



## Offenders with mental health problems and problematic substance use: Affective psychopathic personality traits as potential barriers to participation in substance abuse interventions<sup>☆</sup>

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### ABSTRACT

Substance abuse is related to re-offending, and treatment of substance abuse may reduce criminal recidivism. Offender characteristics including problem severity, violence risk and psychopathic personality traits may be positively or negatively associated with participation in substance abuse treatment. We explored the relationships between such characteristics and participation in substance abuse interventions among Swedish offenders with mental health problems and problematic substance use. Our analyses revealed that problem severity regarding drugs, employment, and family/social situations predicted intervention participation, and that affective psychopathic personality traits were negatively associated with such participation. Thus, affective psychopathic personality traits could be considered as potential barriers to participation in substance abuse interventions. Among offenders with mental health problems and problematic substance use, such personality traits should be taken into account in order to optimize treatment participation and treatment outcome. Approaches used in cognitive-behavioral therapy (CBT) and dialectical behavioral therapy (DBT) could be applicable for these patients.

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### 1. Introduction

The associations between mental health problems, substance abuse and offending have been firmly established in research (Elbogen & Johnson, 2009; Fazel, Gulati, Linsell, Geddes, & Grann, 2009). The co-occurrence of substance abuse and mental health problems has been recognized as an important risk factor for criminal behavior that should be targeted in order to reduce the risk of re-offending (Douglas, Guy, & Hart, 2009; Douglas & Skeem, 2005; Elbogen & Johnson, 2009). Offenders with co-occurring mental health problems and problematic substance use<sup>1</sup> have multiple problems and treatment needs (Hartwell, 2004; Lindqvist, 2007). After release from prison or forensic psychiatric care, many end up homeless, unemployed, and with a high risk of criminal recidivism. From a crime prevention perspective, research has emphasized the need to refine and elaborate strategies for treatment and support targeting this

particular population (Hartwell, 2004; Lindqvist, 2007). A study on Swedish offenders with mental health problems and problematic substance use suggested that substance abuse treatment participation was associated with a substantially reduced risk of re-offending (Gumpert et al., 2010). Also, other studies have highlighted the significance of substance abuse treatment for reducing criminal behavior (Bukten et al., 2012; Holloway, Bennet, & Farrington, 2006; Prendergast, Podus, Chang, & Urada, 2002).

In addition to substance abuse and co-occurring mental health problems, psychopathic personality traits have been recognized as important predictors of criminal behavior, particularly violent acts (Hemphill, Hare, & Wong, 1998; Porter & Porter, 2007). The Canadian psychologist Robert Hare (2003) suggested that psychopathy should be viewed as a cluster of certain interpersonal and affective traits combined with antisocial behaviors, such as grandiosity, callousness, lack of empathy, impulsivity and criminal versatility. Others have proposed that the concept merely involves interpersonal and affective traits (Skeem & Cooke, 2010). Despite the different opinions on this topic, the definition suggested by Hare has been used frequently in research (Hare & Neumann, 2010).

Studies have confirmed that psychopathic personality traits are prevalent in both prison- (Coid & Ullrich, 2010; Hare, 2003; Hobson & Shine, 1998) and forensic psychiatric populations (Laajasalo, Salenius, Lindberg, Repo-Tiihonen, & Hakkanen-Nyholm, 2011;

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<sup>1</sup> In this paper, the term problematic substance use is used to subsume various levels of severity in alcohol- and drug-related problems, including hazardous use, harmful use, substance abuse or dependency (Berman, Wennberg, & Källmén, 2012).

Tengström, Grann, Långström, & Kullgren, 2000; Wallinius, Nilsson, Hofvander, Anckarsäter, & Stålenheim, 2012), and that psychopathy is predictive of re-offending in these populations (Hemphill et al., 1998; Porter & Porter, 2007; Tengström et al., 2000). Research has also found a link between psychopathy and problematic substance use (Taylor & Lang, 2006; Walsh, Allen, & Kosson, 2007), but indicated that drop-out rates from substance abuse treatment are higher among those with psychopathic personality traits, relative to those without psychopathic personality traits (Alterman, Rutherford, Cacciola, McKay, & Boardman, 1998; Richards, Casey, & Lucente, 2003; Van Stelle, Blumer, & Moberg, 2004). It has been suggested that the less frequent treatment utilization in this population may be explained by interpersonal and affective psychopathic personality traits (Hobson, Shine, & Roberts, 2000; Olver & Wong, 2011). For example, those with grandiosity – a core trait of psychopathy – may fail to identify aspects of themselves that they need to change, and those with lack of empathy and shallow affect may have difficulties in establishing a therapeutic alliance with treatment staff (Thornton & Blud, 2007).

Apart from psychopathic personality traits, other treatment barriers, i.e. factors negatively associated with treatment utilization, have been identified. Some examples are elevated violence risk profile, i.e. higher violence risk scores, specific historical and current risk factors of future violence (Hiller, Knight, & Simpson, 1999; Nunes, Cortoni, & Serin, 2010) e.g. criminal history and lack of motivation to change (Condelli & De Leon, 1993; Mowbray, Perron, Bohnert, Krentzman, & Vaughn, 2010; Nunes et al., 2010), and characteristics of the treatment system such as poor availability of services (Rapp et al., 2006; Tucker, Vuchinich, & Rippens, 2004). Also, treatment facilitators, i.e. factors positively associated with treatment utilization, have been identified. Such facilitators can be severity of alcohol- and drug-related problems, psychiatric problems, employment problems as well as previous treatment experiences (Finney & Moos, 1995; Hasin, 1994; Storbjörk & Room, 2008).

Given their multiple treatment needs and risk of criminal recidivism, offenders with mental health problems and problematic substance use are of great concern to society. Participation in planned substance abuse treatment has previously been associated with lower frequencies of crime relapse (Gumpert et al., 2010). However, such results may indicate a selection bias favoring patients with certain characteristics; i.e. low problem- and risk profiles in such treatment (Geirstein & Johnson, 2001; Gumpert et al., 2010; McCollister et al., 2003). An important follow-up question is if the treatment system reaches out to all those in need of its services. Exploring whether certain offender characteristics function as barriers or facilitators to substance abuse treatment can assist professionals in their work to increase motivation and/or reduce drop-out (Tsogia, Copello, & Orford, 2001).

### 1.1. Aims

The aim of this study was to explore the relationship between participation in substance abuse interventions and relevant offender characteristics including problem severity, previous treatment experiences, violence risk profile and degree of psychopathic personality traits among Swedish offenders with self-reported mental health problems and problematic substance use. Based on findings from previous research, we hypothesized that severity of alcohol- and drug-related problems, psychiatric problems, employment problems and previous treatment experiences would function as facilitators to participation in substance abuse interventions (Finney & Moos, 1995; Hasin, 1994; Storbjörk & Room, 2008). We also hypothesized that interpersonal and affective psychopathic personality traits and elevated violence risk profile (i.e. higher violence risk scores) would function as barriers to such participation (Hiller et al., 1999; Hobson et al., 2000; Olver & Wong, 2011).

## 2. Materials and methods

### 2.1. Participants

The present study was conducted within the larger Swedish ongoing prospective study Mental disorder, Substance Abuse and Crime (MSAC), which explores the significance of substance abuse treatment among offenders with mental health problems and co-occurring problematic substance use (Durbeej et al., 2010). According to the Swedish Penal Code, a person convicted of a crime committed under the influence of a severe mental disorder should not be sentenced to prison, but instead referred to compulsory inpatient forensic psychiatric care. The court refers all suspects with a previous history or current indication of a mental disorder to the National Board of Forensic Medicine for a forensic psychiatric assessment (FPA), usually starting with a minor FPA, involving an hour-long forensic interview. If needed, the minor FPA is followed by a major FPA involving 4 weeks of inpatient observation by a multidisciplinary forensic psychiatric team. The study population was recruited through this system; i.e. all invited participants were under investigation for a crime, and had been identified by the legal system as individuals with past or current indication of mental health problems. Those with problematic substance use were invited to participate in the MSAC-study.

Inclusion criteria for the MSAC-study were (a) having been referred to either a minor and/or major FPA, (b) being a resident of Stockholm County (population: 1.9 million) and (c) having a record of hazardous use of alcohol and/or illicit drugs. All participants who consented to participation were invited to a baseline-interview and 3 follow-ups. The baseline-interview took place during the time for the FPA, and the first follow-up assessment was conducted shortly before release from prison or compulsory inpatient forensic psychiatric care.<sup>2</sup> Six months later, a second follow-up assessment was administered, and the third and final follow-up took place 12 to 18 months after the second follow-up. Recruitment and follow-up assessments within the MSAC-study took place between February, 2, 2006 and January, 18, 2012. The mean time between the baseline assessment and the third follow-up assessment, and thus the length of the follow-up period within the MSAC-study, was 34.17 months, i.e. close to 3 years (range = 19–63 months, *SD* = 9.19).

In total, 208 individuals gave their written informed consent to participate in the MSAC-study. One participant withdrew his informed consent and was deleted from the data-sets, and the study thus included 207 individuals who participated in baseline assessment. Among these, 39 individuals were still in prison or admitted to a forensic psychiatric clinic during the study time and were excluded from follow-up. In addition, 11 individuals could not be found, 10 declined further study participation, 4 died and 3 emigrated from Sweden and could thus not participate in all follow-up assessments. Accordingly, 140 individuals completed the third follow-up assessment, and were eligible for inclusion in the present study. Since the focus was on voluntary treatment participation, 6 participants were removed as they had been subjected to compulsory treatment. Thus, the sample of the present study comprised 134 MSAC-participants.

### 2.2. Treatment context

In Sweden, two principal systems are responsible for providing substance abuse treatment: the health care system managed by the County Councils, and the social services system managed by the local municipalities. The health care system is responsible for providing specialist medical and psychiatric treatment related to substance abuse, such as detoxification, emergency services, and

<sup>2</sup> Participants sentenced to non-institutional treatment, such as probation, participated in the first follow-up assessment 6 months after inclusion to the MSAC-study.

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