

# THE CORRECTIONAL PSYCHOLOGIST

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## **SEXUAL OFFENDER UPDATE: EVIDENCED-BASED PRINCIPLES AND RESOURCE ALLOCATION**

*Lorraine R. Reitzel & Jessica L. Desrosiers*

Recent years have seen greater attention paid to mechanisms underlying sexual offender treatment provisions to better understand how to most effectively and efficiently treat the offenders at varying risk levels (Marshall & Seran, 2000). The evidenced-based practice literature for general recidivism prevention is one example of this focus, and it may provide important information to guide sexual offender treatment resource allocation.

Evidenced-based practice literature emphasizes the importance of the risk, needs, and responsivity principles in recidivism prevention programs (CJI, 2004). Based on a limited resources model, risk is assessed with actuarial assessment measures in order to prioritize the higher-risk cases for treatment. Criminogenic factors (e.g., criminal thinking) relative to offending and recidivism are assessed in order to determine the treatment needs of a given offender. Finally, an empirically-based intervention program is used to affect relevant criminogenic factors in a manner that is responsive to the offender's "temperament, learning style, motivation, gender, and culture" (CJI, 2004, p. 4), with a focus on altering relevant criminogenic factors (Andrews et al., 1990).

Since the risk, needs, and responsivity principles can be applied to general recidivism prevention programs, they can also be applied to sexual offender specific programming. However, whether sexual offender treatment programs use these principles to guide treatment planning and resource allocation has not been determined. A recent study by Mailloux et al. (2003) attempted to shed light on this area by evaluating if sexual offenders from the Ontario region of the

Correctional Services of Canada (CSC) received different dosages of treatment based on their relative risk of reoffending.

The participants of the Mailloux et al. (2003) study were sexual offenders entering the Ontario region of CSC during a 5-year span of time (1993-1998) who participated in treatment. Researchers classified treatment programs according to relative intensity levels. Low intensity programs required less hours of treatment and were of shorter duration than the moderate intensity programs, and moderate intensity programs demonstrated the same relative relationship to the high intensity programs. When an offender participated in more than one level of programming, that offender was classified according to the highest program level of participation. Resulting classifications were as follows: low intensity  $N=38$ , moderate intensity  $N=265$ , and high intensity  $N=34$ .

Mailloux et al. (2003) first examined whether offenders in programs of various intensities differed significantly on static criminogenic factors. They found that those participating in low intensity programs were older and had fewer non-violent and non-sexual violent convictions than the other groups. Differences between the moderate and high intensity groups on these factors were non-significant. Those in low intensity programs were more likely to be married and less likely to have a juvenile record than those in other programs. Intrafamilial offenders were more likely to be found in low intensity programs and less likely to be in high intensity programs. Researchers next compared offender scores on the Level of Service Inventory (LSI)

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## EVIDENCED-BASED PRINCIPLES (Continued from page 1)

and the Psychopathy Checklist-Revised (PCL-R) by treatment intensity group. Results indicated that scores on these measures differed significantly by treatment intensity group in the direction one might expect, with those in the low intensity programs scoring significantly lower on these measures than moderate intensity groups, and moderate intensity groups scoring significantly lower than high intensity groups. Finally, Mailloux et al. (2003) examined the rates of completion of correctional treatment programs addressing criminogenic factors between intensity groups. They found that moderate and high intensity participants completed more substance abuse programming than the low intensity offenders. The high intensity offenders completed more sexual abuse programs than the moderate and low intensity offenders, and the moderate intensity offenders completed more cognitive skills programs than the low intensity offenders.

In the Ontario region of the CSC, sexual offenders are initially assessed and prescribed to a specific treatment plan/program in a manner sensitive to the principles of risk, need, and responsivity. Results of the Mailloux et al. (2003) study suggested that the primary means for assignment to a level of treatment intensity in this sample was based on scores from actuarial instruments, as results on these measures differentiated offenders in the various treatment intensities. An examination of static criminogenic factors also appeared to be largely consistent with the placement of lower risk offenders (e.g., intrafamilial offenders) in the less intense treatment programs. Therefore, results supported that assignment to treatment programs in this sample was consistent with the risk principle of evidence-based practice. However, Mailloux et al. (2003) suggested that low intensity offenders in their sample might have had more treatment than was necessary (i.e., been over-prescribed treatment), as they did not differ from the moderate intensity groups in the number of sexual abuse programs completed, and did not differ from the high intensity groups in the number of cognitive skills programs they completed. The interested reader is referred to the Marshall and Yates

(2005) and Abracen et al. (2005) articles for a subsequent debate on the veracity of the Mailloux et al. (2003) over-prescription finding.

Sexual offender treatment providers are keenly aware that resources for treatment are limited, and that the needs of many offenders go unaddressed. It becomes essential for treatment providers to treat the highest risk offenders first, and not over-prescribe treatment to lower risk offenders when resources could be otherwise allocated. The Mailloux et al. (2003) study provides an example of the use of evidenced-based practice principles as applied to sexual offender treatment provision, and serves to remind treatment providers to be mindful of relative recidivism risk in appropriate resource allocation.

## REFERENCES

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**CALL FOR APPLICATIONS FOR THE DIVISION 18/ALLIANT INTERNATIONAL UNIVERSITY PRESCRIPTIVE AUTHORITY (RxP) TRAINING PROGRAM**

Hi, Folks:

Once again, here is the call for applications for the Division 18/Alliant International University Prescriptive Authority (RxP) Training Program for public service psychologists. Please pass this announcement to your colleagues who work in corrections, veterans affairs, in settings serving Native Americans/First Persons, state/provincial hospitals, community mental health centers, or police and public safety settings. Many Division 18 members are not on PUBSERV and other public service psychologists who might be very interested in this program are not Division 18 members. In fact, many applicants have joined the division at the time they applied for the training.

Note the change in deadline for receipt of all application material: It is now June 1, 2005. Also, we urge our Canadian colleagues to apply. We have every reason to believe at this point that they will be eligible under the terms of grant funds we anticipate receiving. — Bob Ax

**Call for Applications**

Five years ago, prescriptive authority (RxP) for psychologists was just a dream. Since then, it's become a reality! The RxP laws have passed in two states, Louisiana and New Mexico, and the U.S. Territory of Guam. As a psychologist working with some of our nation's most disadvantaged patients, you know how helpful RxP could be for some of these individuals who are least likely to receive adequate assessment, diagnosis, or treatment. How long will it be before your agency allows properly trained psychologists to start prescribing psychotropic medications, and in so doing adding value to their practice and advance the agency's public service mission?

This is an opportunity for you, as a psychologist practicing in the public sector, to receive tuition-paid training in clinical pharmacotherapy in a program that meets APA criteria for prescriptive authority. Pending receipt of grant funds (we are presently in the application process and are highly optimistic),

Division 18 members will have the opportunity to proceed through the program at Alliant International University (AIU) and earn a Postdoctoral Master of Science Degree in Clinical Psychopharmacology. This program combines distance learning and in-person attendance (at least 9 weekends a year) at one of several meeting sites: Baton Rouge, LA; Columbia, MD; Fresno, CA; Sacramento, CA; Los Angeles, CA; Portland, OR; San Diego, CA; and the San Francisco Bay Area. The tuition for this 2-year training program is ordinarily \$9,800. Tuition will be waived for Division 18 applicants who are accepted into this program.

There are some expenses for which you will be responsible. These include books, clinical practicum supervision fees, and any upgrades your computer might need, a total that AIU estimates at \$2,130. In addition, you will need to pay your travel expenses, which will vary with your particular situation. You will incur no obligation by applying. Successful applicants will be notified by July 1, 2005, and must either accept or decline positions for the Fall 2005 class at that time.

Please note: If you enroll in the program and then withdraw prior to completion, you must reimburse AIU for 50% of all the tuition costs incurred prior to withdrawal. Consequently, the decision to enroll in this program is an important one, and should be carefully considered. Completion of the program includes the academic and clinical practicum portions of the program as well as the requirement of passing the Psychopharmacology Examination for Psychologists (PEP) developed by APA.

**Eligibility:**

Applicants must hold active membership in Division 18 at the time of application. They must be employed full-time (30 or more hours per week) in the public sector in one of the types of agencies (VA or state mental hospital, correctional facility, police and public safety, community mental health center, or Native American/Native Canadian treatment

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**PSYCHOPATHOLOGY IN MULTIPLE MURDERERS***Debra Souza*

Psychopathology is present in multiple murderers, however, it takes different forms depending on the type of murderer. In this article two types of murder are discussed; mass and serial murder. Mass murder is defined as three or more people killed in one location at one time or in one event. Serial murder takes place when three or more people are killed over time with intervals of time in between each murder. Psychopathology is defined as different psychiatric disorders with an organic basis of the brain that is judged by experts to interfere substantially with a person's ability to cope with life on a daily basis.

Mass murderers typically exhibit paranoid disorders with major thoughts or delusions of persecution. The mass murderer's path to killing is one of failure and hopelessness that ends in an explosion of real or perceived slights. The typical mass murderer is a white male, age 25 to 40 years, married with some education after high school. They are working at a job that is below their education and ability level which brings them constant frustration. Their mental health is plagued by a history of paranoia and or schizophrenia, however, rarely have they had any contact with mental health workers. Consequently, they are not typically on medication. They also use drugs and or alcohol to facilitate their crime. Often they have a history of violence which ends with the mass murderer killing his own family. The perception in the criminology field has been that most mass murderers are killed at the scene of the crime or commit suicide after the mass murder event, however, new evidence suggests that the majority of mass murderers are caught, convicted, and sent to prison. Mass murderers are not psychopaths, they do exhibit remorse and have a conscience unlike serial murderers. Mass murder appears to attract copycat murderers, which could be part of the reason for an increase of such murders in recent years.

The serial murderer is a completely different person from the mass murderer. The serial murderer is an intelligent, loner, with a penchant for control.

Often, severely abused as children, the serial murderer becomes desensitized to normal stimuli in his/her environment and thus requires extraordinarily strong stimuli to arouse them. They come to associate pain and torture with pleasure and often have very strong preferences for a specific type of victim. Researchers have found serial murderers typically to be white males with a possible history of animal torture, fire setting and or child bedwetting. Serial murderers are typically psychopaths with anti-social personality disorders. They have little or no compassion for those around them. Because of their psychopathy, they become experts at mimicking normal people, and consequently, like mass murderers, most people who know them are shocked by their murderous behavior. Serial murderers are very different from mass murderers in the sense that they are usually sane during the commitment of their crimes. They know exactly what they are doing and why. Whether to fill some dark need, or just for sport, they locate, track down, torture and kill their victims for the thrill of it.

Contact Debra Souza, Community/Independent Living Advocate, San Louis Obispo, CA—[dsouza@ilrc-prico.org](mailto:dsouza@ilrc-prico.org)

**EVIDENCED-BASED PRINCIPLES**

(Continued from page 3)

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Contact reitzel@psy.fsu.edu



## CRIMINAL JUSTICE LISTSERV

The Div18CrimJustice listserv is a forum for the dissemination of information and discussion relevant to professionals with interests in criminal justice and correctional psychology. Although, this listserv is comprised of many members of Division 18 of the American Psychological Association (APA), membership in this division or APA is not required. In fact, it is assumed that this listserv will serve to facilitate discussion between all those involved in the general area of criminal justice including, for example, attorneys, practitioners, and academicians.

### Becoming a Member of the Listserv

If you would like to be involved/included in this forum please send your name and e-mail address to robert.morgan@ttu.edu. Once your information has been included on the listserv you will receive a

"welcome to the listserv" e-mail and directions about its purpose and guidelines for use.

### Criminal Justice Directory

The *Criminal Justice Directory* is a database of psychologists, attorneys, physicians, public service professions, and students interested in the broad area of criminal justice. The directory is designed to facilitate the discussion of topics relevant to the areas of criminal justice and correctional/forensic psychology. Information included in the directory includes: name, position, contact information, and professional/research interests. If you would like to be included in the *Criminal Justice Directory*, please contact Jon Mandracchia (jon.t.mandracchia@ttu.edu) or Robert Morgan (robert.morgan@ttu.edu).

# 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 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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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

## CALL FOR APPLICATIONS FOR THE DIVISION 18/ALLIANT INTERNATIONAL UNIVERSITY PRESCRIPTIVE AUTHORITY (RXP) TRAINING PROGRAM

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facility) covered by Division 18 section charters and not by private contractors or in contract facilities, e.g., privately owned prisons or jails. They must be licensed to practice as psychologists in a state or province. Further, since the goal of this initiative is to train public sector psychologists who will use their skills on behalf of underserved clients, successful applicants must commit to continuing to work in a public sector agency for 2 years after completion of their training.

### Affirmative Action:

Neither Division 18 nor AIU discriminates with respect to age, race, religion, gender, or sexual orientation. Women and members of racial, ethnic, and gender minorities are urged to apply.

### Application Procedure:

Send 1) a letter of interest, 2) a copy of your curriculum vita, 3) a copy of your state/provincial psychology license, and 4) a letter from the personnel office of your organization documenting that you are employed full-time (30 or more hours per week) in one of the settings listed above to: Robert K. Ax, Ph.D., 5610 Chatmoss Road, Midlothian, VA 23112. You will then receive additional forms to complete. Deadline for receipt of all application materials is June 1, 2005.

For further information about the AIU Postdoctoral Masters Degree Program in Clinical Psychopharmacology, contact Dr. Steven Tulkin, Program Director, (510) 523-2300, x195, stulkin@alliant.edu; Dr. Wendy Stock, Associate Director, (510) 523-2300, x250, wstock@alliant.edu

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Jenni Gainsborough - Prison Reform International, Washington, DC  
Stephan Nathan - Prison Privatization Report Int., Greenwich, England  
Patricia Muldoon - League of Women Voters, Boston, Massachusetts  
Lester Welch - Sex Offender Treatment Alliance, Okemos, Michigan  
Marc Mauer - The Sentencing Project, Washington, DC  
Ken Kopczynski - Private Corrections Institute, Tallahassee, Florida  
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Call the hotel directly and ask for the special rate for **The National Debate on Prisons and Punishment**.

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**Lodging Information**

The headquarters hotel for the Debate is the upscale Hampton Inn, located in the heart of historic Old Town, Alexandria, and 2 blocks from the King Street Metro. The hotel features 80 rooms, exercise gym, and outdoor pool (opened seasonally). Other amenities include complimentary hot breakfast buffet and newspaper and complimentary wireless Internet access throughout hotel.

The hotel offers free shuttle service to and from Reagan International Airport, and to and from Old Town. AACFP will provide free shuttle service daily to the Debate at Whaley Auditorium.

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### ***JAIL SCREENING ASSESSMENT TOOL NOW AVAILABLE***

The Jail Screening Assessment Tool (JSAT) (Nicholls, Roesch, Olley, Ogloff, & Hemphill, 2005) has just been published. The JSAT is designed to identify mental health problems and risk for suicide, self-harm, violence, and victimization among new admissions to jails and pretrial facilities. The brief semi-structured interview includes questions to evaluate demographic characteristics; current charges/legal status, criminal history; social circum-

stances (e.g., family support, housing, & finances); past and present substance use and treatment; past and present mental health status/treatment; suicide, violence, and self-harm history as well as current ideation and intent. The JSAT is based on our research and experience over the past 10 years with over 50,000 inmates. Copies are available at a cost of \$40 (inclusive of taxes and shipping). For more information or to order copies, contact roesch@sfu.

### ***PRESIDENT'S MESSAGE***

Our Association continues to make progress on several fronts and I wanted to share some of that progress with you in this brief message.

1) The National Debate on Prisons and Punishment, sponsored by AACFP will take place June 13 and 14 in Arlington, VA. We hope you will attend. There is more information for you and a registration form in this issue of *The Correctional Psychologist (TCP)*.

2) Thanks to Co-Editor Dr. Bob Smith, our printer has agreed to make possible for us to post future issues of *TCP* on our website as well. Our July 2005 issue of *TCP* will appear on our website. This should add to both the convenience and the usefulness of the newsletter. If you have comments about this additional feature, please contact me at [pres@aa4cfp.org](mailto:pres@aa4cfp.org) or Dr. Smith at [smithr@marshall.edu](mailto:smithr@marshall.edu)

3) We are making good progress on the development of both the Internet Ethics Hotline, headed up by Dr. Robert Walsh, and the International Research Agenda, headed by Dr. Robert Morgan. If you have thoughts or comments about either, please contact me at [pres@aa4cfp.org](mailto:pres@aa4cfp.org), Dr. Walsh at [vulcan1@frontiernet.net](mailto:vulcan1@frontiernet.net) or Dr. Morgan at [robert.morgan@ttu.edu](mailto:robert.morgan@ttu.edu).

4) If you haven't been to the Members Only section of our website at [www.aa4cfp.org](http://www.aa4cfp.org) you may want

to visit again soon. Doctor Ron Roesch, an AACFP member, has added a discount there for his jail assessment instrument, the JSAT. In addition, as a member, you also have free access to an extremely powerful and sophisticated platform to search current and past issues of the 17 journals in the Sage Full-Text Criminology Collection (including *Criminal Justice and Behavior*). Lastly, we are working with Cafe Press, an on-line provider of various items with our Association logo. You can see their offerings of T-shirts, mugs, etc. by clicking on the link in the Members Only section.

5) Please be sure to keep in touch.

John Gannon, Ph.D.

President, AACFP

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#### **MENTAL HEALTH IN CORRECTIONS**

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**Jana N. Martin, Ph.D.**

Dr. Martin is President of the California Psychological Association, APA's Public Education Campaign Coordinator for California, Past President and current Board member of the Los Angeles County Psychological Association, and Member and Past Chair of the CPA Marketing Committee.

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# Juvenile Justice

An Introduction

Fourth Edition

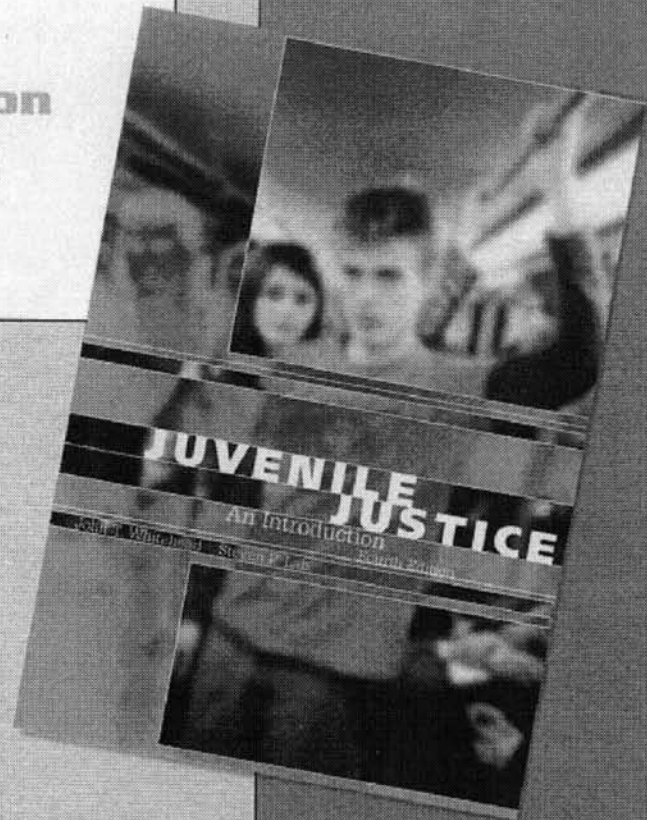
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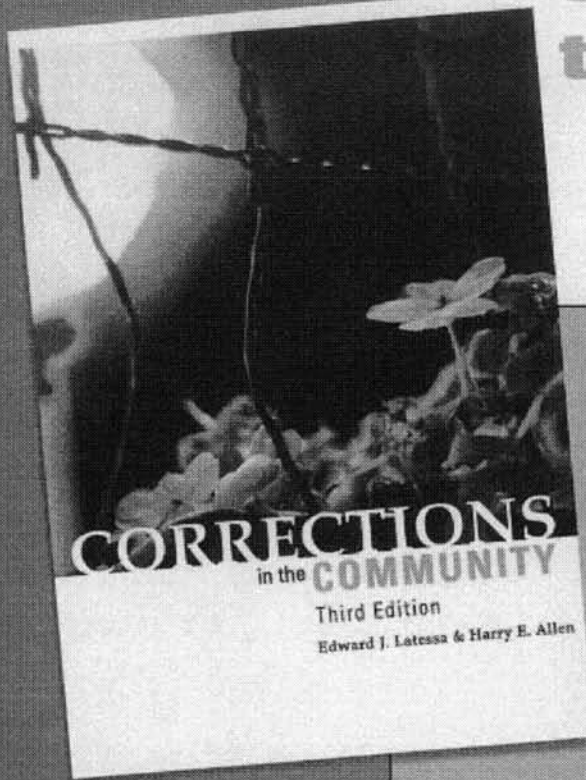


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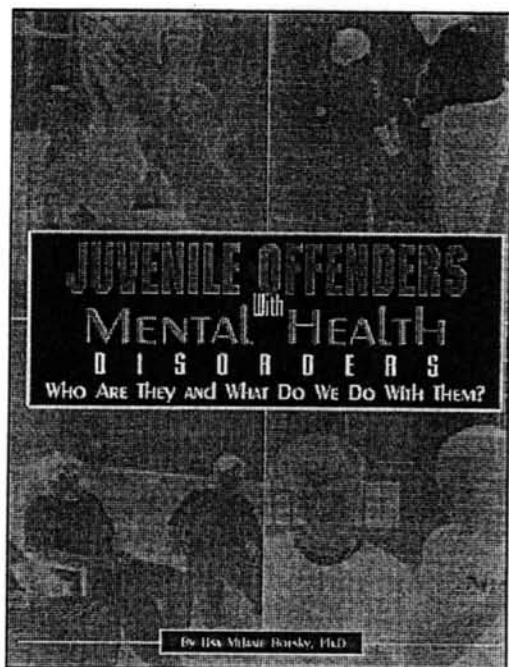
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