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Does psychopathy differentially predict treatment-seeking during incarceration versus postrelease?

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Abstract

The notion that high psychopathy inmates seek treatment for non-therapeutic reasons is frequently assumed but lacking empirical evidence. In a sample of 217 suburban jail inmates, we examined whether psychopathy differentially predicted treatment-seeking during incarceration (when extrinsic benefits exist), but not post-release. Overall, analyses revealed no evidence to support this notion. High psychopathy offenders did not artificially seek treatment at a higher rate than their less psychopathic peers during or following incarceration. Further, there was no evidence psychopathy was associated with treatment-seeking for present-oriented reasons (e.g., to reduce their sentence) during incarceration. Inmates high in psychopathy, particularly Factor 1, were more likely to request access to the jail law library than their lower-psychopathy peers. Taken together, these findings challenge common assumptions regarding psychopathic offenders' treatment-seeking behaviors and motivations. Clinicians can anticipate that inmates seeking treatment will represent the full range of psychopathy, both during incarceration and upon rejoining the community

Keywords

psychopathy; treatment-seeking; inmates; jail law library

Incarcerated psychopaths are often perceived as seeking treatment in order to make a good impression, manipulating staff and especially the parole board to think they have turned over a proverbial new leaf in hopes of receiving a favorable evaluation. This notion, however, relies on anecdotes rather than empirical evidence.

What is Psychopathy?

Despite widespread intrigue and fascination, psychopathy as a whole is a misunderstood construct to the general public, in part due to media depictions of stereotypical psychopaths as unhinged, evil criminals that commit heinous and violent acts. Indeed, psychopathy is

positively related to criminal behavior (Porter & Porter, 2007), but psychopathic individuals are not insane, delusional, nor psychotic; rather their actions are calculated and intentional (Cleckley, 1941). Psychopathy is not associated with the same level of intrapsychic pain as most mental or psychological disorders, as high psychopathy individuals lack psychological or emotional distress and a reduced capacity for experiencing emotional responses (Blair, 2006; Cleckley, 1941; Hare, 1993; Marsh & Cardinale, 2012; Patrick, 1993).

Individuals with psychopathy are a high-risk and high-need population due to increased risk for criminal justice system involvement (Simourd & Hoge, 2000), violent recidivism (Olver, Lewis, & Wong, 2013), and criminogenic attitudes (Simourd & Hoge, 2000). Symptoms of psychopathy include glibness, egocentricity, impulsivity, grandiosity, deceitfulness, and a parasitic and manipulative personality (Hare, 1993). One of the most pronounced symptoms of psychopathy is shallow affect, which results in the inability to experience sincere emotions including empathy, loyalty, guilt, devotion, and remorse (Hare, 1993; Hicks, Vaidyanathan, & Patrick, 2010).

Hare's Psychopathy Checklist-Revised (PCL-R; Hare, 2003) distinguishes between two distinct, but related, factors: Factor 1 and Factor 2, which when combined create an individual's psychopathy total score. Factor 1 encompasses the personality aspects of psychopathy including grandiosity, glibness, lack of empathy, and a manipulative and deceitful personality (Hare, 2003). Factor 2 includes the behavioral facets of psychopathy including antisocial behaviors, deviance, and persistent undesirable behaviors (Hare, 2003). This antisocial lifestyle frequently manifests in criminal actions.

Much of the research in this domain concerns psychopathic individuals' treatment responses, behavior during treatment (e.g., dropout rates), and treatment efficacy and outcomes (for reviews on these constructs, see Salekin, 2002 and Salekin, Worley, & Grimes, 2010). For example, psychopathy has been linked to high rates of treatment dropout (Olver & Wong, 2011). The research literature on psychopathy and treatment outcomes is remarkably sparse and quite contentious. A number of researchers argue that high psychopathy individuals respond negatively to treatment programs (e.g., Seto & Barbaree, 1999; Rice, Harris, & Cormier, 1992) while others have found positive responses to treatment (e.g., Looman, Abracen, Serin, & Marquis, 2005). The current study's central focus is the context in which treatment is initially *sought* by high psychopathy individuals (i.e., during incarceration versus while in the community) rather than treatment efficacy and outcomes.

Psychopathy and Treatment-Seeking

On one hand, high psychopathy offenders may be less likely to perceive a need for treatment due to their deficiency of emotional distress and their inclination to believe their behavior is not problematic (Cleckley, 1941). On the other hand, it is widely assumed, but lacking empirical evidence, that high psychopathy offenders would seek treatment in an effort to manipulate others and reach desired outcomes. This idea initially garnered attention following the Oak Ridge study (Harris, Rice, & Cormier, 1994) and is perpetuated by anecdotes from correctional staff but, as Polaschek (2014) indicates, has never been explicitly tested. A positive link between psychopathy and treatment-seeking may be

especially pronounced in correctional contexts where extrinsic motivations are prevalent (e.g., manipulating the parole board to obtain early release from jail, obtaining favorable treatment from deputies), as opposed to post-release in the community where fewer extrinsic benefits exist.

Previous research provides support for the idea that the charming and manipulative personality associated with psychopathy may indeed benefit individuals involved in the criminal justice system. One study discovered that high psychopathy offenders were 2.5 times more likely than their non-psychopathic peers to secure conditional releases from the parole board (Porter, ten Brinke, & Wilson, 2009). An additional study found that sex offenders high in psychopathy were rated better in treatment behavior during incarceration but subsequently were more likely to recidivate once released (Seto & Barbaree, 1999). Hare (1996) suggests “many psychopaths take part in all sorts of prison treatment programs, put on a good show, make ‘remarkable progress’, convince the therapists and parole board of their reformed character, are released, and pick up where they left off when they entered prison” (p. 41). These findings support the notion that psychopathic inmates are adept at manipulating authoritative bodies like the parole board but fail to maintain that aura of “good behavior” after release into the community.

In addition to conventional or traditional treatment, an additional service available to inmates is the correctional facility’s law library. Hare (1993) proposes that psychopathic individuals involved in the criminal justice system are frequently critical of their attorneys. Egocentricity and arrogance - key features of psychopathy - may result in the belief that they can represent themselves better than their legal counsel. Psychopathic inmates may frequent the jail law library in order to raise legal issues with the correctional facility, formulate arguments regarding prisoner rights, or provide legal advice to other inmates. While not a treatment service per se, use of the law library is another way inmates, especially those high in psychopathy, may utilize time and resources while incarcerated.

Psychopathy and Motivations for Treatment-Seeking

The role of motivation in treatment settings has been explored extensively in the clinical literature. Broadly, treatment motivation refers to an individual’s reasons to seek support through treatment (Wild, Cunningham, & Ryan, 2006). Some researchers posit that psychopathic individuals would express low motivation for treatment because they are apt to be deficient in feelings of distress or remorse (Howells & Day, 2007). The empirical literature on treatment motivation levels of psychopathic offenders, however, is limited and mixed. A study of sexual offenders found that offenders high in psychopathy were perceived by clinicians to be highly motivated in treatment but failed to actually produce behavioral changes (Seto & Barbaree, 1999). Other research suggests that high psychopathy offenders were less motivated to participate in community treatment programs than their less psychopathic peers (Ogloff, Wong, & Greenwood, 1990).

Commonly, motivation is characterized as either intrinsic or extrinsic (Ryan & Deci, 2000). In the current study, treatment motivation items did not fall neatly into intrinsic versus extrinsic categories. Motivations assessed included items such as seeking treatment “to

improve job applications”, which can be conceptualized as both intrinsic (to enhance one’s knowledge, skills, or abilities) and extrinsic (to obtain a job).

An alternative way of conceptualizing motivation centers around the degree to which the motivations and goals are present- versus future-oriented (Miller & Brickman, 2004). Psychopathy may be differentially related to present- and future-oriented motivations. Wellman (2002) stated “the psychopath appears to be oriented to the most immediate of gratifications, is unconcerned about future goals” (p. 179). One previous study found high psychopathy adolescents were less likely to show concern about the future than their less psychopathic peers (Bjornebekk & Gjesme, 2009). An additional study discovered a negative correlation between psychopathy and future preoccupation and tasks assessing concerns over future events, but negligible correlations between psychopathy and future perspectives assessed via laboratory tasks (Lilienfeld, Hess, & Rowland, 2006). Due to the mixed results obtained from these two studies, research is needed to uncover whether psychopathic offenders are more inclined to endorse future-oriented motivations over the immediate gratification of present-oriented motivations. To our knowledge, no empirical research has explored the relationship between treatment-seeking motivations and psychopathy in an incarcerated sample.

The Current Study

The current study assesses the degree to which psychopathy predicts treatment-seeking during incarceration, and whether this effect pertains equally to treatment-seeking post-release, when extrinsic motivating factors are less relevant. In addition, the current study explores whether psychopathy predicts certain underlying motivations for seeking treatment during incarceration.

Our first hypothesis was that psychopathy, particularly the personality aspects associated with Factor 1, would positively predict treatment-seeking during incarceration because psychopathic individuals would seek treatment in order to reach desired outcomes (i.e., to manipulate the parole board into granting them a conditional release).

After release from jail, the motives behind psychopathic offenders’ treatment-seeking (i.e., making a good impression for the parole board) are absent. Thus, our second hypothesis was that psychopathy, particularly the personality facets of Factor 1, would negatively predict treatment-seeking post-release from jail due to the perceived lack of benefits for continuing to seek treatment.

For the purposes of the current study, treatment included support groups, psychoeducational interventions, and substance use treatment. An additional service available to inmates is access to the jail law library, which may be utilized by psychopathic inmates so they can formulate arguments of prisoner rights or legal defenses. Our third hypothesis was that psychopathy, particularly Factor 1, will positively predict requests for access to the jail law library during the period of incarceration.

Previous research (e.g., Bjornebekk & Gjesme, 2009) provides some support that psychopathic individuals are more focused on short-term gains and less concerned with

future events. Thus, our fourth hypothesis was that psychopathic inmates would endorse present-oriented motivations as opposed to future-oriented motivations for seeking treatment during incarceration.

Method

Participants

Participants were 217 general population jail inmates. Data were drawn from an ongoing longitudinal study of pre- and post-trial inmates held on felony charges at a large adult detention center in the suburbs of Washington, D.C. (see Tangney, et al., 2007, for detailed eligibility criteria.) The current report draws data from three time-points – shortly after the start of incarceration, just prior to release from jail (gathered only from those who remained at the jail for 6 weeks or more), and at one year post-release. Only participants who had completed measures at all three time-points were included in the analyses. Attrition analyses (based on data collected as of 6/1/15) revealed minimum baseline differences on 34 variables when comparing eligible participants who were re-interviewed versus those who were not (e.g., not found, refused, or withdrew). Participants did not differ on demographics (e.g., sex, education), mental health (e.g., schizophrenia, borderline personality disorder), psychological characteristics (e.g., shame, self-control), criminality, and substance dependence (e.g., alcohol, opiates). Missed individuals tended to be younger, Spanish only speakers, and had more symptoms of paranoia. Using a Bonferroni correction for Type I error, none of these variables remained significant.

The current study's sample is diverse in terms of various demographic characteristics including age ($M=33.67$, $SD=10.12$, *range* 18 to 69) and gender (65.9% male, 34.1% female). The sample was also racially diverse: 47.9% African American, 36.9% Caucasian, 3.7% "Mixed", 3.7% Other Hispanic, 3.2% Asian, 3.2% "Other", .9% Mexican American, and .5% Middle Eastern.

Measures

Psychopathy.—Psychopathy was measured shortly upon incarceration via the Psychopathy Checklist: Screening Version (PCL:SV; Hart, Cox, & Hare, 1995), which is an abbreviated version of the Psychopathy Checklist Revised (PCL-R; Hare, 2003). The 12 items on the PCL:SV are scored on a 3-point scale as 0 ("not present"), 1 ("somewhat present") or 2 ("present"); thus, the total PCL:SV score can range from 0 to 24. Higher scores indicate higher levels of psychopathy, with 18 and above generally considered a strong indicator of psychopathy. The PCL:SV creates a psychopathy total score and also distinguishes between two distinct factors of psychopathy: Factor 1 and Factor 2. The PCL:SV was scored by highly trained researchers as part of a semi-structured interview. Training of PCL:SV interviews is described in more detail in Hastings, Tangney, & Stuewig (2008). Randomly selected cases ($n=54$) were double-coded by an expert referent clinician. Single measure intra-class correlations, using a one-way random effects model, showed high inter-rater reliability: .85, .79, and .85 for Factor 1, Factor 2, and Total Psychopathy scores, respectively. Descriptive information for psychopathy is included in Table 1.

Personality Assessment Inventory (PAI; Morey, 1991).—Personality variables were assessed shortly after incarceration via the PAI, which is a self-report measure of clinically relevant personality traits and includes various validity scales, clinical scales, and interpersonal scales. Items are endorsed on a 4-point scale (1 = *false, not at all true* to 4 = *very true*). The current study utilized the Positive Impression Management (PIM) subscale, a validity subscale that detects a “faking good” response style, in analyses.

Treatment-seeking during Incarceration.—Just prior to release or transfer from the jail, participants indicated if they participated in any support groups, psychoeducational interventions, or substance use treatment while they were incarcerated¹. We created a count variable, which totaled the number of different types of support groups, psychoeducational interventions, or substance use treatment participants sought. Support groups include group sessions where people can talk in a supportive environment (e.g., trauma support group). Psychoeducational interventions teach certain constructive behavioral, social, or cognitive skills (e.g., anger management, life skills). Substance use treatment consists of alcohol and drug treatment including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Jail Law Library Requests—Participant requests for access to the jail’s law library during their period of incarceration were obtained from official jail records.

Motivations for Treatment-seeking during Incarceration.—Participants who endorsed engaging in treatment-seeking behaviors during incarceration were asked to rate the importance of several options in their decision to seek treatment. These questions were asked on a 5-point scale (1 = *not at all important* to 5 = *extremely important*). Options consisted of a variety of present-oriented responses (e.g., “to reduce your sentence”) and future-oriented options (e.g., “to improve job applications”). Motivations questions were not derived from previous literature but were chosen based on motivations that were expected to be relevant to a jail sample.

Treatment-seeking Post-Incarceration.—At one year post-release, participants indicated any support groups, psychoeducational interventions, or substance use treatment they sought during the first year following incarceration. Categories were coded so as to parallel the information collected during incarceration. Motivations for treatment-seeking were not assessed during the one year follow-up.

Procedure

A Department of Health and Human Services Certificate of Confidentiality was secured and all procedures were approved by the University Human Subjects Review Board. Initial assessments and interviews were administered to participants in private professional visiting rooms or classrooms in the adult detention center.

Shortly after assignment to the general population, eligible participants were approached and provided with information about the study. They were assured that participation in the study

¹Involvement in religious groups (i.e., bible study or church services) and educational programs (i.e., vocational training classes or GED classes) were excluded for the purposes of these analyses, which focus on treatment services.

was entirely voluntary and would not affect their status at the adult detention center, their sentence, or their release date. After consent was obtained, participants completed a 4- to 6-session baseline assessment interview consisting of a combination of computer-based questionnaires (via audio and visual methods) and face-to-face interviews. Participants were awarded a \$15–18 honorarium for completion of the baseline assessment.

During the period of incarceration, official records were obtained from the jail to determine whether or not participants requested access to the jail law library. A pre-release assessment, following similar methods to the baseline assessment, was administered to participants prior to release into the community or before transfer to another correctional or rehabilitation facility. Participants were awarded a \$25 honorarium for completing the pre-release assessment.

Phone assessments were completed within two weeks of release for participants who did not receive the interviews prior to being released from the jail. A follow-up assessment was administered, in-person or by phone, one year after the participant was released into the community. Participants were awarded a \$50 honorarium for completing the one-year post-release assessment.

Results

Treatment-seeking during and After Incarceration: Descriptive statistics

The length of incarceration at the host jail was, on average, seven months. Some participants were subsequently transferred to other correctional facilities, most often state prisons. In the current report, we focus on length of incarceration at the ADC, during which treatment-seeking behaviors were assessed. During jail incarceration, participants were, on average, involved in about 1.4 treatments, the majority of which were psychoeducational interventions and substance use treatment (primarily 12-step groups); few attended other support groups. In the first year post-release, participants, on average, were involved in one treatment, mainly substance use treatment, with far fewer psychoeducational interventions and support groups. For descriptive statistics on these variables, see Table 1.

Does Psychopathy Predict Treatment-seeking during Incarceration?

It was hypothesized that psychopathy, particularly Factor 1, would positively predict treatment-seeking during incarceration. Contrary to our hypothesis, psychopathy was virtually unrelated to treatment-seeking, including total treatment, as well as specific types of treatment, during incarceration (see Table 2). Thus, this hypothesis was not supported.²

²Due to concerns surrounding the potential for a “faking good” response style in the current study’s self-report measures, all results were re-analyzed excluding participants who scored at or above 66T on the Positive Impression Management (PIM) subscale of the PAI. A score of 66T corresponds to a raw score of 22 on the PIM subscale, which approximately 2 standard deviations above the mean for a clinical sample. The results did not change when the 16 participants above the PIM cut-off were excluded from analyses.

Does Psychopathy Predict Jail Law Library Requests?

As shown in Table 2, this hypothesis was confirmed. Individuals high in psychopathy, particularly Factor 1, were more likely to request access to the jail's law library than their less psychopathic peers.

Does Psychopathy Predict Treatment-seeking Post-Release?

It was hypothesized that psychopathy, particularly Factor 1, would negatively predict treatment-seeking in the community during the first year post-release. Contrary to our hypothesis, psychopathy was largely unrelated to treatment-seeking while in the community. The one exception was that psychopathy (especially Factor 2) *positively* predicted post-release substance use treatment. That is, individuals high on Factor 2 were somewhat more likely to seek post-release substance use treatment than their less psychopathic peers.

We also directly tested whether the relationship of psychopathy to treatment-seeking within jail differs from the relationship of psychopathy to treatment-seeking post-release. A series of t-tests for the difference between dependent correlations determined these relationships were not significantly different from each other. Subsequent analyses indicated results were broadly consistent across gender groups.³

Does Psychopathy Predict Treatment Motivations during Incarceration?⁴

We hypothesized that psychopathy would positively predict present-oriented treatment motivations and negatively predict future-oriented treatment motivations. As shown in Table 3, psychopathy was largely unrelated to both present- and future-oriented motivations for seeking treatment during incarceration. Contrary to our hypothesis, for substance use treatment, the present-oriented motivation "To reduce your sentence" was negatively correlated with Total psychopathy, Factor 1, and Factor 2. Outside of these findings, the remaining relationships between psychopathy and motivations for treatment-seeking during incarceration were negligible and did not seem to show any discernable patterns.

Discussion

This study sought to fill the existing void in research on the relationship between psychopathy and treatment-seeking in different contexts— during incarceration versus post-release. Many correctional officers and practitioners assume that high psychopathy offenders seek treatment during incarceration in an effort to manipulate decision-makers in the criminal justice system and secure an early release, but are not inclined to continue to seek treatment upon rejoining the community due to lack of extrinsic benefits for doing so. As such, it was hypothesized that psychopathy, particularly Factor 1, would positively predict

³We conducted subsequent analyses to examine whether gender moderated the relationships between psychopathy and treatment-seeking. Of the 24 interactions examined, only one was significant at the .05 level. Gender and Factor 1 interacted in predicting support group treatment-seeking during incarceration, such that Factor 1 was a significant predictor of seeking support groups among women but not men. Using a Bonferroni correction for Type I error, this relationship was no longer significant. We did not have a substantial enough sample size to conduct these subsequent analyses with the motivations variables

⁴Motivations for treatment-seeking during incarceration were only assessed for participants who endorsed engaging in treatment-seeking behaviors. Therefore, data on treatment-seeking motivations is only available for a portion of the sample.

treatment-seeking during incarceration but negatively predict treatment-seeking post-release while in the community. These hypotheses were not supported by the results.

Overall, the current study found no relationship between psychopathy and treatment-seeking during incarceration and post-release from jail. High psychopathy offenders did not artificially seek treatment at a higher rate than their peers who were lower in psychopathy. This means that clinicians can anticipate clients seeking treatment to represent the full range of psychopathy, both during incarceration and upon rejoining the community.

The one significant link between psychopathy and treatment-seeking was the unexpected relationship between Factor 2 and post-release substance use treatment. Some might argue that those higher in Factor 2 have an antisocial lifestyle and are thus more likely to be abusing substances and in need of treatment. That this relationship only manifests post-release, however, suggests that there might be more to the story. Anecdotal evidence suggests that psychopathic individuals might attend community alcohol and drug recovery treatment (e.g., 12-step programs) to engage in antisocial activities or prey on vulnerable group members, which could potentially explain the unexpected positive relationship. Future research is needed assessing a range of intrinsic, extrinsic, and antisocial motives for treatment-seeking both during and post-release.

As anticipated, psychopathy positively predicted jail law library requests during incarceration. There are several potential explanations for these findings. First, inmates high in psychopathy may be especially apt to attempt to formulate legal defenses in their own cases, which aligns with the notion that psychopathic individuals involved in the criminal justice system are frequently critical of their attorneys (Hare, 1993). Additionally, they could be studying the law in an effort to raise arguments regarding inmate rights or file grievances against the jail. Lastly, they could be assuming the role of “jailhouse lawyer” to gain other inmates’ trust or in exchange for contraband or favors. While use of the law library is not a treatment service in the traditional sense, this finding gives us a better understanding of how high-psychopathy inmates utilize time and resources available in the jail.

Finally, we hypothesized that high psychopathy offenders would be more likely to endorse present-oriented motivations and less likely to endorse future-oriented motivations for seeking treatment during incarceration. This hypothesis was not supported by the results. Therefore, clinicians working with offender populations should not automatically assume that psychopathic individuals seeking treatment are motivated solely by the present-oriented, seemingly antisocial reasons assessed in the current study (e.g., to reduce their sentence).

Limitations and Directions for Future Research

The primary limitation of the current study concerns the issue of generalizability. The current sample was drawn from one correctional facility in one metropolitan area. The sample is also limited in that it focused on participants’ treatment-seeking motives and behaviors during incarceration at a jail as opposed to a prison. Jails and prisons can differ in many respects including the stage of sentencing, sentence length, and availability of treatment and services available to inmates. In addition, the nature of jails and prisons are inherently different. For instance, inmates may be more prone to “laying low” during shorter

jail sentences when compared to longer prison sentences. Future research should examine whether comparable results are obtained in a prison sample and among inmates from other geographic regions.

An additional potential limitation concerns the utilization of self-report measures, which may be particularly susceptible to socially desirable responding. Despite findings from a recent meta-analysis that suggest psychopathy is not associated with social desirability or a “faking good” response style (Ray et al., 2013), concerns may still remain that high psychopathy offenders may have been untruthful about treatment-seeking behaviors or motivations. We re-analyzed results at all stages excluding participants who scored at or above 66T (approximately 2 standard deviations above the mean for a clinical sample; Blais, Baity, & Hopwood, 2011) on the Positive Impression Management (PIM) subscale of the PAI. The results did not change when the 16 participants above the new PIM cut-off were excluded from analyses, thus helping to ameliorate concerns of socially desirable responding in the current study. Relatedly, the current study relies on data of law library requests rather than visits. While we can speculate reasons for inmates’ law library requests (e.g., attempting to formulate their own legal defenses), we did not collect data on whether inmates were indeed engaged in legal research during their visit(s) or the reasons they wished to gain access to the law library.

A possible avenue for future research is the construct of dosage. The current study examined whether participants reported seeking treatment but did not track rates of treatment attendance or completion. On one hand, psychopathic individuals may attend a treatment program only once to simply “check off a box”. On the other hand, they may attend treatment programs at a high frequency, possibly in order to claim greater improvements in overall functioning or because they enjoy the attention of being in a class. Building on the current study, future research should further investigate whether psychopathic inmates attend required treatment sessions or complete program requirements.

A further limitation is that we do not have complete data on whether participants were required to attend treatment (e.g., drug treatment supervised release to attend AA/NA in community) as a condition of probation after release from jail. The limited data we have suggests that court-mandated treatment was relatively rare. Nonetheless, future research would be enhanced by systematically considering mandated versus voluntary treatment-seeking post-release.

Conclusions

Correctional staff and treatment providers are commonly concerned that psychopathic inmates may have non-therapeutic motives when seeking treatment services. However, until now, this notion had not been empirically evaluated. The current study found no evidence to support the idea that psychopathic individuals are more likely to seek treatment during incarceration. Further, there was no evidence that high psychopathy offenders are more inclined to seek treatment for present-oriented reasons (e.g., to reduce their sentence, to get out of cell). The one exception is that inmates high in psychopathy were more likely to request access to the law library, particularly when considering the personality traits

associated with Factor 1. Taken together, these findings challenge common misconceptions regarding psychopathic offenders' treatment-seeking behaviors and underlying motivations.

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Table 1.

Descriptive statistics for psychopathy and treatment-seeking (N=217)

	Mean	SD	Range
Psychopathy			
Psychopathy (PCL:SV)	12.13	4.89	1–22
Factor 1	5.72	2.81	0–12
Factor 2	6.41	2.86	1–12
Treatment-Seeking			
Total Treatment	1.44	1.74	0–8
Substance Use	.614	.998	0–6
Psychoeducational	.627	.915	0–4
Support Groups	.207	.517	0–3
Total Treatment	1.01	1.26	0–6
Substance Use	.742	.976	0–4
Psychoeducational	.265	.685	0–5
Support Groups	.109	.351	0–2

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Table 2.

Correlations of psychopathy to treatment-seeking during incarceration and at one year post-release (N=217)

Treatment	Psychopathy Total		Factor 1		Factor 2	
	In Jail	Post-Release	In Jail	Post-Release	In Jail	Post-Release
Total Treatment	.03	.10	-.03	.08	.08	.09
Substance Use	.05	.14*	.00	.11	.09	.14*
Support Groups	.05	-.09	.02	.05	.06	-.10
Psychoeducational	-.03	.02	-.08	.02	.02	.02
Jail Law Library	.15*	--	.19**	--	.07	--

*
p < .05**
p < .01.

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Table 3.

Correlations of psychopathy to treatment-seeking motives during incarceration.

Motivations	Psychopathy Total	Factor 1	Factor 2
Substance Use Treatment (n=84)			
<i>(Present-oriented)</i> To Reduce Your Sentence	-.26*	-.22*	-.22*
<i>(Present-oriented)</i> To Get Out of Your Cell	.05	.07	.02
<i>(Present-oriented)</i> To Socialize or Meet Others	.14	.16	.07
<i>(Future-oriented)</i> To Gain Skills or Knowledge	-.20	-.17	-.15
<i>(Future-oriented)</i> To Improve Job Applications	.00	.04	-.04
<i>(Future oriented)</i> To Get Rights Back	-.03	.03	-.08
Psychoeducational Interventions (n=89)			
<i>(Present-oriented)</i> To Reduce Your Sentence	-.08	-.11	-.03
<i>(Present-oriented)</i> To Get Out of Your Cell	-.02	.03	-.06
<i>(Present-oriented)</i> To Socialize or Meet Others	.13	.17	.05
<i>(Future-oriented)</i> To Gain Skills or Knowledge	-.04	-.02	-.04
<i>(Future-oriented)</i> To Improve Job Applications	.03	.09	-.02
<i>(Future oriented)</i> To Get Rights Back	.02	.02	.01
Support Groups (n=45)			
<i>(Present-oriented)</i> To Reduce Your Sentence	.07	.04	.08
<i>(Present-oriented)</i> To Get Out of Your Cell	.23	.27	.11
<i>(Present-oriented)</i> To Socialize or Meet Others	-.01	.00	-.04
<i>(Future-oriented)</i> To Gain Skills or Knowledge	.06	.02	.07
<i>(Future-oriented)</i> To Improve Job Applications	-.12	-.14	-.06
<i>(Future oriented)</i> To Get Rights Back	-.14	-.18	-.04

*
p < .05**
p < .01.