variety of community resources and representatives to help ensure that lifers receive the support and services they need upon release to make a successful, supervised transition to the community.

Public Awareness: In-Reach Workers, along with other members of the LifeLine partnership, play a significant role in raising public awareness of effective, humane corrections and the situation facing lifers. They regularly meet with community groups, organizations and other interested parties, including the media and legislative committees, to talk about their experiences, the challenges associated with reintegration, the role of the community in facilitating safe and successful reintegration, as well as the support and guidance offered to serving lifers through the LifeLine Program. They also put significant emphasis on preventative work, particularly with youth.

Achievements / Awards

- Correctional careers for a number of paroled lifers, i.e., community-based In-Reach workers.
- The provision of a consistent support system for lifers.

(Continued on page 6)

LIFERS HELPING LIFERS (Continued from page 5)

- Creation of stronger relationships between staff and lifers.
- Greater public awareness of the correctional process, the needs and profile of lifers, and the community's role in facilitating successful reintegration.
- Stronger partnerships between government departments and community-based agencies.
- Greater resources and stronger support networks for lifers in the community.
- Development of a dedicated residential program for lifers in Windsor, Ontario in 1992.
- Establishment of a LifeLine Resource Center in the Public Safety Library of Canada in 2002.
- In 1998, the American Correctional Association (ACA) recognized LifeLine as a "Program of Excellence" and, in 2002, the International Corrections and Prisons Association (ICPA) awarded LifeLine the "Offender Management and Reintegration Award" for its contribution to progressive corrections.
- Safe reintegration of lifers and thus safer communities for all Canadians.

Conclusion

It has been demonstrated that successful lifers and long-term offenders can serve as important resources within the community in enabling other offenders to

successfully reintegrate. Their ability to reach offenders on a different level than regular professional and program staff has resulted in a great degree of success.

As an innovative program directed at a specific segment of the offender population, LifeLine continues to earn acceptance by CSC, NPB, voluntary agencies and the community, and continues to provide a valuable service to lifers, as well as the rest of the community. All involved share the achievement of a vision - but none more deserved than by the former inmate In-Reach workers who continue to respond to the opportunity and challenge.

Contact Information

Should you wish to learn more about the LifeLine Program, please feel free to visit the CSC website at: www.csc-scc.gc.ca/text/prgrm/lifeline/index_e.shtml, or contact:

Jim Murphy
 Jodi McDonough
 Correctional Service of Canada
 340 Laurier Avenue West
 Ottawa, Ontario K1A 0P9
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murphyja@csc-scc.gc.ca

SOME CAVEATS FOR EVALUATING THE RESEARCH ON PSYCHOPATHY

Carl B. Gacono, Ph.D. & Lynne A. Gacono, Ph.D.

Since its introduction in the early 1980s (the pre-publication manual), the Hare Psychopathy Checklist-Revised (PCL-R) has stimulated research and clinical interest (Hare, 1991). By providing a reliable and valid method for assessing psychopathy, it has catalyzed a plethora of research and clinical applications. However, not all of this research is methodologically sound. In order to separate the valid and useful findings from those that are misleading some degree of sophistication is necessary (Gacono, Loving, Bodholdt, 2001).¹

Even the novice reader will understand that psychopathy and Antisocial Personality Disorder are distinct, but related, constructs. However, an understanding of how the “psychopathy” construct is utilized is also essential to interpreting research findings. Psychopathy can be utilized in both a dimensional and categorical (taxon; PCL-R \geq 30) manner. Research findings are frequently obscured when authors make categorical inferences from dimensional research designs.

When used dimensionally, psychopathy is conceptualized as existing along a continuum of severity. Clinically, one is more interested in determining what ranges of PCL-R scores are best at predicting behavior, than whether or not a given individual meets the threshold score for a designation of psychopathy (PCL-R \geq 30; Gacono & Bodholdt, 2001). For example, the Violence Risk Appraisal Guide (VRAG) and Sex Offender Risk Appraisal Guide (SORAG) use differing PCL-R cutting scores as part of a “weighted” formula for predicting

violence and sexual violence risk (Quinsey, Harris, Rice, & Cormier, 1998). The PCL-R scores rather than a diagnosis of psychopathy, becomes one of several factors in decision making. Clinical usage requires one to keep in mind that psychopathy is not a recognized *Diagnostic and Statistical Manual of Mental Disorders* (4th edition) *DSM-IV* diagnosis (Gacono, 2000).

In order to further our understanding of psychopaths (category), it is imperative to determine how psychopaths (PCL-R \geq 30) nomothetically differ from non-psychopaths (PCL-R $<$ 30). To this end, establishing a categorical designation is essential. What might seem obvious—for a study to make inferences about psychopathy it must have psychopaths in it—is frequently overlooked. Two common research procedures that can create samples without psychopaths are using the Hare Psychopathy Checklist: Screening Version (PCL:SV) or a self-report measure for designating “psychopathy” and lowering PCL-R cutoff scores to form a “psychopathic” group (Bodholdt, Richards, & Gacono, 2000).

The PCL:SV is for screening purposes only. It is not a substitute for the PCL-R. Unlike the PCL:SV, the PCL-R allows for a designation of psychopathy. When the PCL:SV is used as the independent measure for forming “psychopathy groups,” while appropriate for examining relative differences within a given sample, inferences about psychopaths cannot be made. A similar argument can be made for the use of self-report measures of psychopathy (Lilienfeld & Andrews, 1996). These instruments are conceptually inconsistent as they suggest that individual traits (dimensional-inherent in any one of a number of disorders and nondisorders) are individually psychopathic (category). In reality a designation of psychopath is appropriate only when a sufficient number of individual traits are fully

¹It is also essential to consider the qualifications of the researchers, the manner in which the data were gathered, and so forth (Gacono & Bodholdt, 2001). However, these issues are beyond the scope of this article.

(Continued on page 8)

SOME CAVEATS FOR EVALUATING THE RESEARCH (Continued from page 7)

present. It is the aggregate of traits not the individual traits that determines the presence of a psychopath. The current self-report measures assess “traits” not the “category” of psychopathy. Additionally, mislabeling isolated traits such as self-centeredness, impulsivity, impaired empathy, irresponsibility, and so forth as inherently “psychopathic” returns psychology to the pre-1900s trend of including all personality disorders under the rubric of psychopathy. Even established self-report measures, such as the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), are not appropriate for establishing psychopathic groups (Hare, 1991).

A related concern involves lowering PCL-R cut-off scores to form a “psychopathic” group. Researchers do this for one reason—their samples

do not contain sufficient qualities of actual psychopaths (PCL-R \geq 30). While this can be part of an acceptable research design, the author(s) must refrain from making inferences about psychopaths (category) where there may actually be few if any psychopaths. It is only appropriate to compare results across studies when psychopathy has been defined by a PCL-R score of \geq 30 (measurement error notwithstanding). Some studies that discuss psychopathy (taxon) actually have few or no psychopaths in their samples. When lowered PCL-R cut-off scores are used to establish groups, the best that can be inferred is relative differences among high versus low scorers within that sample. Additionally,

(Continued on page 9)

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THE AUTHOR

A runaway. A thief. A con man and convicted felon. If this author hasn't quite done it all, he's seen it all. From the sewers of society to the hallowed halls of academia, to a presidential pardon. Dr. Paul Fauteck has seen criminal justice and corrections all the way from the cold floor of a solitary cell to numerous courtrooms as an expert witness. After many years as a successful forensic psychologist, Dr. Fauteck now devotes much of his time helping ex-cons and other offenders go straight. (See adjacent information.)



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SOME CAVEATS FOR EVALUATING THE RESEARCH (Continued from page 8)

statistical approaches that use simple correlational methods to compare categorical variables to the individual PCL-R score (dimensional application) fail to capture true differences between groups.

When evaluating research findings that make inferences about psychopathy, the reader must examine the mean, standard deviation, frequencies, and ranges of PCL-R scores for the sample studied. This will allow for determination of whether there were any psychopaths included. Sufficient numbers of psychopaths (PCL-R \geq 30) must be included in order for inferences to be made regarding psychopathy as a category. At present time, this means that the PCL-R must be used as the independent measure and there must be sufficient numbers of PCL-R scorers \geq 30 in the samples analyzed.

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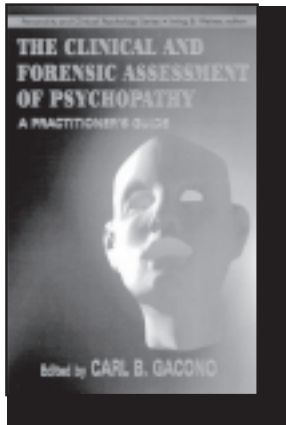
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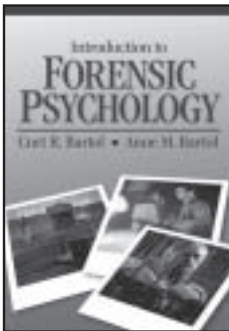
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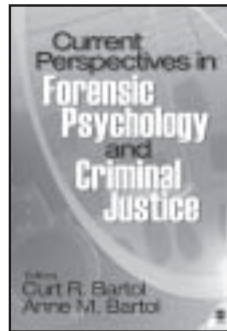
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As an organizational matter, continuity in goals and process is vital to the achievement of any Association's success. Identifying and recruiting competent and committed people who are already substantially engaged in Association activities and thus knowledgeable enough to provide useful guidance and effective leadership is one of the more daunting problems Associations like ours face. Fortunately, we have found three good candidates already active in AACFP who have indicated their willingness to serve, and I am confident that all three will be able to provide the energy, commitment and leadership we need should they be elected.

Doctor Lorraine Reitzel has agreed to be a candidate for President, and I believe she is uniquely qualified for the position. She is a summa cum laude graduate of Florida State University and author of numerous articles, books, and book chapters on treatment efficacy and sex offenders. She is a long-time member of AACFP, and has demonstrated her prior commitment to us by serving as a manuscript reviewer for our journal, *Criminal Justice and Behavior*, for 5 years, and as author of 20 articles for this newsletter since 2002. There is no doubt in the minds of people who have worked with Dr. Reitzel at AACFP that she can be both a wonderful leader and a resource for the Association as President for the next 2 years, and I hope you will give careful consideration to her willingness to help out.

Doctor Richard Althouse is on the slate as a candidate for President-Elect. Doctor Althouse is a long-time correctional psychologist for the Wisconsin Department of Corrections. He brings a different but

equally valuable set of experiences to AACFP, and is also eminently qualified to serve on our Executive Board and as President when the time comes. Doctor Althouse has trained and supervised many other correctional psychologists, has served on our Board and as president of numerous other organizations. He would bring a wealth of practical and theoretical knowledge to his elected position. Doctor Althouse is also a long-time member of AACFP, and he has repeatedly made himself available over the years for Association projects. In particular, he has been the Chairman and motivating figure on both the AACFP Standards and Ethics Committees. Doctor Althouse's outstanding history as both a psychologist and contributing member of AACFP will allow him to provide the leadership AACFP will need in the future.

Association by-laws currently require election to the post of Secretary/Treasurer every 2 years. However, experience has shown that it is extremely difficult to find capable people willing to volunteer to take on the burdens and potential liabilities of this complex but thankless position at any time, much less every 2 years. Consequently, I believe the Executive Board was lucky, indeed, to be able to appoint Terre Marshall, MPH, CCHP-A to serve as our current Treasurer upon the resignation of our previous Treasurer, and I strongly encourage her election to the position. Ms. Marshall has a distinguished career in management and services and is a former contracts manager for the Florida Department of Corrections. Our Association now has professional accounting services and administrative financial oversight from several sources to protect our assets. I believe the Association would best be served by having Ms. Marshall continue her role in overseeing Association finances as Secretary/Treasurer.

The Nominations and Elections Committee will provide the full slate of nominations for President, President-Elect, and Secretary/Treasurer, along with brief statements submitted by candidates, in the July, 2006, issue of *The Correctional Psychologist*. Elections will take place at that time. Please feel free to contact me if there are any questions.

John Gannon, Ph.D.
AACFP President/Executive Director
jg@aa4cfp.org

**AMERICAN ASSOCIATION FOR CORRECTIONAL AND FORENSIC PSYCHOLOGY
FINANCIAL DATA AND MEMBERSHIP
ASSETS AND MEMBERSHIP WITH PREVIOUS YEARS' COMPARISONS***

	Dec. 31, 2005	Dec. 31, 2004	Dec. 31, 2003
<u>Assets:</u>			
Checking Account:	\$ 83,148.00	\$ 82,550.00	\$917.00
Certificates of Deposit	151,658.00	75,182.00	.00
Total Cash	234,806.00	157,732.00	917.00
Fixed Assets	950.00	950.00	.00
Total Assets:	\$ 235,756.00	\$ 158,682.00	\$917.00
<u>Revenue:</u>			
Membership Dues	\$ 27,025.00	\$ 26,392.00	
Sage Royalty	151,635.00	192,988.00**	
Interest Income	3,010.00	213.00	
Other Income	524.00	.00	
Total Revenue:	\$ 182,194.00	\$ 219,593.00	
<u>Expenses:</u>	\$ 105,121.00	\$ 62,690.00	\$33,766.00
<u>Membership:</u>	859	402	177

*Preliminary figures. **Includes one-time grant of \$25,000.00 for our National Debate on Prisons and Punishment and retroactive royalty payment for 2003 of \$67,030.00 based on 2004 amendment to the Sage contract.

The principle source of revenues are royalty payments from Sage Publications, publisher of our journal, *Criminal Justice and Behavior*, and membership fees. Principle expenses are those for executive director stipends, journal publication and editor fees, office, website-related costs, and travel. At this time, the Association is on a sound financial footing with excellent growth projected. Revenues should continue to be strong to the degree that Sage is able to maintain sales of the journal, and to the degree that Association leadership is able to develop member benefits and programs that lead to the recruit-

ment of new and retention of current members. A new contract with Sage has just been signed. The contract will include increased royalty rates for the next 5 years. Under the new agreement, as long as sales of the journal remain the same or grow, the contract provides for increased revenue to the Association. Association leadership is currently reviewing additional revenue opportunities through provision of continuing education units to members, and through seminars, conferences and workshops.

Terre Marshall, MPA, CCHP-A
AACFP Secretary/Treasurer

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UNITED WE STAND



Robert R. Smith, Ed.D.
The Correctional Psychologist Co-Editor
 625 Richardson Road
 Fortson, GA 31808

American Association for Correctional and Forensic Psychology
 —Application for Membership—

Name _____ Title _____
 Application Date _____
 (Check preferred mailing address)
 Home: _____ Institution: _____

 Phone: _____ Phone: _____

Academic Attainment

College or University	Major Area	Degree	Year
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

Where	From/To	Position
_____	_____	_____
_____	_____	_____

List three major areas of interest: _____

Are you an APA member? _____ If so, what Division(s) _____
 Are you an ACA member? _____ Other organizations _____

Membership fees for AACFP are \$65.00 per year in U.S. currency, and include four issues of The Correctional Psychologist and six issues of Criminal Justice and Behavior (CJ&B) each year. Renewal notices are sent to current members in December of each year. Since membership is on a calendar-year basis, applicants or renewing members with applications dated after the first of January receive any copies of CB&J issued before the date of the application, as well as all those issued after the application date through the year's end. Timely renewals are a great help to the Association for both financial and planning reasons, and we appreciate your assistance in helping us keep the new enrollment and renewal process working smoothly. Please send your check or money order payable to AACFP in the amount of \$65.00 (U.S. currency), along with your new or renewal application to: AACFP, P.O. Box 7642, Wilmington, NC 28406. All notices of change of address will also be processed most efficiently when sent to the same address.

Check type of application: New
 Renewal