SEXUAL OFFENDER UPDATE:
PUBLIC PRISON

Lorraine R. Reitzel, Ph.D.

The last decade has seen increased legislative attention paid to the issue of sexual offenders in the community, and state and federal sexual offender registration and community notification laws are now common. However, some sexual offender specialists and researchers are concerned that the extent of legislation has outpaced empirical data, as broad legislative policies have been enacted as the result of a few, high profile, egregious cases of sexual offender recidivism (e.g., the brutal rape and death of 7-year-old Megan Kanka, which inspired N.J. Governor Whitman to legislative action). An example of a potential legislative overreaction to sexual offenders in federal law is the pending 2005 Children’s Safety Act. As passed by the House, this bill required lifetime registration for juvenile sexual offenders. In response to an outcry from professional organizations such as the Association for the Treatment of Sexual Abusers (ATSA), the Senate version of the bill was modified to remove the juvenile lifetime registration component. The House version of the federal bill seemed excessive given the lack of empirical evidence that registration, broadly applied, is effective in the prevention of sexual recidivism with this population. Moreover, registration and community notification laws may have the unintended effect of increasing recidivism risk by, for example, decreasing employment and housing opportunities and increasing stress, fear, embarrassment, and isolation in sexual offenders, which might serve as triggers for a sexual offense cycle (cf. Levenson & Cotter, 2005). While it is easy to understand the public’s fear of victimization given the media’s extensive coverage of atrocious cases of sexual recidivism, it is important that public policy emanate from evidence, rather than misinformation about recidivism rates.

Another example of trends in public policy regarding offenders concerns residence restrictions. In some states, sexual offenders are restricted from living within 1,000 feet of schools, day-care centers, parks, bus stops, and playgrounds, with legislation pending that would increase the restrictions to 2,000 feet (e.g., Iowa) or 2,500 feet (e.g., Florida; Cotter & Levenson, 2005). Although the community perception may be that these laws protect them from sexual predation, the empirical evidence thus far has not supported this supposition (Cotter & Levenson, 2005). The actual result of this legislation seems to be that sexual offenders are finding it more and more difficult to find affordable housing, as the areas in which they are legally allowed to reside diminish. Landlords may face criminal penalties for knowingly renting to sexual offenders in proximity to parks and day-care centers, and offenders may find themselves living in more and more isolated areas away from both supportive friends and family as well as treatment facilities and potential places of employment. Due to their criminal histories, federally assisted housing (or federal assistance for advancing their education levels) is not an option (Carey, 2005). Counties or communities not wanting to be dumping grounds for sexual offenders may find themselves forced into passing even more restrictive legislation or adding bus stops to key areas across town to prevent an influx of offenders. One has to wonder—are all these

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AMERICAN ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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restrictions and collateral consequences going to impact offenders’ willingness to register after release from prison?

Registration and notification laws for sexual offenders are also fraught with problems. All but three states currently have Internet registries. These registries are broadly accessible, and may contain information about the offender’s place of employment, as well as links for maps to the offender’s residence and job site (Carey, 2005). Many registry sites provide for the age of the victim at the time of the crime and the current age of the offender, without reference to the date of the conviction. Thus, an offense of lewd and lascivious behavior against a 15-year-old may be listed when the offender first registers at 18. When the offender registers at 40 for the same crime, it seems as though a seemingly more egregious offense was committed, but it is only because the age gap between victim and offender has artificially increased (Carey, 2005). Also, very few states include disclaimers on the websites indicating that the information on the site should not be misused by the public (Carey, 2005), and recent data indicates that registered sexual offenders may be victims of physical assault or harassment, possibly as a result of the availability of this information (Levenson & Cotter, 2005). When registration sites contain links that allow a viewer to print flyers about offenders, facilitating public distribution, but do not contain links to statues describing how broad registration laws may be or whether the offender completed a treatment program, these sites appear to be feeding public fear by presenting all offenders as equal in terms of recidivism rate (Carey, 2005).

Correctional clinicians have a role to play in the political climate and ensuing public policy. It is currently a ripe time to get involved in these issues, as both state and federal laws are currently being considered that will impact sexual offender registration, community notification, and residence restrictions. Correctional clinicians can learn more about their state’s policies on these issues; for example, by investigating whether community notification is broad-based or determined by level of risk. Clinicians can work to educate the public (and lawmakers) about recidivism rates and risk, and how treatment completion might impact an offender’s likelihood of subsequent offending. For those more inclined to action, getting local law enforcement and victim advocate groups on board in this education process can be beneficial, as it may lend more credence in the public’s eye. Given that some legislation may have the unintended consequence of increasing risk of reoffense and/or a failure to register resulting in difficulty tracking an offender, law enforcement and victim advocacy groups are likely allies. The interested reader can obtain more information about pending legislative issues from the public policy section of the ATSA website at http://www.atsa.com/. In particular, the 12-page amicus brief (Doe vs. Miller) submitted by Robert Laufman and David Singleton on behalf of ATSA, which is available on that site, contains an excellent summary of relevant empirical information supporting that policy not outpace research. Given the current climate, correctional clinicians working with sexual offenders may find themselves devoting more time in therapy discussing the reality of what these offenders will face in their communities after release, and coming up with strategies to cope

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with the consequences of state and federal legislation while maintaining compliance with a relapse prevention plan. Correctional clinicians who inform themselves of the relevant issues will be more equipped to assist these offenders with their struggles after release.

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STRAIGHT FROM THE SEWER TO RESPECTABILITY.

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 severs 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.)

THE BOOK
GOING STRAIGHT provides a proven roadmap through society’s barriers and personal pitfalls to rehabilitation, respect and a worthwhile life. It describes what offenders must change about themselves and the hazards they must avoid. For anyone interested in reducing crime and recidivism, this book gives an unprecedented look into the minds of offenders. Without mincing words and with a touch of humor, Dr. Fauteck uses his expertise to assist both offender and corrections professional. (368 pages)

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The author is also available to lecture offender groups, in and out of custody, as time permits, for expenses only. Write Paul Karsten Fauteck, Psy.D., DABPS, 7144 North Harlem Ave., #186, Chicago, IL 60631, or fauteck@comcast.net. More information is available at going-straight.com
A MESSAGE FROM THE AACFP PRESIDENT

Each year it falls to the President of our Association to provide a summary of activities and a description of the state of the Association. This year I am especially pleased to report that our membership-building efforts over the last 2 years have been very successful. We have increased membership by over 500 mental health professionals, and we are now over 700 members. In addition, we have gone from chronic financial shortfalls to over $240,000.00 in financial reserves. Most of our income is derived from our arrangements with Sage Publications to publish our journal, Criminal Justice and Behavior (CJ&B). Since the current contract with Sage is nearing expiration, we are in the process of renegotiation, and I expect the outcome of that negotiation to be very good. Along with increased revenues from Sage, we have instituted strong financial controls and have upgraded our accounting and tax preparation service providers.

Through the efforts of our journal Editor, Dr. Curt Bartol and his staff, CJ&B is now ranked #2 of 26 journals in criminology, and #23 of 84 journals in clinical psychology in the Thomson Scientific Journal Citation Reports. Ordinarily, this would be good news enough but, in fact, there is even better news. Starting in 2007, CJ&B will be going to a larger size with more pages and will be published 12 times instead of six times per year. Thanks to Dr. Bartol for this increased member benefit, and congratulations to him on his outstanding achievements with CJ&B.

Our website, www.aacfp.org, continues to attract a good deal of attention, and many of our new members have joined us over the Internet. In the future, I hope that we will be able to develop the website even further in order to encourage more active communication with members. A number of new and significant member benefits are already available there or in the works for 2006. These include discounts on materials from various publishers and electronic access to the current and past issues in the Criminology: A Sage Full-Text Collection (23 journals) and Psychology: A Sage Full-Text Collection (35 journals). Sage is continuing to invest heavily in Internet-based technology, and while the current research platform for CJ&B and the Full-Text Collections is outstanding, Sage is working on even more features in the upcoming year. I hope to make these powerful research tools among our principal attractions in a series of planned moves to attract more students to our ranks.

The by-laws for our Association have not been revisited for decades. As a result, they are now under review with a report to the Board of Directors to follow. A submission of any proposed revisions will then be made to our members for approval. I hope that you will take an active interest in this process and vote on the by-laws when the time comes.

We continue to work on alliances with other like-minded organizations to promote our mission and assure stability and progress for them and us. As liaison to the American Correctional Association, I sit on three committees, including the International Relations Committee, the Mental Health Committee, and the Professional Affiliates Council. Each of these, in its own way, creates opportunities to help others and advance our Association. We remain interested in working with the Mental Health in Corrections Consortium, and we continue to offer a joint membership in AACFP and the Forensic Mental Health Association of California (FMHAC) with a member discount on their conference fees. The relationship with FMHAC has been particularly productive for both of our groups in extending educational services and building membership.

As part of our educational efforts, our Association sponsored a joint correctional mental health conference with the National Commission on Correctional Health Care in Anaheim, CA, and we assisted them in another mental health conference in Chicago in July, 2004. Our Association sponsored the National Debate on Prisons and Punishment in Alexandria, VA in June, 2005. We arranged for over 35 panelists from virtually every position on the political spectrum, from the ACLU to the Heritage Foundation and the Reason Foundation, to speak on

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correctional issues. The Debate was extremely well received.

We have recently been approached to work with the Canadian Psychological Association (CPA) and Divisions 18 and 41 of the American Psychological Association (APA) to sponsor a joint meeting to be held for correctional and forensic psychologists. The time and location would alternate each year between the CPA and the APA locations to coincide with their annual meetings. I expect to present a proposal to our Board on the matter following more discussions with the CPA and the APA.

Doctor Bob Walsh is to be commended for his careful and conscientious guiding of the Internet Ethics Hotline Development Panel. Thanks are expressed to Dr. Ron Bonner of that group who has agreed to serve as the coordinator for the project. The goal of this project is to provide a means by which mental health professionals in corrections can submit descriptions of ethical dilemmas to a panel of experts from a variety of disciplines; psychology, medicine, correctional administration, etc., for review, feedback, and suggested resolution. We expect to implement operation of the hotline by April of 2006.

Doctor Robert Morgan also deserves commendation. He was gracious (and dedicated) enough to accept my appointment to serve as the chair of a committee to develop a National Research Agenda for correctional psychology. The committee is now nearing completion on the project, and Dr. Bartol has agreed to publish the results in CJ&B. I believe the agenda will be a wonderful resource for students and other researchers, and I hope you will keep it in mind after publication to recommend to your colleagues.

In sum, then, the state of our Association includes more members, more financial stability, better member benefits, more educational projects, a highly regarded journal, completion of the Ethics Hotline and Research Agenda projects, organizational transparency, professional financial and tax arrangements, and excellent prospects for the future. I hope you are proud to be a member of AACFP, the “Voice of Psychology in Corrections.” We will be consolidating our financial statements at the end of the year, with a treasurer’s report to follow in the next issue of The Correctional Psychologist (TCP). Please remember that your continued involvement in the Association is crucial, and I hope you will go to our website, www.aacfp.org now to renew your membership if you have not already done so.

Lastly, I would like to express my personal appreciation to our Board members, Dr. Dean Aufderheide, Board Member, Ms. Terre Marshall, Board Member and Treasurer, Dr. Ed Dow, Board Member, and Curt Bartol, Board Member and Editor of CJ&B. Special thanks go to Dr. Bob Smith, who is not only Board Chairman but also Co-Editor of this newsletter, TCP.

Best regards to you and your families for 2006. Please stay in touch.

John L. Gannon, Ph.D.
President/Executive Director
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PRINCIPLES AND PRESCRIPTIONS:
CORRECTIONAL PSYCHOLOGY COMES OF AGE

BOOK REVIEWS


J. Tyler Carpenter, Ph.D., FAACP

Eleven plus years ago I began my metamorphosis from research to correctional psychologist. Though excellent clinical training, as well as a decade of experience as an associate and then PI on a programmatic research team in a medical school setting, had more than prepared me to define, develop a preliminary understanding, and attack most psychological problems that presented themselves, little had prepared me for the whip-saw ride between dismay and fascination that I experienced as I came to grips with effectively practicing clinical psychology within prison settings. What routinely presented itself to be fixed was a laundry list of exceedingly complex compounds of coexisting conditions within high profile settings (Carpenter, 2003) where there was no absence of experience, opinion, and need, but many conflicting models and sources of data for understanding the problems at hand. Wit, perseverance, and creativity, valued colleagues, plus a few older mentors, provided me with guidance and support as I plumbed my depths and those of my patients and sources of research, professional organization, and folk wisdom. However, there were not any comprehensive compendiums of knowledge written to specifically address the multiple problems and issues that presented themselves on a daily basis, just old models, scattered reservoirs of knowledge, myth, metaphor, and moralizing.

With the 2003 publication of Barb Schwartz's Correctional Psychology and Tom Fagan's and Bob Ax's Correctional Mental Health Handbook, this deficit, and the accompanying sense of professional disorientation for the initiate, are likely to rapidly recede and be replaced by a sense of professional convergence, if not nascent consensus. Though an attempt to unpack, articulate, and discuss the embedded metaphysical, epistemological, and moral issues and problems (Anchin, 2005) can still stop respected, learned, and experienced professionals dead in the virtual water of well-regarded listservs, these texts provide the basis for pragmatic therapeutics and shared discussion as more reliable and valid practice and knowledge evolve in real time. It would be an affront to all the penologists who conscientiously labored before, as well as evidence of profound ignorance of history, to suggest that no credible knowledge of correctional philosophy and practice existed prior to this time (see Roberts, 2000; Rothman, 2005/1971, 1990; Sellin, 2005/1967; & Spierenburg, 2005/1984). It is fair to say that there were few widely available comprehensive sources of reliable knowledge that reflected the depth and breadth of thought and practice available prior to the publication of these two books.

Taken together these books can leave one with a sense of the complimentarity and complexity of approaches one can take to the understanding and practice of correctional psychology. Individually, they reflect not only the difficulty their very accomplished editors must have encountered in covering the required topics using a broad variety of qualified contributors, but also the emergence of philosophical heterogeneity and individual style as a significant number of gifted and experienced practitioners brought their intelligences to bear on often contentious and high profile subjects and issues. Out of the necessity of simplifying the complexity, it appears to me that Dr. Schwartz's organizational

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approach has been that of putting forth correctional psychology principles; and, the approach of Drs. Fagan and Ax has been that of accumulating contemporary prescriptions. This likely reflects, in part, the scope of practice and professional affiliations of the contributors. As one respected practitioner opined, one text reflects negatives, while the other is the best suited of the two for beginning practitioners. After having personally immersed myself in both of the texts and most of the opinions it seems to me that while there is some truth in that assessment (as there is in my thematic classification), the books and their respective authors have a lot to contribute in their own individual rights.

To read Drs. Fagan's and Ax's text is to get a feel for the high standard of practice demanded and institutionalized in the U.S. Bureau of Prisons (BOP) system. The Sage publishing house is one of the largest and most respected criminal justice publishers in the business and it clearly chose its editors thoughtfully and well. The editors are quite senior and experienced and the contributing authors though earlier in their prison bids, so to speak, are clearly hard working and accomplished up and coming contributors to the field of correctional professional practice. Although there are some puzzling inclusions in individual chapters, such as the redundant listing of diagnostic categories best referenced by the DSM-IV, by and large the impression one gets is one of comforting and professional good sense to guide practice in the often trying and always different subculture of the American prison. The matter of fact approach to the roles, duties and common sense ethics that are part and parcel of correctional work today, is refreshing. The listing of programs and approaches is reflective of best practices and the empirically supported therapies (EST) zeitgeist and Weltanschauung fostered by the National Institute of Corrections (NIC) and the American Correctional Association (ACA). To read this book is to realize how far we have come from prior penal eras and the impact of programmatic and institutionalized research and policy that is grounded in scientific methodology, social science and medicine. In short it is a safe, reliable, and compact introduction useful for the student, novice, professional new to the field, as well as the expert who may want an update and introduction to areas of correctional practice that s/he is less familiar with.

Doctor Schwartz's text, in some respects, is less predictable and reassuring about correctional practice, but no less knowledgeable. It is also more interesting in some ways. It has some of the best chapters on some topics that I have read anywhere. It appears to put an emphasis on the explanation of principles upon which policy and practice can be fashioned, but must also be thoughtfully consulted when there is conflict between sound practice and roles established by policy and habit. More on this in a bit. There appears to be more interdisciplinary heterogeneity in the individual authors' reference sources, which is both refreshing and necessary when considering the breadth and complexity of the issues involved in correctional psychology. This can also be somewhat disconcerting for those looking for a unified and understandable overarching and clearly explicable frame of reference. For example, grounding in both more scientific and comprehensive models of motivation (e.g., Buck, 1999) is something all contemporary practitioners need to come to grips with. The issue of how one both anchors oneself in the constantly evolving history of psychotherapeutics (Carpenter, 2004; Goldfried & Newman, 1986) while integrating more science-based findings relevant to practice is a constant challenge to practitioners moving into the onrushing future. In short, the take home ms. in some of the chapters is that the professional is ultimately responsible for the successful practice of correctional psychology in a prison environment; the basic components, issues, and principles of correctional psychology are set out in great detail.

So what do we have in both texts and what might we wish for in the future as the field, and those of us that practice in it, change over time? With both texts we have an almost comprehensive source of

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principles and prescriptions for contemporary correctional psychological practice. Although when things go south and we have a "Perfect Storm", as it sometimes does in prison, we can now more clearly and readily see which components and functional relationships are always present, but can become imbalanced and produce destructive chaos. We can re-realize how ethics are dynamic principles, not just narrowly articulated instructions. We have sources for a multi-disciplinary and flexible systems approach to preventing and solving problems, which can be used to determine what can go wrong and what might be tried in the future to provide a more responsive and effective correctional system. We can avoid over-relying on facts and principles embedded in widely practiced policy that is subject to ossification and error if not systematically reviewed and refreshed with new insights and inputs, as prisons and the social, medical, and economic forces which can contextualize and drive them, change.

Given the considerable strengths of both texts and the valuable contribution that they both make to correctional psychology, it is difficult to feel entirely comfortable making additional criticisms, but a very few are in order. In spite of the rapid dissolution of Cartesian dualistic approaches to the mind (Beitman et al., 2003) and the dominance of brief therapy and managed care models which are the indisputable underpinnings of today's therapeutic practice, neither text devotes a chapter to the critically important role that psychopharmacology and non-linear dynamics or "chaos" (Walters, 1999; Burger & Starbird, 2005) plays and will continue to play in correctional psychological practice. Recent research on the neurochemistry and pharmacology of psychopathy (Minzenberg & Siever, 2006) can inform the treatment of this very large and problematic subgroup of the correctional population. While the utilization of linear models and mind-brain distinctions serve didactic and circumscribed research purposes, neither one has a useful purpose in the comprehensive understanding and practice of treatment and rehabilitation in today's criminal justice contexts. Future chapters should broadly integrate new research on areas like psychopathy (Patrick, 2006) that are fundamental to correctional practice.

Finally, it's my fervent hope that all clinical and forensic training programs in general, and their directors in particular, pick up on the importance of these texts to the provision of training that is both timely and relevant to the role and place corrections and its clientele play in contemporary society. The time is long over when professional psychologists can pretend that the simple transplantation of generic techniques, or the fetishistic resurrection of old and incomplete studies, can adequately address the needs of the criminal justice populations and the society, which we are all integral to and inter-dependent members of. In the meantime, I can think of no better advice than to invest in the wisdom of both of these rich and groundbreaking texts. And, like the creative revolutionaries who changed jazz from Storyville and gave us the Tango in the slums of Buenos Aires at the turn of the century, to the Hip-Hop artists of our millennium, fashion the music that is (and will change) psychological practice from the materials and partners at hand.

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ETHICS HOTLINE FROM AACFP FOR CORRECTIONAL MENTAL HEALTH PROVIDERS: A CALL FOR CASE REVIEWERS

Ron Bonner, Psy.D.

Correctional systems present significant ethical challenges for mental health providers. Clinicians often find themselves in ethical dilemmas in which they must balance the para-military structure, security, and control of the correctional system with providing an acceptable standard of mental health care and suicide prevention services for offenders. Recognizing this struggle, both the American Correctional Health Services Association (ACHSA; 1996) and the American Association for Correctional and Forensic Psychology (AACFP; 2005) developed specialized codes of ethics to help guide correctional mental health professionals and augment general professional ethical principles. In addition, in early 2005, our Association’s President, Dr. John Gannon, proposed establishing an e-mail based, national ethics hotline to provide more individualized and practical assistance for correctional mental health clinicians faced with difficult ethical dilemmas. A committee was formed under the leadership of Dr. Robert Walsh, to develop this project. Currently, the committee is looking to compose a multi-disciplinary panel of correctional mental health experts (e.g., psychologists, mental health counselors, social workers, psychiatrists, psychiatric nurses, etc.) who would be willing to serve (on a volunteer basis) as anonymous reviewers for ethical problems submitted by clinicians in the field to the e-mail hotline. Reviewers would be asked to serve for a 2-year period. Interested applicants should have at least 10 years’ experience in their profession and be very familiar with their respective ethics codes as well as those of the ACHSA and our Association. Appointed reviewers would first receive by e-mail the ethical case problem without identifying information. They would then provide their opinion for decision making based on the relevant ethical principles for the case. Responses would be submitted by e-mail to the ethics hotline website manager who would integrate reviewer information and develop a consensus opinion from the panel. Our Association is also considering taking a more proactive, advocacy role for clinicians in places where patterns of ethical conflict arise as well as publishing an ethics case book for correctional mental health providers, based on submissions to and responses from the hotline.

If you think you would be interested in participating as a case reviewer in this important service to the field, please send a letter of interest and CV by March 1, 2006, to Ron Bonner, Psy.D., AACFP Ethics Hotline Development Committee, 156 Panorama Drive, Winfield, PA 17889 or to rbonner@bop.gov.
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The Clinical and Forensic Assessment of Psychopathy
A Practitioner's Guide
Edited By Carl B. Gacano, Ph.D.
LEA's Personality and Clinical Psychology Series

More than just a focus on evaluation, diagnostics, and treatment, The Clinical and Forensic Assessment of Psychopathy represents the cutting-edge discourse on this often elusive and vexing topic. Clearly, however, the contributors in this finely crafted collection of well-written, mostly lucid, and compelling essays have moved the analytic forward in terms of psychopathy theory, research, and practice. Thus, this book is a vital resource for practitioners and academicians alike. It is a must read for any serious researcher or (correctional) mental health worker confronted with the clinical and forensic challenges (and dangers) of treating psychopaths.

—International Journal of Offender Therapy and Comparative Criminology

The Clinical and Forensic Assessment of Psychopathy is a landmark work. It is a must for forensic experts conducting assessments on this special population as well as for those clinicians doing treatment with this group. Topics never before covered or only superficially considered are given in-depth coverage in a single volume. A quick review of the table of contents reveals the all-inclusive, state-of-the-art nature of this book. The inclusion of chapters on legal and ethical issues, the assessment of deception, report writing, and those addressing psychopathy at work, in prison, and its relationship to sexual aggression reflect the innovative approach and forensic applicability of this volume.

—Alan M. Goldstein, Ph.D., ABPP

"...This book is a must-read for anyone who works with persistently antisocial individuals."

—Marnie E. Rice, Ph.D., Penetanguishene Mental Health Centre and McMaster University, Hamilton, Ontario

Psychopaths are difficult to ignore. They are involved in many of today's most serious problems: war, drugs, murder, and political corruption. As a construct, psychopathy has evolved far beyond its confusing origins in a mélange of labels into an empirically measurable syndrome. The first text of its kind, The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide, translates the robust findings of the past 30 years into applied procedures and methods for all those whose work brings them into contact with this difficult population in mental health, correctional, or court settings. Synthesizing the latest information on assessing psychopathy in children, adolescents, and adults, it offers "standard of care" guidelines for the assessment of psychopathy in general and the use of the Hare Psychopathy checklists in particular. It further:

- develops conceptual models for understanding the information processing and emotional experience of psychopaths;
- addresses legal and ethical issues;
- discusses implications for training and the effective integration of psychopathy assessment into general forensic practice-interviewing, predicting risk, evaluating the relationship of psychopathy to malingering, and writing reports;
- describes dilemmas presented by the psychopath in the corporate setting and offers suggestions for managing them and for weighing the necessity of incorporating psychopathy assessment into institutional evaluation procedures; and
- considers the relationship of psychopathy to sexual deviance, substance abuse, and the criminal personality.

The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide constitutes a major new resource for anyone who seeks to make fast the link between research and practice. Experienced professionals and their trainees and students alike will learn much from it.

Visit www.erlbaum.com to view the full Table of Contents.

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Also Available
Clinical and Forensic Interview Schedule for the Hare Psychopathy Checklist
Revised and Screening Version
Carl B. Gacano, Ph.D.
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American Association for Correctional and Forensic Psychology
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