

# Crime Scene

## Psychology Behind Bars and in Front of the Bench



THE OFFICIAL ORGAN OF THE CRIMINAL  
JUSTICE SECTION OF THE CANADIAN  
PSYCHOLOGICAL ASSOCIATION

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## EDITOR'S NOTE, Ainslie Heasman, Ph.D.

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Welcome to the October issue of *Crime Scene*! It is packed full of great information, research, and even a new ongoing feature, spotlighting a member of the CJS. One theme throughout this issue is the need for well-researched, measured, and responsible approaches in the assessment and treatment of forensic clients, as well as relevant legislation. The proposal of various pieces of legislation by the Federal government, relevant to our work, is a significant topic of discussion for us all. Please enjoy this issue, and as always, I welcome your feedback and comments.

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## VIEW FROM THE TOP: CHAIR'S COMMENTS, Howard Barbaree, Ph.D.

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Bill C-54, the Not Criminally Responsible Reform Act, was introduced by the Harper government in the House of Commons this past February. It has been passed by the house and had passed first reading in the Senate when Parliament stood down for the summer break.

In the last issue of *Crime Scene*, we reprinted an article by Jamie Thomson and Janice Blackburn on the legal changes introduced in this legislation. In this issue, on the same subject, we are reprinting two letters-to-the-Editor authored by the Honourable Mr. Justice Richard D. Schneider, B.Sc., M.A., Ph.D., LL.B., LL.M., C. Psych. Justice Schneider is a Justice of the Ontario Court of Justice, and currently the Chair of the Ontario Review Board. The Ontario Review Board is the tribunal that oversees management of NCR accused in Ontario. Richard was previously a criminal defence lawyer but prior to that, was a Clinical Psychologist, with a Ph.D. in Psychology from the University of Calgary. In fact, Richard was named an Honorary President of the Canadian Psychological Association in 2002. Richard is an Adjunct Professor with the Department of Psychiatry, Faculty of Medicine and Adjunct Professor, Faculty of Law, University of Toronto. He has published extensively in the area of mental disorder and the law. Recent books include: *Mental Disorder and the Law: A primer for legal and mental health professionals* (2006, with H. Bloom); *Mental Health Courts: Decriminalizing the Mentally Ill* (2007, with H. Bloom and M. Heerema); *Annotated Mental Health Statutes* (2007); *The Lunatic and the Lords* (2009); *Law and Mental Disorder: A Comprehensive and Practical Approach* (2013, with H. Bloom).

The following letter was sent to the Editor of the *Globe and Mail*. Although the *Globe* did not publish the letter, the newspaper published an interview with Justice Schneider.

"Dear Editor,

The following is in response to the article in the *Globe and Mail* on March 11, 2013, "Groups raise concerns over bill to protect the public from mentally ill offenders"

When I started to practice criminal law in the 1980's prior to Bill C-30 (Feb 4, 1992) which brought in our current legislation governing the treatment of the mentally ill in the criminal justice system, it was seen as tantamount to negligence to raise the defense of insanity or the issue of fitness to stand trial in anything but the most serious cases.

Most of the meritorious, but less serious, mentally disordered accused were not availing themselves of the defense because of the draconian consequences which could be entirely disproportionate to the gravamen of the allegations. Most criminal offences are fortunately of the less-serious to moderately-serious variety.

The Lieutenant Governor's Review Board system which was in place at the time was seen as a scary 'Star Chamber' with no systematic review of accused. This and other Charter problems caused the Supreme Court to send the whole scheme back to Parliament in 1991.

Bill C-30, which came into force on February 4th, 1992, was seen by all as a reasonable, brighter, airier, less draconian statutory regime and with its proclamation many of the meritorious but less serious offenders were self-identifying and coming back into the Review Board system. The bar bought in.

So where are we now? We once again have amendments to Part XX.1 of the Criminal Code looming in the form of Bill C-54.

Although there had previously been rumblings, the story officially broke this past fall in the *National Post*.

In the name of 'victim's rights' and as part of the Federal Government's 'tough on crime' agenda, we heard that changes will be made to Part XX.1 of the Criminal Code.....that Part of the Code which deals with mentally disordered accused.

As it now stands, accused who have obtained a verdict of not criminally responsible on account of mental disorder ('NCR') are presently reviewed not less than annually. And, so long as the statutory jurisdictional thresholds are met the provincial or territorial review boards must determine and impose annually the 'least onerous and least restrictive' disposition after taking into consideration:

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- 1) the need to protect the public from dangerous persons,
- 2) the mental condition of the accused,
- 3) the reintegration of the accused into society, and
- 4) the other needs of the accused.

Dispositions may vary between a requirement that the accused be housed in a maximum security psychiatric hospital with no access to the community to one where the accused is living in the community with very few restrictions upon their liberty.

In the November 27th, National Post article, Justice Minister Rob Nicholson is quoted as saying "...we are listening to victims, as well as provinces and territories, who are telling us that the safety of the public should be the paramount consideration in the decision making process involving mentally disordered persons".

Well, this is not really controversial and merely a codification of the common law. The Courts of Appeal and the Supreme Court of Canada [eg. Pinet v. St. Thomas Psychiatric Hospital, [2004] S.C.C. 21] have made that priority abundantly clear '...public safety is paramount'

And, I can tell you that review boards across Canada have always approached 'the least onerous least restrictive' target only after adequate protection of the public has been addressed. This is not a legislative change that will impact in any way upon public safety. The same point was made very effectively by Eddie Greenspan and Tony Doob in an article published in the Globe and Mail on January 16th of this year.

In the National Post article statistics are provided which reveal that the recidivism rates for individuals subject to the jurisdiction of the review boards are within the 3-7% range, whereas for individuals within the parole system recidivism rates are approximately double and for those who have simply completed a prison sentence the rates are five times as great. So, one might argue convincingly, on the basis of these statistics, that the safest place for mentally disordered accused to be is within the review board system subject to the current provisions of Part XX.1 of the Criminal Code. Incidentally, the research project which generated these numbers was one funded by the Federal Department of Justice.

Bill C-54 contains many amendments but one of the more controversial is the new designation of 'high risk accused'.

These applications are handed over to the courts. The Bill appears to say that if we have 1) a serious offence, and 2) a dangerous accused, we cannot rely upon the Review Boards to do the right thing.

On application made by the prosecutor before any disposition to discharge an accused absolutely, the court may, at the conclusion of a hearing, find the accused to be a high-risk accused if the accused has been found not criminally responsible on account of mental disorder for a serious personal injury offence,

Let's look at that definition first.

Definition of "serious personal injury offence"

For the purposes of subsection (1.2), "serious personal injury offence" means

(a) an indictable offence involving

- (i) the use or attempted use of violence against another person, or
- (ii) conduct endangering or likely to endanger the life or safety of another person or inflicting or likely to inflict severe psychological damage upon another person; or

(b) an indictable offence referred to in section 151, 152, 153, 153.1, 155, 160, 170, 171, 172, 271, 272 or 273 (sexual assaults) or an attempt to commit such an offence.

and,

(a) the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or

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(b) the court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person.

So, HRA requires 2 things .....1) 'serious personal injury offence' and 2) either 'substantial likelihood of violence', or 'risk of grave physical or psychological harm to another person'.

Factors to consider

(2) In deciding whether to find that the accused is a high-risk accused, the court shall consider all relevant evidence, including

(a) the nature and circumstances of the offence;

(b) any pattern of repetitive behaviour of which the offence forms a part;

(c) the accused's current mental condition;

(d) the past and expected course of the accused's treatment, including the accused's willingness to follow treatment; and

(e) the opinions of experts who have examined the accused.

Detention of high-risk accused

(3) If the court finds the accused to be a high-risk accused, the court shall make a disposition under paragraph 672.54(c), but the accused's detention must not be subject to any condition that would permit the accused to be absent from the hospital unless

a) it is appropriate, in the opinion of the person in charge of the hospital, for the accused to be absent from the hospital for medical reasons or for any purpose that is necessary for the accused's treatment, if the accused is escorted by a person who is authorized by the person in charge of the hospital; and

b) a structured plan has been prepared to address any risk related to the accused's absence and, as a result, that absence will not present an undue risk to the public.

Comments Regarding the Bill in General:

Conflation:

The cases highlighted as the impetus for this 'tough on mentally disordered accused' Bill are Vincent Li who decapitated and cannibalized a passenger on a bus while in a psychotic state and Allan Schoenborn and Guy Turcotte who murdered their children while in psychotic states.

Slight of hand: What the proponents have done is taken extremely horrific 'outlier' cases involving people who committed their offences prior to obtaining verdicts of NCR (and entering the review board system) as oblique indictments upon the provisions of Part XX.1 which govern them after the verdict is obtained.

These extremely atypical examples are more appropriately indictments upon the civil mental health systems which failed to contain them at first instance rather than upon the review board system which they were not yet a part of.

There are approximately 5000 Dispositions rendered in Canada annually and typically you can count on the fingers of one hand the number of significant problems with those accused.

Indeed, as I mentioned earlier, the safest place for an offender to be in Canada is subject to the jurisdiction of a provincial or territorial review board.

Hospital Beds:

Certainly in Ontario and, from what I can gather, most other parts of Canada, hospital beds for review board patients are in very short supply. The proposed amendments would inevitably result in accused who, from a clinical/psychiatric perspective, do not need to be in a hospital bed occupying one just because of the statutory requirement. This would then constipate even further the flow-through of mentally disordered accused into therapeutically optimal accommodation. It would cause extreme slow-downs at the entrance door to the system immediately upon a verdict of either NCR or unfit.

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But, more importantly, the amendments will result in contra-indicated dispositions that are not the 'least onerous and least restrictive' taking into consideration the provisions of the Code.

The provisions bump straight into previous decisions of the Supreme Court. As Chief Justice McLachlin indicated in *Winko* [1999] 2 S.C.R. 625:

'By creating an assessment-treatment alternative for the mentally ill offender to supplant the traditional criminal law conviction-acquittal dichotomy, Parliament has signalled that the NCR accused is to be treated with the utmost dignity and afforded the utmost liberty compatible with his or her situation. The NCR accused is not to be punished. Nor is the NCR accused to languish in custody at the pleasure of the Lieutenant Governor, as was once the case.'

One might say that these sentiments do not comport well with clinically unwarranted incarceration in a hospital bed.

Costs:

It is difficult to estimate the costs associated with providing hospital beds to accused where clinically contra-indicated. They will be extraordinary.

Proportionality:

Imbedded within the proposed amendment is quite obviously a notion of 'proportionality'. Proportionality is the fundamental sentencing principle as articulated in section 718.1 of the Criminal Code which specifies that:

"A sentence must be proportionate to the gravity of the offence and the degree of responsibility of the offender".

But Part XX.1 is not about sentencing .....

Chief Justice McLachlin, *Winko*

'Part XX.1 also protects the NCR offender. The assessment-treatment model introduced by Part XX.1 of the Criminal Code is fairer to the NCR offender than the traditional common law model. The NCR offender is not criminally responsible, but ill. Providing opportunities to receive treatment, not imposing punishment, is the just and appropriate response.

.....It is well recognized that there is at best a very loose correlation between the nature of the index offence and the disposition that is imposed. All dispositions [we'll limit the discussion to accused with NCR verdicts] are driven by the provisions of section 672.54. It might well be that someone who has committed a homicide is quite safe living in the community whereas someone who has committed a shop-lift is so dangerous that they must be kept in a secure hospital bed. Proportionality does not factor into the disposition mix within Part XX.1 of the Criminal Code.

.....a past offence committed under the influence of mental illness may often bear little connection to the likelihood of reoffending, particularly when the NCR accused is successfully following a treatment program.'

Public Safety:

Remembering that the proposed amendments are driven by a perceived need to address both 'victims rights' and 'public safety', the proposed three year review is even more perplexing.

Let me respond to that by way of analogy.

If you have a pot in the kitchen that you suspect might boil over, would you want to check in on it more frequently or less frequently? Clearly, the more dangerous a population is perceived to be the more closely and frequently it should be monitored.

'Expert' Review Boards:

Review Boards are expert tribunals.

The amendments ignore completely .....toss out the window.....this recognition and hand matters over to the courts. This, while the Courts of Appeal and the Supreme Court have for years been stating that the Review Boards are expert tribunals which should be afforded 'curial deference'.

That general courts ought to defer to the rulings of specialized tribunals save exceptional circumstances.

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The Ironies:

We have identified several but here are the two biggest:

Irony Number 1: The provisions will arguably not apply to most of our accused.

Here's why:

To become an HRA you need two things:

i. Serious personal injury offence, and

ii. Either,

(a) a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or

(b) the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person.

Many of our accused who are indeed 'high risk' have not committed 'serious personal injury offences'.

Definition of "serious personal injury offence"

For the purposes of subsection (1.2), "serious personal injury offence" means

1) An indictable offence .....

So, many of our accused will not even get to the starting blocks because, while they might be exceedingly dangerous, their offences are low-end to mid-range and will not meet this first threshold of 'serious personal injury offence....for most accused, the Crown has elected to proceed by way of summary conviction procedure.

Then, for many of our accused who have committed 'serious personal injury offences' they will not be designated HRA unless:

(a) the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or

(b) the court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person.

I would say that it is arguable that if Messrs. Li, Schoenborn, and Turcotte were subject to applications to have them declared HRA's with these proposed amendments none of them would succeed. Why? What is it that we know about people who kill their children or decapitate people while in psychotic states? They very, very, very, rarely re-offend. And, their targets were so limited that it is unlikely the second criteria would apply either. So, of those who have indeed committed a 'serious personal injury offence' many, if not most, would not be captured by this legislation in any event. The second hurdles would not be met.

So, Irony Number 1 is that even assuming there was a legitimate problem out there, the legislative scheme completely misses the target.

Irony Number 2: We're reverting to our scary Pre-Bill C-30 Days:

The proposed amendments are driven by a perceived need to make 'streets and communities safer'.

I would argue that the legislative amendments will make the streets and communities less safe.

Here's why:

Even if the amendments turn out to not apply to most of our customers they will spook the bar.

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The amendments will make Part XX.1 appear to be a dangerous place to take their clients as it was in the pre-Bill C-30 era. Counsel will steer their clients around Part XX.1. In a world where mentally ill offenders are once again carefully 'flying under the radar' in order to avoid draconian consequences they will be convicted and sentenced in the normal way and they will go to the jails. Then, at warrant expiry they will be released on to the streets with no treatment and no supervision, no follow up....in a very unsafe state.

The same accused under the supervision of the Review Board would be carefully and gradually released into the community only if and when it is safe to do so.

In sum, I am of the firm view that the proposed amendments are misguided, they respond to a problem that is not real and....even if the problem were real they miss the mark....but, worse, they will put more mentally ill people into our jails and correctional facilities and, worse still, have the very real potential to make our system much more dangerous.....not less dangerous.

The Hon. Mr. Justice Richard D. Schneider, Ph.D., LL.M., C.Psych.  
Chair, Ontario Review Board"

This second letter was published in the Toronto Star on June 7, 2013.

Bill C-54 Not Criminally Responsible Reform Act: Debate is off the Rails

By: Richard D. Schneider

Bill C-54 was introduced in February. The cases highlighted as the impetus for this 'tough on mentally disordered accused' legislation are Vincent Li who decapitated and cannibalized a passenger on a bus while in a psychotic state and Allan Schoenborn and Guy Turcotte who murdered their children while in psychotic states.

The Bill's most controversial amendment is the new designation of 'high risk accused'. This designation carries with it the potential for an accused found not criminally responsible ('NCR') on account of mental disorder to be hospitalized, without review, for up to three years – whether or not hospitalization is clinically indicated.

It is both unfortunate and wrong to see the debate around Bill C-54 as one which would pit those who are for public safety against those who are for the rights of the accused.

This is not a real debate.

Involved clinicians, lawyers, judges, and members of the public are all for both.

Consistent with Supreme Court decisions, the Review Boards who manage these cases have always held public safety to be the paramount concern. The debate, properly framed, is 'how do we best ensure public safety?' What we do know is that simply locking people up does not make society safer. This is so whether we are talking about mentally disordered accused or those without that designation. To simply drop an individual into a jail and from there out onto the street will virtually guarantee recidivism. Further, we know that the probability of recidivism is a direct correlation of the length of time an accused is incarcerated.

To be safe, that return to society must be carefully supervised and gradual. To slow the process for no good reason is as bad as moving too fast.

The root cause of the criminal behaviour must be treated. As treatment progresses reintegration into society can commence. But, only at a rate or pace that does not endanger the public. So, while we are all for public safety, Bill C-54 would ironically do much to make society more dangerous.

What has also been missed is that the few high profile cases which are the impetus for the Bill were, at the time of their criminal acts, not part of the scheme sought to be changed. It cannot be said that Criminal Code deficiencies were in any way responsible for these very unfortunate events. Nevertheless, Bill C-54 creates a scheme where mentally ill individuals obtaining verdicts of NCR are incarcerated in a hospital bed for up to 3 years without review. This is both counter-therapeutic and very expensive. It is inevitable that many accused who might otherwise have considered a defence of NCR will now do everything they can to avoid it because of the potentially disproportionate consequences. When this occurs they will end up in the regular prosecutorial stream and from there, if convicted, into the prisons. One day this individual will be released from jail onto the street untreated and not supervised. This is a very dangerous situation.

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We must maintain a process where public safety is optimally achieved. The criminal justice system is not one which can repair damage that has been done or compensate victims for their losses. It is understandable that some may have a reflex to simply lock up the mentally ill individual who commits an offence; an offence that has hurt them or their family. But, while understandable, that is not the best approach. It is, in fact, one which will make matters worse.

We are best to have our policy and legislation flow from science rather than allow it to be pulled and contorted by reflex and emotion. Those in the business agree with the objective of keeping society safe but are of the view that Bill C-54 will take us in the opposite direction.

Just as the Ashley Smith inquest is underway and we are hearing how poorly individuals with mental disorders fare in the jails, we are on the cusp of bringing in legislation which will increase those numbers.

If we are truly interested in making our streets and communities safer we need to be:

- 1) Using hospital resources wisely, efficiently, and where clinically indicated,
- 2) Optimising the probability of treatment for mentally disordered offenders,
- 3) Ensuring that mentally ill offenders are not warehoused in jails,
- 4) Ensuring that reintegration into the community is carefully monitored, and
- 5) Insisting that our policy be founded in sound science.

The Hon. Mr. Justice Richard D. Schneider, Ph.D., LL.M., C.Psych.  
Chair, Ontario Review Board

When Parliament reconvenes in the late Fall, the Senate will begin again to consider Bill C-54. It is very likely that the law will come into effect in the near future. Justice Schneider had made a number of predictions concerning the impact of this legislation on the way NCR accused are managed in the system. We will watch with interest (and some dread) to see if these predictions come to fruition.

Undoubtedly, the law will have an impact on Psychology as well. With the courts having new responsibilities for determining the level of risk of these individuals, Psychologists who have expertise in mental illness and the evaluation of risk for future violence will likely be retained to provide expert opinion.

It is going to be an interesting few years.

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## COLUMN: CANADIAN COMMITTEE OF POLICE PSYCHOLOGISTS (CCOPP) STORIES, By: Dorothy Cotton, Ph.D., Director-at-Large, Police Psychology

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I consider it a good rule of thumb that whenever you get two psychologists in a room, you will have seven different opinions on a subject. That has certainly been my experience in the past five or so years as I have been involved in the development of a set of guidelines for the pre-employment clinical psychological assessment of police candidates. Pre-employment assessment is probably the bread and butter activity of police psychologists. In Canada, almost all police services require a psychological assessment prior to a final hiring decision being made. (This is a good thing, IMHO.) Pre-employment assessments, whether they be for police officers or applicants to the ministry or air traffic controllers, all fall in an interesting area of overlap between clinical and counselling psychology on the one hand and industrial/ organizational psychology on the other. Psychological assessments can be primarily clinical in nature, in which case the alleged purpose is simply to eliminate people with serious psychological disturbances that would preclude successful employment as a police officer. On the other hand, assessments can be much more organizational in nature, and focus solely on assessing specific selection criteria in terms of personal strengths, competences, skills and knowledge. However, in the Canadian context, the pre-employment assessment often overlaps both of these areas.

## COLUMN: CCOPP STORIES Con't

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While it is true that police services request the assistance of clinical psychologists to ensure that the people that they are hiring do not suffer from serious psychological pathology, the fact is that these sorts of people are almost always eliminated from competition long before the candidate sees the psychologist. Needless to say, it does not take advanced graduate training in psychology to be able to recognize a person who is seriously psychologically disturbed. On the other hand, while selection and identification and measurement of competencies related to employment is likely to be a task for an I/O psychologist rather than a clinical psychologist, there is no doubt that clinical psychologists possess a number of skills and tools that are useful in measuring personality traits and other attributes that may be related to the broader issue of suitability. Thus, what most police services seem to want from psychologists is a comment in both of these areas. Does the candidate have a serious psychological problem? And what is the likelihood that they are suitable for police work?

The work of the clinical psychologist is to answer these questions in a manner consistent with professional standards, while at the same time not stepping out of bounds by actually making selection decisions. The clinician is also challenged in that she is unlikely to have the skill set to devise a comprehensive selection process and therefore must work within the parameters that have been established by the police organization -- hopefully in consultation with an I/O psychologist.

It's a complicated business. There's a lot of disagreement among people who conduct such assessments about how they should be done, what measures should be used, what types of information should be reported, what kinds of recommendations the clinician can make.

Mind you, if there were general agreement, and if the answers to these questions were obvious, it would not have taken five years to develop a set of guidelines, and indeed, perhaps such guidelines would not even be necessary. But this is not the case. Therefore, over the last five years, a variety of people have proposed, argued, disputed, edited, revised, argued, edited, revised, edited, commented, argued, and revised. The resulting guidelines are now available. They have been endorsed by the Canadian Psychological Association and they are posted on the CPA website at:

<http://www.cpa.ca/docs/File/News/2013-07/Police%20assess%20guidelines%20April2013final.pdf>

Is this the final word on the subject? Gee, I hope not. If there were a final word, it would suggest that we had all the answers. We certainly don't. But most of the many, many people who contributed to the current set of guidelines feel that if one were to follow these guidelines, one would at a minimum produce a defensible, and reasonable assessment which is consistent with the current state of knowledge in the field as well as being consistent with the standards of professional conduct of our profession.

That's not a bad start.

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## COLUMN: TRAINING IN CRIMINAL JUSTICE PSYCHOLOGY, by Michael Sheppard, Ph.D., Director-at-Large, Clinical & Training

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As I was reflecting on what to write about for the fall issue of Crime Scene, I had the thought that the column is supposed to be about clinical training. I assume that means its primary readership is intended to be students interested in forensic/correctional psychology. When I was the student representative of the Section for Psychoanalytic and Psychodynamic Psychology, I moderated a conversation session on what students interested in that area of psychology wanted to see in conference talks. The three themes distilled from that talk were (1) what is the empirical support for psychodynamic and psychoanalytic concepts; (2) could speakers de-mystify psychodynamic and psychoanalytic theory; and (3) could speakers discuss psychodynamic and psychoanalytic technique. Any proponent of the scholar-practitioner model would have been proud.

Based on that experience, I thought it would be useful to ask students or others interested in clinical training in forensic and correctional psychology what they would like to see in this column. I don't expect the questions to be similar, in part because the empirical basis of correctional psychology, with risk assessment measure validation studies and correctional treatment outcome studies being as good as they are. However, I'd like feedback on what aspects important to clinical forensic training aren't covered in other areas but would still be useful to discuss or review. I recognize that this short column is no substitute for a clinical supervisor or class, but I think it's a good forum to raise issues and ask questions.

## **COLUMN: TRAINING IN CRIMINAL JUSTICE PSYCHOLOGY Con't**

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My previous columns have focused on generalist vs. correctional training in forensic and correctional psychology (my first column) and my thoughts about the current state of violence risk assessment measures with respect to clinical understanding, case formulation, and change (my second column).

I'm hoping for feedback on this, as feedback would guide my future entries and hopefully address issues that are relevant to the readers. Potential areas include:

- Different topics in forensic assessment (e.g., risk assessment, competency assessment, psycho-legal assessment, etc.)
- Thoughts about psychological case formulation (i.e., different theoretical approaches)
- Commentary about non-risk assessments (e.g., intellectual assessments, personality assessments) with offenders
- Different topics in correctional treatment (e.g., the difference between our research findings and what happens in real life, a discussion of treatment modalities [my areas are dialectical behaviour therapy and short-term psychodynamic therapy, but I'm willing to review others])
- Commentary on the emotional aspects of working with difficult criminal personalities (e.g., psychopathic sexual offenders). This could be rephrased as "countertransference management with offenders".
- The process of getting registered as a psychologist
- ...Fill in the blank

Readers should be aware that I stopped working for the Correctional Service of Canada at the end of July this year, which means I'm freer to discuss what happens inside large correctional organizations without fear of creating problems at work. I'm continuing to do forensic and correctional work privately. I guess that means that in addition to the topics above, I'm in a position to discuss the transition from working for a correctional organization to private forensic and correctional work.

Please feel free to contact me at [m.sheppard.psych@gmail.com](mailto:m.sheppard.psych@gmail.com) with thoughts for future columns. I'd like to make this column as clinical-training-relevant as I can to new forensic and correctional psychologists.

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**PLEASE CONSIDER HOW YOU CAN CONTRIBUTE TO CRIME SCENE!!!**

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**HAVE YOU RECENTLY PUBLISHED AN ARTICLE OR BOOK CHAPTER?**

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## RECENTLY DEFENDED DISSERTATIONS AND THESES

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### Understanding the Police Caution and Police Questioning

By: Nicole Adams  
Dalhousie University

Previous research suggests that people do not understand their rights when they are delivered verbally in the police caution (i.e., the right to a lawyer, the right to remain silent). Moreover, when suspects are questioned, they may behave in ways that could lead them to confess to crimes they have not committed, especially if coercive questioning tactics are used, or if the suspect is prone to suggestibility. The current study took a quasi-experimental approach to explore the possible relationships between caution comprehension, confession, and suggestibility. It was hypothesized that the lower the comprehension of the caution, the higher the likelihood of confession, and this relationship would be moderated by suggestibility. Consistent with previous research, the present study found that overall caution comprehension was low when presented verbally and that there are problematic sentences in each section that inhibit understanding. However, when participants were asked to indicate whether statements about the caution were true or false, accuracy increased where it was previously low. These findings suggest that people have a general understanding of their rights; however, the language of the caution is confusing. Correlational analysis revealed a significant relationship between suggestibility and the likelihood of confession; however, further research is needed to determine the nature of the relationship between caution comprehension and confession behaviour. Correlational analysis also revealed a significant relationship between mental state during an alleged crime (i.e., sober or intoxicated) and likelihood of confession. To obtain a real world perspective concerning rights comprehension, Peace Officers and lawyers were surveyed for their beliefs on the public's understanding of their legal rights. Results indicated that further research is needed to determine if their professional opinions concerning rights comprehension can be generalized to the public.

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### Working Alliance and its Relationship with Aboriginal Ancestry, Psychopathy, Treatment Completion, and Recidivism in a Sample of Federal Sex Offenders

By: Danielle R. DeSorcy  
University of Saskatchewan

The relationship that develops between a client and therapist is arguably one of the most important factors toward achieving positive outcomes from therapy. Although the therapeutic alliance has been well studied, there is a paucity of research related to the impact of this relationship when the client is an offender, of Aboriginal ancestry, or psychopathic. The present study employed an archival design in which a sample of 427 treated sexual offenders were examined with regard to their experience of therapeutic alliance with their primary therapists. Offenders who were admitted to the Clearwater Sex Offender Program at the Regional Psychiatric Centre Hospital in Saskatoon (RPC Prairies) between 1998 and 2005 completed a measure that rated the strength of their relationship with their primary therapists using the Working Alliance Inventory (WAI) roughly three months after program admission. Approximately 46% of the sample was of Aboriginal ancestry, while the majority of the balance (approximately 52%) was Caucasian. A sub-sample of 111 offenders was also scored on the PCL-R.

Analysis of WAI scores among Aboriginal and non-Aboriginal offenders demonstrated a significant difference on the Bond scale of the WAI, suggesting that although the bonds between Aboriginal offenders and their primary therapists were not as strong as they were between non-Aboriginal offenders and therapists, Aboriginal offenders were still able to identify and agree on the goals and the tasks of the treatment (weaker bonds notwithstanding). Aboriginal offenders also spent slightly less time in treatment overall than their non-Aboriginal counterparts. The present research also found that as the scores on the WAI increased, rates of treatment non-completion decreased, the implications of which would seem to highlight the need to foster and maintain strong therapeutic relationships.

In terms of outcome, perhaps unexpectedly, results of the present research found that WAI was not a significant predictor of any recidivism criteria. Aboriginal Ancestry was related to non-sexual violent reconvictions and general reconvictions, but not sexual recidivism. Moreover, offenders who were both Aboriginal and reported low WAI scores were the most likely to recidivate in a non-sexual violent manner and in general, but not sexually.

An examination of the relationship of working alliance to psychopathy found that WAI and PCL-R scores were not significantly correlated overall; however, a negative inverse relationship between the Lifestyle and Emotional facets with total WAI score was noted, suggesting that callous-unemotional traits and lifestyle were associated with weaker alliance. Interestingly, these correlations were not evident in the Aboriginal sample suggesting that other factors, aside from levels of psychopathy, were associated with working alliance in this ancestral group. In addition, results of the present analysis revealed WAI and PCL-R together, were better able to predict sexual recidivism for non-Aboriginal offenders than for Aboriginal offenders; however, the WAI and PCL-R jointly predicted nonsexual violent recidivism, but only for non-Aboriginal offenders, and jointly predicted general recidivism for both ancestral groups. Together, the results of this study attempt to further advance our understanding of the therapeutic alliance and its link to treatment outcome, Aboriginal ancestry, and psychopathy.

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## RECENTLY DEFENDED DISSERTATIONS AND THESES

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### Violence Risk Assessment with Youth who have Sexually Offended: A Psychometric Examination of the Violence Risk Scale: Youth Sexual Offender Version (VRS:YSO)

By: Erika Rojas  
University of Saskatchewan

The present research was archival in nature. It was divided into three phases involving a comprehensive psychometric examination of a newly developed risk assessment measure designed to assess risk for sexual violence, guide treatment planning, assess readiness to change, and evaluate whether positive changes in risk are linked to reductions in recidivism risk among sexually offending youth—the Violence Risk Scale: Youth Sexual Offender version (VRS:YSO). Phase I focused on an examination of the basic psychometric properties of a young offender version of the Violence Risk Scale—Sexual Offender Version (VRS—SO; Wong et al., 2003), subsequently referred to as the VRS:YSO. The tool revision was based on a thorough review of the literature on male youth and adults who have sexually offended and selected readings on youth violence, as well as a review of a measure designed to assess risk for violence among violent youth (i.e., the VRS:YV). The developers of the VRS—SO completed the structural revisions to the tool. The resulting risk assessment measure included six *static* and 17 *dynamic risk variables* that are empirically and/or theoretically associated with an increased risk for sexual violence among youth. As part of its initial psychometric examination, the VRS:YSO was rated retrospectively from the comprehensive files of 99 male sexually offending youth who had received outpatient sex offender services (i.e., assessment and/or treatment) from the Saskatoon Health Region, Child and Youth Services (CYS)—Young Offender Program (YOP) from 1995 to 2008. Overall, the VRS:YSO showed good-to-excellent interrater reliability, sound item properties (i.e., internal consistency and item-total correlations), and a factor structure that is consistent with research on sexually offending youth and adults, as well as other measures designed to assess risk for sexual violence in youth.

Phase II focused on the validation of the VRS:YSO through examining the concurrent, postdictive, predictive, and incremental validity of the measure. Moreover, the psychometric properties of existing specialized risk assessment measures (i.e., J-SOAP-II, ERASOR, and J-SORRAT-II) were examined to inform the limited, albeit growing, literature on risk assessment with sexually offending youth. All measures were rated from the same comprehensive youth files as in Phase I. Youth were followed-up for an average of 11.83 years ( $SD = 3.42$ , range = 3.89-17.41) starting from their first contact with the community post-adjudication (i.e., release from custody or commencement of a community sentence). Overall reconviction rates were 8% for sexual, 24% for any violent (sexual and nonsexual), and 37% for general (any) offending. In sum, there was good preliminary evidence for the concurrent and, to some extent, postdictive validity of the VRS:YSO. Furthermore, there was good evidence for the predictive validity of the measure, particularly with respect to any violence (sexual and nonsexual) and general (any) recidivism. There was also encouraging evidence, albeit offset seemingly by a small post-treatment N and thus restricted power, on the potential value of the therapeutic change score in the prediction of recidivism risk. These findings supported the value of the VRS:YSO as a new specialized risk assessment measure for sexually offending youth, particularly as it uniquely includes a systematic rubric for assessing change. Moreover, there was good evidence for the predictive validity of the J-SORRAT-II and certain components of the J-SOAP-II for sexual recidivism. There was also good evidence for the predictive validity of the J-SOAP-II and the ERASOR for violent (sexual and nonsexual) and general (any) recidivism.

Lastly, Phase III examined the role of psychopathy-related personality features (as measured by the PCL:YV) in the criminal and treatment outcomes of youth who have sexually offended. The PCL:YV was rated from the same comprehensive youth files (in conjunction with the other measures referenced above). Overall, the PCL:YV significantly predicted violent (sexual and nonsexual) and general (any) reoffending, particularly among offenders with any peer/adult victims, but not sexual reoffending. Increasing psychopathy-related personality features were significantly associated with non-completion of treatment. Clinical implications of research findings, along with limitations and future research directions for each of the three phases of this research were discussed.

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### Reliability and Consistency of Risk Formulations in Assessments of Sexual Violence Risk

By: Catherine Wilson  
Simon Fraser University

Sexual violence represents an intrusion of personal boundaries that can be physically and psychologically traumatic for the victim. Assessing risk for sexual violence is an important process that can have serious consequences for the public (e.g., risk to public safety) and the individual assessed (e.g., indefinite commitment). Given the serious potential consequences, it is vital that assessments are conducted using empirically supported risk assessment measures. The Risk for Sexual Violence Protocol (RSVP; Hart, et al., 2003) is a measure to guide sexual violence risk assessments.

The RSVP provides a framework for case formulation, a process that gathers diverse case-specific information to guide decision-making. Formulation is an essential element of risk assessment, but has been neglected in research. The current study added to the literature base supporting the RSVP and addressed the gap in the literature concerning formulation. First, reliability of presence, relevance and summary risk judgments was examined. Second, the similarity of formulations made by different raters for the same cases was compared to that of formulations made by different raters for different cases.

## RECENTLY DEFENDED DISSERTATIONS AND THESES Con't

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Seventeen professionals completed an online risk assessment course on the administration of the RSVP and completed file-based RSVP assessments for six of ten cases. Rater agreement for presence and relevance ratings and summary judgments was poor to fair, whereas agreement for domain and total scores was fair to good. Similarity ratings (made by independent judges) for randomly selected pairs of formulations made by different raters for the same cases were significantly higher than those made by different raters for different cases. This was true both for global ratings of formulation similarity (i.e., causes of past sexual violence, scenarios of future sexual violence, recommended management strategies), as well as specific facets of formulations similarity (e.g., identification of motivating, disinhibiting, and destabilizing risk factors in past sexual violence; nature, severity of future sexual violence; monitoring, supervision, treatment, and victim safety planning tactics). The findings provide evidence that formulations of violence risk are consistent or similar across raters. Findings are discussed in the context of risk assessment practice, directions for risk assessment training, and future research.

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## RECENT PUBLICATIONS

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**Harris, G.T. & Rice, M.E. (2013). Bayes and base rates: What is an informative prior for actuarial risk assessment? *Behavioral Sciences and the Law*, 31, 103-124.**

Bayes' theorem describes an axiomatic relationship among marginal and conditional proportions within a single "experiment." In many ways, it has been fruitful to greatly extend this idea to the task of drawing inferences from data much more generally. Commonly, what matters is how all prior knowledge is revised (or not) by new findings resulting in posterior (sometimes "subjective") probabilities. And, to address many important problems, it is sensible to conceive of probability in such subjective terms. However, some commentators in the domain of violence risk assessment have assumed an analogous axiomatic relationship among marginals (i.e., priors in the form of base rates) observed in one study and conditionals (i.e., posteriors in the form of revised rates) expected in a separate study or assessment context. We present examples from our own research to suggest this assumption is generally unwarranted and ultimately an unaddressed empirical matter.

**Harris, G.T., Rice, M.E., & Cormier, C.A. (in press). Research and clinical scoring of the Psychopathy Checklist can show good agreement. *Criminal Justice and Behavior*.**

The Hare Psychopathy Checklist (PCL-R) is an important predictor of violent behavior and is widely used to make important decisions about forensic clients. Some researchers question whether the scoring of the PCL-R in clinical practice matches that attained in research studies and, therefore, whether use of the PCL-R is warranted in high-stakes decisions. We examined scoring correspondence of the PCL-R in 58 patients in a high security forensic institution where the scorings were by trained clinicians compared to those by a researcher whose scoring was of known predictive validity. Research and clinical scorers showed good agreement (Pearson  $r = .86$ ; ICC =  $.79$ , absolute agreement for single measures;  $p's < .001$ ), especially on those parts of the PCL-R most associated with violence. We conclude that trained clinicians can achieve acceptable reliability and validity when scoring the PCL-R.

**Helmus, L., Babchishin, K. M., & Hanson, R. K. (in press). The predictive accuracy of the Risk Matrix 2000: A meta-analysis. *Sexual Offender Treatment*.**

**Background.** The Risk Matrix 2000 is a static actuarial tool designed for adult male sex offenders. It consists of three scales (Sex, Violence, and Combined) intended to assess risk for sexual, non-sexual violent, and any violent recidivism, respectively.

**Methods.** This meta-analysis identified 16 unique samples (from 14 studies) that examined the extent to which the Risk Matrix 2000 scales discriminate recidivists from non-recidivists.

**Results/Conclusions.** The three Risk Matrix 2000 scales significantly predicted all recidivism types (i.e., sexual, non-sexual violent, any violent, non-violent, and any recidivism). Effect sizes were generally comparable or higher than those found by Hanson and Morton-Bourgon (2009) for the Risk Matrix 2000 and for other actuarial scales designed for a similar purpose. The Sex scale provided the best predictive accuracy for sexual recidivism ( $d = .74$ ). The Violence and Combined scales both predicted non-sexual violent recidivism and any violent recidivism with similarly large effect sizes. Although the scales were not designed to predict non-violent or any (including violent) recidivism, effect sizes for these outcomes were also moderate to large ( $d's$  exceeding  $.60$ ). Effect sizes were significantly higher in the U.K. than in other countries, and low in samples of sex offenders preselected as unusually high risk or high need. These results support the use of the Risk Matrix in applied risk assessment practice. Additional research on the calibration of the Risk Matrix is needed.

## RECENT PUBLICATIONS Con't

Jones, N. J., Brown, S. L., Wanamaker, K. A., & Greiner, L. E. (in press). A quantitative exploration of gendered pathways to crime in a sample of male and female juvenile offenders. *Feminist Criminology*.

Feminist (gendered) pathways theorists maintain that female criminality is largely survival-based, and tied to a constellation of factors including early trauma, ensuing mental health issues, and poverty. Based on items drawn from the Youth Assessment and Screening Instrument, multidimensional scaling was performed to elucidate the respective thematic structure of background and offending characteristics of 663 female and 1,175 male juvenile offenders under community supervision in New York State. Although the *gendered pathways* theme emerged exclusively for females, a theme closely resembling the *traditional antisocial* pathway depicted in mainstream correctional literature was also evident among females. Theoretical integration is therefore recommended.

Långström, N., Enebrink, P., Laurén, E.-M., Lindblom, J., Werkö, S., & Hanson, R.K. (2013). Preventing sexual violence against children: Systematic review of medical and psychological interventions. *BMJ*, 347:f4630. doi:10.1136/bmj.f4630.

**Objective** To evaluate the effectiveness of current medical and psychological interventions for individuals at risk of sexual abusing children in known abusers and those at risk of abusing.

**Design** Systematic review of interventions designed to prevent reoffending among known abusers and prevention for individuals at risk of sexually abusing children. Randomised controlled trials and prospective observational studies were eligible. Primary outcomes were arrests, convictions, breaches of conditions, and self reported sexual abuse of children after one year or more.

**Results** From 167 full text studies, we included eight studies (with low to moderate risk of bias; n=1291). We found weak evidence for interventions aimed at reducing reoffending in identified sexual abusers of children. For adults, evidence from five trials was insufficient regarding both benefits and risks with psychological treatment and pharmacotherapy. For adolescents, limited evidence from one trial suggested that multisystemic therapy (MST) prevented reoffence; lack of adequate research prevented conclusions about effects of other treatments. Evidence was also inadequate regarding effectiveness of treatment for children with sexual behavioural problems in the one trial identified. Finally, we found no eligible research on preventive methods for adults and adolescents who had not sexually abused children but were at higher risk of doing so (such as those with paedophilic sexual preference).

**Conclusion** There are major weaknesses in the scientific evidence, particularly regarding adult men, the main category of sexual abusers of children. Better coordinated and funded high quality studies including several countries are urgently needed. Until conclusive evidence is available, realistic clinical strategies might involve reduction of specific risk factors for sex crimes, such as sexual preoccupation, in abusers at risk of reoffending.

Lehmann, R. J. B., Hanson, R. K., Babchishin, K., Gallasch-Nemitz, F., Biedermann, J., & Dahle, K.-P. (in press). Interpreting multiple risk scales for sex offenders: Evidence for averaging. *Psychological Assessment*. Advance online publication, June 3, 2013. doi: [10.1037/a0033098](https://doi.org/10.1037/a0033098)

This study tested three decision rules for combining actuarial risk instruments for sex offenders into an overall evaluation of risk. Based on a nine-year follow-up of 940 adult, male sex offenders, we found that RRASOR, Static-99R, and Static-2002R predicted sexual, violent, and general recidivism, and provided incremental information for the prediction of all three outcomes. Consistent with previous findings, the incremental effect of RRASOR was positive for sexual recidivism, but negative for violent and general recidivism. Averaging risk ratios was a promising approach to combining these risk scales, showing good calibration between predicted and observed recidivism rates (E/O index of 0.93, 95% CI = [0.79, 1.09]) and good discrimination (AUC = 0.73, 95% CI = [0.69, 0.77]) for sexual recidivism. As expected, choosing the lowest (least risky) risk tool underestimated sexual recidivism rates (E/O of 0.67, 95% CI = [0.57, 0.79]) and choosing the highest (riskiest) overestimated risk (E/O of 1.37, 95% CI = [1.17, 1.60]). For the prediction of violent and general recidivism, the combination rules provided similar or lower discrimination compared to relying solely on the Static-99R or Static-2002R. The current results support an averaging approach, and underscore the importance of understanding the constructs assessed by violence risk measures.

Rice, M. E., & Harris, G. T. (2013, July 22). What Does It Mean When Age Is Related to Recidivism Among Sex Offenders?. *Law and Human Behavior*. Advance online publication. doi: [10.1037/lhb0000052](https://doi.org/10.1037/lhb0000052)

Age is a robust predictor of recidivism, and is an item on all actuarial tools commonly used to predict sexual and/or violent recidivism among sex offenders. However, little is known about whether an individual offender's risk diminishes as a result of aging. In the first of two studies, we examined the sexual and violent recidivism of 533 sex offenders, all of whom were over 50 upon release. Age at index offense was at least as good at predicting both outcomes as was age at release. In addition, age at index offense provided at least as much incremental validity in the prediction of violent recidivism to score on a brief static actuarial tool as did age at release. Neither score added incrementally to static scale score in the prediction of sexual recidivism. The second study examined how well age at first offense, age at index offense, and age at release predicted violent recidivism among 527 sex offenders aged 13 to 79 at release. Age at first offense predicted best. When age was removed from score on the Sex Offender Risk Appraisal Guide, all ages added incrementally, and approximately equally, to SORAG score. When participants were divided into quartiles based on age at index offense, there was no evidence for any quartile that age at release predicted violent recidivism better than age at first offense. We conclude that age at release is a poor index of within-subject changes in risk of sexual or violent recidivism. No adjustment should be made simply because he is older to a sex offender's score on a comprehensive actuarial tool that includes age at first offense or age at index offense.

## MEMBER SPOTLIGHT on Dr. John Arrowood, Ph.D., C.Psych

Welcome to a new regular feature in *Crime Scene* where we profile members of the Criminal Justice Section. Take a moment to get to know one of your colleagues in the field. Want to suggest a colleague for the spotlight? Email [Ainslie.Heasman@camh.ca](mailto:Ainslie.Heasman@camh.ca) with more details!

### **Tell us a little about yourself, your psychology career, and your current practice.**

I am the son of an academic social psychologist who ill advised a career in psychology. I did not heed this advice and majored in psychology as an undergraduate at the University of Toronto. I did my doctoral training in clinical psychology at the State University of New York at Binghamton and interned at the Boston VAMC/National Centre for PTSD. I graduated in 1994 and started work in forensic psychology, at the then Clarke Institute of Psychiatry in Toronto, Ontario. I am shocked to say that I have just started my twentieth year at the (now) Centre For Addiction and Mental Health (CAMH). I have continued in forensics but have had postings in both in-and outpatient settings. I also had the pleasure of serving of director of clinical training of the CAMH psychology internship for almost seven years. One of the most rewarding parts of this work has been supervising psychology interns as well as working with a collection of especially skilled and compassionate forensic colleagues. I have also been fortunate enough to be able to expand my practice over many years to include police psychology.

### **What are your clinical and research interests and what are you currently working on?**

My forensic practice, both hospital and private, has involved sexological assessments as well as the assessment of risk for recidivism among generally violent and sexual violent criminal offenders and Dangerous Offender applicants. Additional areas of clinical practice include the assessment and treatment of Posttraumatic Stress conditions in civil and criminal cases and serving as an expert witness. I have also had the very good fortune to continue to serve (on subcontract) as part of the operational staff of the Behavioural Sciences Section of the Ontario Provincial Police and with the Metropolitan Toronto Police Emergency Task Force. Since 2003 I have been in charge of running officer selection and stress management programs with various police services, for officers involved in specialized high-risk duties such as undercover investigations, child pornography investigations, and forensic identification services. My research interests have focused on anxiety disorders and posttraumatic stress. I am currently in charge of a project assessing history of potentially traumatic events and resultant stress-related symptoms among inpatient forensic psychiatric patients.

### **What is the biggest challenge you've faced as a psychologist? How have you dealt with this?**

I feel that one of the biggest challenges I have had to face as a forensic psychologist is the requirement to provide psychotherapeutic treatment to mandated clients, some of whom are, understandably, especially unmotivated and resentful of having been coerced into treatment. I find it interesting that clinical practioners in the health and mental health fields would, I suspect, rarely feel comfortable treating clients whom they are aware have been coerced into treatment, for example, by a family member or a friend. However, forensic mental health practioners are typically willing to, and often required to, provide treatment to coerced clients, when the coercion is legal or lawful. I have found practices from motivational interviewing to be of some assistance with resistant clients. Additionally, in more recent years I have continued to train in and practice acceptance and commitment therapy (ACT). I have found that the focus in ACT on values can assist in providing some common ground from which to start treatment. It is my hope that the field will continue to develop techniques and treatments more suitable to resistant clients. A closely related concern involves the stigma and shame that clients experience as a result of having committed a sexual offense. I hasten to add that unlike the stigma associated with mental illness in general, I very much doubt that those in forensic practice are interested in reducing the societal stigma associated with offending. Unfortunately, for the sexual offender clients referred to the forensic division of the CAMH, the stigma and shame of offending was (by definition) not sufficient to deter (prior) offending, but is nevertheless often a powerful deterrent to seeking and meaningfully participating in treatment.

## **SPECIAL FEATURE: BEYOND “DEXTER”: WHAT DO WE KNOW ABOUT SINGLE VICTIM HOMICIDES? ? By: Anna Pham, Sandy Jung, & Carissa Toop, MacEwan University.**

The public persists in their interest in unusual and sensational crime stories (Donohew, 2006). Of the crime narratives that have received the most attention, the media has constantly sensationalized serial murders over the years through newspaper stories, television news programs, and popular television series. Although there are several empirical studies examining serial killers, few have compared and contrasted them with single-victim murders (e.g., Delisi & Scherer, 2006; Harbort & Mokros, 2001; Kraemer, Lord, & Heilbrun, 2004). Despite this fascination with multiple-victim murders, single-victim murders account for a majority of homicides in the U.S. (90.4% in 2008) and in Canada (90.1% of homicides from 1999 to 2008; see MacKay, 2010). Given that the prevalence of single-victim homicides far exceeds multiple-victim homicides, it becomes apparent that greater attention should focus on understanding and preventing single-victim murders. This paper draws attention to offender, victim, and environmental variables that characterize a majority of these crimes and the inferences that can be drawn from empirical examinations of single-victim homicides.

To begin, it is notable that single-victim homicides are not necessarily distinguishable from multiple-victim homicides on all demographic variables. Kraemer et al. (2004) found no differences in offender gender (i.e., mostly male), offender race (i.e., slightly larger proportion of Caucasian), victim race (i.e., mostly Caucasian), and in the average age of the offender or the victim. One exception, however, was that females were more often the victims of serial murders (i.e., approximately 2.7:1) than single-victim murders (i.e., ratio was 1:1). Delisi and Scherer (2006) also found few differences between multiple homicide and single homicide offenders, with the exception that single homicide offenders were more likely to be Hispanic, average more prior weapons and narcotics use offences, and had fewer arrests for rape than multiple homicide offenders, although Harbort and Mokros (2001) posit that serial murders may have a greater likelihood of having a personality disorder and cerebral anomalies.

Identifying and understanding variables associated with single victim homicides are important to begin some measure of reduction and prevention. There is a plethora of studies that have examined demographic characteristics of both offenders and victims. Published studies tend to provide congruent findings on these variables, although it is important to note that many of these endeavours have been conducted in the United States and in other countries, rather than in Canada. Broidy, Daday, Crandall, Sklar, and Jost (2006) found that offenders were significantly more likely to fall between 18 and 29 years of age than victims, and victims were significantly more likely to be over 30 than offenders. Studies in the U.S. (Holcomb & Daniel, 1988), Taiwan (Cao, Hou, & Huang, 2008) and France (Richard-Devantoy, Gohier, Chocard, Dufлот, Lhuillier, & Garre, 2009) have shown that the mean age of offenders were approximately 30 years (28.5, 31, and 33, respectively). When compared with non-homicide offenders, Koch, Berner, Hill, and Briken found that, on average, homicide offenders tend to be younger in age (mean age of non-homicide sex offenders and homicide sex offenders were 38.9 and 32.8, respectively).

Some studies have demonstrated an association between single victim homicides and race and gender. A U.S. study revealed that offenders and victims tend to be non-Hispanic black Americans and Mexican Americans, and that these racial groups typically exhibit much higher homicide mortality rates than non-Hispanic white Americans (Krueger, Huie, Rogers, & Hummer, 2004). However, a Canadian study (Cale, Plecas, Cohen, & Fortier, 2010) found that two-thirds of their sample were identified as Caucasian, while a quarter of the sample were identified as Aboriginal. In terms of gender, homicide crimes are typically perpetrated by men, and men have also been the primary targets of homicide crimes (e.g., Cao et al., 2008; Dawson, Bunge, & Balde, 2009; Fox & Zawitz, 2003), making homicide a predominantly male phenomenon. Although women account for less than a quarter of all male-perpetrated homicide victims, they are more likely to be murdered by someone with whom they had an intimate relationship (Thomas, Dichter, & Matejkowski, 2011). Thus, women comprise the majority of victims who were murdered by an intimate partner (Catalano, Smith, Snyder, & Rand, 2004). Despite this, the vast majority of both homicide offenders and victims are men (e.g., Broidy et al., 2006).

Environmental factors are also important factors that are related to homicide crimes. The homicide literature suggests two general risk factors that influence homicide mortality. Firstly, communities that lack sufficient economic resources to improve material and social conditions for their residents may be associated with an increased risk of homicide mortality (Peterson & Krivo, 1993). Moreover, residents in segregated areas (e.g., predominantly single-parent households; Sampson & Groves, 1989) experience higher homicide mortality, presumably because those areas have many obstacles to economic, social, and political advancement, which are factors that could reduce homicide rates (Cubbin, Pickle, & Fingerhut, 2000; Krivo & Peterson, 2000). Broidy et al. (2006) explored the relationship between homicide crimes and the locations in which offender and victim populations reside. Although results indicated that offenders were more likely to reside in areas that have more than one-person households, results also suggested that offenders and victims came from similar neighbourhoods. Specifically, the majority of areas in which offenders and victims lived, and where the homicide incidents occurred, were one-person households and in impoverished communities. A second factor has been controversial and infused oft-times with political influence. Some studies have purported that immigration is associated with increased homicide rates (see Hagan, Palloni, 1998), but researchers have found that areas with high concentrations of immigrants are seen to protect against homicide mortality (e.g., Bond Huie, Hummer, & Rogers, 2002; Krueger et al., 2004). A recent Canadian study suggests that immigration, itself, does not increase homicide rates, but rather a net increase in young males generally leads to an increase in homicide (Andresen, 2013). Hence, population influx and increases in young adults between the ages of 15 to 24 years may have a detrimental effect on homicide rates (Bois & Jung, 2011).

## SPECIAL FEATURE: BEYOND “DEXTER”: WHAT DO WE KNOW... Con't

Although a number of independent studies have examined the characteristics that describe a majority of single victim homicides, very few studies have examined victim characteristics, in general. Drawing greater attention to these more prolific types of homicides may lead to a better understanding and possibly guide law enforcement in prevention campaigns and initiatives. Equally important is the prevention of repeat homicides by offenders who have already committed their first homicide and been sanctioned by the criminal justice system. When examining factors associated with homicide recidivism, a Canadian study by Cale et al. (2010) found that repeat homicide offenders (i.e., those who committed another murder after or while serving their sentence for their first homicide) tended to lack employment prior to the first homicide, exhibited an earlier age of onset of criminal convictions, experienced decline in their community supports, and had escalating substance abuse problems than single homicide offenders. These findings have been supported by studies in the U.S. (e.g., substance abuse, Eronen, 1996), although there is little empirical work on examining factors predictive of homicide recidivism (Liem, 2013).

It is important to recognize that, although the extant literature seems to lead us to identify the homicidal offender to be young, Caucasian, and male, with substance abuse problems and residing in an impoverished community, not all perpetrators of homicide are the same. What this research can reveal is the larger focus and preventative efforts on targeting a particular populace, if we are to make a more dramatic impact on further reducing homicide rates in Canada. Based on this brief review, there are several directions for future research. First, a comprehensive examination of multiple features of homicide cases would provide a useful exploration of features that characterize types of homicidal events and/or perpetrators. Much of the research to date has been focused on select demographic, mental health, and geographical variables. Second, few studies have used matched samples (and instead used unmatched comparison samples) to distinguish features that characterize homicides over other violent offences, such as violence against strangers, intimate partner violence, and sexual violence. Third, relatively little has been done to examine factors relevant to the recidivism of homicide, with a single study from Canada that has examined this critical area of study. There is much to be done, but the focus clearly should be on searching for ways to further reduce single victim homicides.

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## RESEARCH BRIEF: THE PSYCHOPATH: BRAIN RESEARCH AND PSYCHOPATHY, By: Jennifer Ouellette, B.S. Psych.

According to a world-wide research study, 47% of the world's adult male prison population is diagnosed with Antisocial Personality Disorder (APD) (Yang, Glenn, & Raine, 2008). Antisocial personality is diagnosed when a person meets at least three of the criteria for APD in the DSM-IV-TR. The individual must be at least 18 years of age, have a history of childhood aggression (with evidence of conduct disorder before 15 years of age), fail to conform to social norms, deceitful, impulsive, irritable and aggressive, displays a reckless disregard for the safety of self or others, and is consistently irresponsible with regard to sexual relationships, work, childcare, or financial obligations and lacks remorse (American Psychological Association, 2000). A psychopath is explained as one who may or may not come into contact with the criminal justice system and meets the criteria for APD (Hare, 1996). However, individuals with APD should not be mistaken for psychopaths (Hare, 1996). Repeat criminal behaviour is a trait of Antisocial Personality Disorder and Antisocial Personality Disorder is a characteristic of a psychopathy (Yang, Glenn & Raine, 2008). But, the two disorders are different. When compared to non-psychopaths, psychopaths performed poorly on a variety of cognitive and affective tasks, they did not process or use deep language meanings or appreciate the emotional significance of events or experiences the way that non-psychopaths did (Hare, 1996). The psychopath is fearless and does not care if caught; he acts on impulse (Patrick, 2005).

Many people consider Antisocial Personality Disorder and psychopathy to be the same because they share similar personality traits. However, the estimated prevalence of APD is 3% among males (American Psychological Association, 2000); whereas, the FBI estimates that only 1 % of the general population in North America are psychopaths (FBI Law Enforcement Bulletin, 2012).

Psychopathy, while less prevalent than APD, is still a prominent disorder that affects the safety of society. Also, because psychopaths look "normal," they could work anywhere and live anywhere, which means that another innocent victim could fall prey to a psychopath's devious plans. Psychopaths, if working, usually choose fields where public trust can be easily abused. According to Dr. Hare (1995), psychopaths are found in all races, cultures, and ethnic groups, and at all levels of income and social status. They could be salesmen, stock promoters, mercenaries, dishonest politicians, unethical lawyers and doctors, terrorists, and cult leaders (Hare, 1995). In a study performed by Babiak, Neumann, and Hare (2010), close to 4% of the corporate professionals assessed had a psychopathy score of 30 or higher on the PCL-R. The PCL-R is an assessment tool used in forensic populations, to assess for psychopathic traits and behaviors and is used to diagnose psychopathy (MHS, 2004-2013). Psychopaths are clever, manipulative and charming; they are usually able to swindle their way into important positions through charm and manipulation and then continue to employ that position through coercion and deceit (Hare, Neumann, & Babiak, 2007). Psychopaths can be amusing and entertaining, full of ingenious comebacks, and are able to favorably present themselves to employers (Hare, Neumann, & Babiak, 2007). Consequently, they manage to take and do what they want, violating ethical, moral and legal rules, and disappointing others (Hare, 1995), without fear of retribution (Patrick, 2012), or feeling any remorse, guilt or regret (Hare, 1995).

Considering APD and psychopathy are very strongly linked to crime, significant research is accumulating to determine if biological factors are the cause of these disorders (Yang, Glenn, & Raine, 2008). The most promising avenue of research lately has been in neuroscience. Current neuroscience studies are identifying areas of brain abnormalities in psychopaths, which may be the cause of psychopathic tendencies. Fairly recent technology, such as Positron Emission Tomography (PET), Single Photon Emission Computer Tomography (SPECT), functional Magnetic Resonance Imaging (fMRI), and anatomical Magnetic Resonance Imaging (aMRI) are able to detect areas of the brain that are not functioning properly. The PET, SPECT, and fMRI can detect increases and decreases in blood flow in specific brain regions during various task performance studies, whereas the aMRI detects structural abnormalities, such as increased or reduced gray matter volume in the brain (Yang, Glenn, & Raine, 2008).

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Studies using these advanced neuro-technologies have detected tissue reductions in the temporal pole along with decreased gray matter in the limbic system (amygdala, orbitofrontal cortex, cingulate cortex, parahippocampal region and the temporal pole) of a psychopath's brain when compared to a non-psychopath (Raine, 2008; Anderson, & Kiehl, 2012). For example, Yang, Glenn and Raine (2008) detected decreased activation in the amygdala, parahippocampal, and temporal regions of a criminal psychopath's brain using neuro-technology while participants (criminal psychopaths and non-criminal psychopaths) performed specific emotion processing tasks (2008). Decreased activation in these areas can lead to problems with following social rules, moral judgment, and failure to avoid punishment.

Another area of concern is the cingulate cortex, particularly the anterior cingulate cortex. During trials of aversive conditioning, a non-psychopath's anterior cingulate cortex activates; whereas, the psychopath's anterior cingulate cortex showed no sign of activation. This component of the limbic system is the filter and control area of the emotional limbic system and is particularly important in emotion appreciation and expression (Clark, Boutros, & Mendez, 2010). The anterior cingulate cortex normally receives emotional information, processes a response, monitors actions, and adapts behaviour output (Clark, Boutros, & Mendez, 2010). If this area is defective, symptoms could include impulsivity, irresponsibility, poor decision-making, and deficient emotional information processing (Yang, Glenn, & Raine, 2008). Further, studies have found that the pre-frontal cortex, which also feeds information to the anterior cingulate cortex, has an irregular structure and reduced metabolic activities in psychopaths (Yang, Glenn, & Raine, 2008; Anderson & Kiehl, 2012).

Further, the route between brain and environment is also an essential factor to remember when attempting to construct psychopathy theories (Patrick, 2005). The evidence relating personality development to cortical plasticity is very strong (Patrick, 2005). Therefore, it seems that nature and nurture both play a role in the development of psychopathic behaviour and personality. For example, in Schore's (2012) book, he states that research on the human brain reveals that the human cerebral cortex adds approximately 70% of its final DNA content after birth. Thus, our developing brains are influenced by early life experiences of enrichment and isolation within the first two years of life (Schore, 2012). In particular, the stage of parcellation in infancy is one of significance for human development, this is when neuronetworks are formed (Schore, 2012). Enough evidence supports the principle that cortical networks are formed by eliminating the overabundance of synapses that exist in the infant brain by selecting the synapses that are used based on the environmental stimuli one is exposed to and eliminating the synapses one is not using (Schore, 2012). Indeed, strong evidence exists that suggests that maturation of the corticolimbic functional activity (emotion and memory mechanisms), is experience-dependent and it's "shaping" is directly related to the caregiver-infant relationship (Schore, 2012). Therefore, negative caregiver-infant relationships could potentially lead to immature or malformed corticolimbic functions.

According to brain research studies, all of the documented symptoms of psychopathy, such as impulsiveness, irresponsibility, poor decision making and corrupt moral evaluations have been connected to the type of brain dysfunction seen in psychopaths' brains (Anderson & Kiehl, 2012; Yang, Glenn, & Raine, 2008). Regardless of whether the dysfunction happened as a result of poor biological mechanisms or poor environmental stimulation, the dysfunction and carelessness of a psychopath is real. As explained above, there is evidence of brain dysfunction and deprivation of environmental necessities that lead to the abnormal behaviour seen in psychopaths, which have been documented in several research studies. Given that current research shows a brain dysfunction in psychopaths, should the laws reconsider whether a psychopath is held accountable for their behaviour? Psychopaths have no conscience and lack understanding of empathy due to the abnormal biological and environmental factors that are found to occur in their development. Therefore, many important questions arise relating to the psychopath's culpability at law, their rehabilitation, and future risk. According to Hare (2012), psychopaths do know right from wrong. However, as Christopher Patrick (2005) suggests, the psychopath simply does not care. So, can a psychopath predict and measure the consequences of his act when he does not care; or, is it possible for one to establish, on moral grounds, what is right and wrong if he does not have morals?

In section 16 of the Criminal Code of Canada, a finding of Not Criminally Responsible is made when an offender was suffering from a mental disorder that rendered him incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong (Hucker, 2005-2012). The court will exempt an individual from criminal responsibility if his counsel can prove that, on the balance of probabilities, the accused was suffering from a mental disorder that rendered him incapable of knowing the act should not have been done (Hucker, 2005-2012). This "appreciation for the nature and quality of the act or omission" implies that the individual had the ability to predict and measure consequences of his act and not that he "knew" cognitively (Hucker, 2013). As explained above, psychopaths are determined to know right from wrong (Hare, 2012). But, if psychopaths do not have the ability to predict and measure consequences, which Christopher Patrick (2005) mentions, or they simply do not care to measure the consequences, and they do not have moral standards because they cannot understand the feelings of others, then the meaning of "Knowing that the act or omission was wrong," is not clear. As explained on Hucker's website, ForensicPsychiatry.ca (2005-2012), the law determines that "knowledge" applies to both legal and moral wrongfulness; and, moral wrongfulness is described as being on the societal level rather than as an individual's moral code, then the psychopath should be considered as Mentally Disordered because he cannot understand society's moral standards. If he cannot understand moral standards, then how can he truly understand the legal or moral wrongfulness of his act?

Although personality disorders are eligible for the Mental Disorder defence, they seldom satisfy the court's criteria for mental disorder. The court typically does not believe that an individual with a personality disorder is unable to appreciate the nature and quality of the act in the manner that the courts have ruled (Hucker, 2013).

Perhaps future research on the brain using new neuro-technology will lead to further advances in understanding psychopathy. By understanding the aetiology of psychopathy, researchers will not only find revolutionary ways for treating psychopaths that will help them appreciate why wrong is wrong, but also gain further insight into the processes related to a psychopath's decision making and behaviour; including, whether the psychopath can truly appreciate the legal and moral wrongfulness of his actions.

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## KUDOS and MEMBERS ON THE MOVE

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Congratulations to William L. Marshall, O.C., Ph.D., F.R.S.C., who received the Don Andrews Career Contribution Award at the recent CPA Annual Convention.

Best Wishes to Dr. Jim Muirhead who is retiring from Providence Care Forensic Services on October 31, 2013.

Congratulations to Joanna Hessen-Kayfitz who will be graduating with her Ph.D. in October and is starting a new position with the Youth Forensic Service at IWK Health Centre.

Congratulations to Dr. Lina Guzzo who is moving to the Child and Family Centre, Sudbury/Manitoulin, as the Director of Clinical Services.

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## **N3: PSYCHOLOGY GETTING SMART ON CRIME, by Jim Cheston, Ph.D.**

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We frequently hear politicians promising these days to “get tough on crime” by imposing mandatory and longer sentences, with the underlying presumption that incarcerating offenders longer will reduce crime. These politicians, and apparently much of the general public, seem to not only be oblivious to, but also resistant to the evidence that incarceration without effective correctional treatment is a recipe for further entrenching offenders into a criminal lifestyle, with the outcome of more, not less future crime. A voice has recently been heard from the ranks of correctional and criminal justice psychologists to change the language about crime. We are encouraged to stop debating about whether to be “hard on crime” or “soft on crime”. The focus instead is to begin thinking about getting “smart on crime”. That is, to raise awareness that the reduction of crime can be accomplished by using the assessment and correctional treatment techniques developed by correctional and criminal justice psychologists, which have been empirically demonstrated to reduce recidivism.

**Psychology Getting Smart on Crime** will be the tag line for **N3**, the **third North American Correctional and Criminal Justice Psychology Conference (NACCJPC3)**. N3 will take place in conjunction with the annual CPA convention in **Ottawa from June 4 to 6, 2015** (with pre-conference workshops June 3). As has been the case for the first NACCJPC in Ottawa (2007) and NACCJPC2 in Toronto (2011), registration for N3 will also register you for the CPA convention.

The Steering Committee of N3 is committed to making this third edition of NACCJPC even more intellectually stimulating and professionally satisfying than the first two conferences. Central attractions of these conferences have been the presentation of international innovations from researchers, academics and practitioners in the wide array of interesting subject areas within the field of correctional and criminal justice psychology. Once again the roster of invited keynote speakers will be comprised of world class experts who will update and enlighten us with their current findings, approaches and successes in the field. Sharing our respective experiences in this very socially important and meaningful area will enable us to collaborate and promote our work to the public and politicians alike. This will make us part of furthering the criminal justice system toward getting smart on crime and thereby creating safer communities for all of us. **Plan now to attend N3 in Ottawa** so you don't miss this highly relevant and important opportunity.

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## **STUDENTS' WATER COOLER, Fiona Dyshniku, B.A.**

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### **The Latent Structure of Sexual Sadism**

**By: Nicholas Longpré<sup>1</sup>, Jean-Pierre Guay<sup>1</sup>, & Raymond A. Knight<sup>2</sup>**

**<sup>1</sup>Université de Montréal, <sup>2</sup>University of Brandeis**

Sexual sadism can be described as the experience of sexual pleasure produced by acts of cruelty and bodily punishment (Krafft-Ebing, 1886). Sadists are usually described as a discrete class of people, committing serious crimes and presenting a high risk of recidivism. Perceived as a disease which one can or cannot have, sadism was conceptualized and studied as if sadists were fundamentally different from non-sadists. However, recent studies concerned with dimensional measures suggest that sexual sadism, as assessed dimensional scale, present a dimensional structure rather than a categorical structure (Mokroset *al.*, 2011; Nitschkeet *al.*, 2009).

The goal of the present study was to investigate the latent structure of sexual sadism by examining whether its underlying structure is best conceptualized as dimensional (a difference in degree) or categorical (a difference in kind). Taxometric procedures provide an empirical means of determining whether a latent construct, in this case sadism, is typologically distinct from normal behavioral functioning (Ruscioet *al.*, 2006; Waller & Meehl, 1998). MAMBAC, MAXCOV and L-mode analyses were conducted on data from a sample of 474 sexual offenders assessed at the Massachusetts Treatment Center between 1959 and 1991.

In summary, results indicate that sexual sadism is better conceptualized as dimensional ranging from low to high levels of sexual sadism. This view is in accordance with the literature and will emphasize the movement toward a dimensional interpretation. Given that a diagnosis of this magnitude results in meaningful consequences, it is important to ascertain that it meets rigorous empirical standards and is the best possible reflection of its latent structure. Implications both for clinical assessment and for research on etiology and development of sexual sadism are discussed.

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## STUDENTS' WATER COOLER, Fiona Dyshniku, B.A.

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### Multidimensional Scaling Analyses of the Psychopathy Checklist: Screening Version across Cultures

By: **Jacqueline May Kanippayoor, Brian P. O'Connor, & Michael Woodworth**  
University of British Columbia

Variations in the structure and measurement of psychopathy have been found across different cultural contexts. This study compared the structural properties of the Psychopathy Checklist: Screening Version (PCL:SV) for a sample of 840 North Americans with that for 351 Iranians, using multidimensional scaling procedures. A two-dimensional model fit the data for both samples. However, there were striking cultural differences in the configuration of PCL:SV items across the factors in both samples. These findings may be due to the effect of culture facilitating or suppressing specific features of the personality disorder.

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### Incidence of Traumatic Brain Injury Among Offenders

By: **Devon Madill<sup>1</sup>, John R. Weekes<sup>1</sup>, & Michael Wheatley<sup>2</sup>**  
<sup>1</sup>Carleton University, Ottawa, Ontario  
<sup>2</sup>National Offender Management Service

In the general population, 8.5% have reported suffering a TBI (Silver, Kramer, Greenwalk & Weissman, 2001). Recent literature has brought to attention the association between traumatic brain injury (TBI), crime and substance abuse (Farrer & Hedges, 2011; Williams, Cordan, Mewse, Tonks & Burgess, 2010). Indeed, previous research has found instances of TBI to be consistently higher in offender populations, with rates ranging widely from 25 to 87% (Barnfield & Leatham, 1998). The purpose of the present study was to explore the relationship between alcohol and other drug use (AOD) and the presence of TBI in the offender population. Using archival survey data collected by the Ministry of Justice, National Offender Management Service, this study analyzed the incidence of self-reported TBI and AOD in a large cohort of over 2,000 offenders housed in high security institutions across the United Kingdom. Forty-six percent of offenders reported having experienced a TBI. More than 70% of offenders with TBI reported having used illegal drugs in contrast with 57% of offenders without TBI. Approximately 40% of offenders with TBI reported committing an offence while under the influence of drugs, compared to 25% of offenders without a TBI. Additionally, 60% of offenders with TBI reported having been under the influence of alcohol while offending as opposed to 46.7% of offenders without a TBI. As TBI is over-represented in the prison population it is imperative that it be considered in behaviour management during incarceration, offender programming and reintegration, and supervision strategies upon re-entry to the community. Educating corrections professionals as well as other criminal justice personnel coupled with the implementation of new informed practices promises to lead to more manageable institutions as well as benefit offenders and enhance their chances of success upon release to the community.

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**Devon Madill was the First Prize Winner in the Undergraduate Student Poster Category at the 2013 CPA Conference.**

## STUDENTS' WATER COOLER, Fiona Dyshniku, B.A.

Psychopathic traits, criminal thinking styles, and motivation to change among university undergraduates

By: Samantha Riopka, Richard Coupland, & Mark E. Olver

University of Saskatchewan

This study examined the construct of psychopathy (as assessed via self-report) and its relationship to criminal attitudes and thinking styles, motivation to change, and self-reported delinquency. A sample of 248 undergraduate students (female,  $n = 201$ ; male,  $n = 44$ ; unidentified,  $n = 3$ ) completed an online questionnaire that included three forensic self-report measures (Self-Report Psychopathy: Short Form [SRP-SF], Criminal Sentiments Scale-Modified [CSS-M], Criminal Thinking Profile [CTP]), a measure of motivation to change (Self-Improvement Orientation Scheme- Self-Report [SOS-SR]), and a measure of self-reported delinquency. Moderate to large positive correlations were observed among the three forensic self-report measures. Self-reported delinquency, in turn, was significantly positively correlated with most indices of psychopathy and criminal thinking, but only the Tolerance for Law Violations subscale of the CSS-M. Multiple regression analyses revealed that only the SRP-SF uniquely predicted self-reported delinquency of the three forensic measures; while only the SRP-SF Lifestyle factor uniquely predicted this criterion. As predicted, motivation to change scores (SOS-SR) were negatively correlated with total scores on each of the forensic self-report measures, demonstrating that higher levels of motivation to change were associated with lower levels of psychopathic traits, antisocial attitudes, and criminal thinking. Finally, varied and inconsistent sex differences were found on the four self-report measures. The present study supports the construct validity of self-report measures of psychopathy, antisocial attitudes, criminal thinking styles, and motivation to change in an undergraduate university sample.

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**Samantha J. Riopka was the Second Prize Winner in the Undergraduate Student Poster Category at the 2013 CPA Conference.**

## SECTION BUSINESS

Minutes – Business Meeting, June 13, 2013, Quebec City, Quebec

Executive members present: Howard Barbaree (Chair), Mark Olver, Joanna Hessen-Kayfitz, Steve Wormith, Dorothy Cotton, Natalie Jones, Fiona Dyshniku. Regrets: Karl Hanson, Lina Guzzo, Joe Camilleri, Ainslie Heasman, Leah Todd, Michael Sheppard

Howard called the meeting to order and the following items were covered:

- The Section Finance Report (prepared by Karl Hanson) was circulated. The Section is in strong shape financially.
- A discussion ensued regarding financial decisions in the Section. It was noted there is no clear procedure or set of guidelines around Section financial decision making and what constitutes eligible expenditures. Ideas were discussed about appropriate use of funds (e.g. dissertation or manuscript award, as in ATSA, seed money for small projects, etc.).
- Executive and Section members present voted to provide a runner up prize for graduate and undergraduate posters. Members also voted to maintain the current Section fee structure.
- Jeremy Mills requested \$12,000 from the Section (as in past years) for the Third North American Correctional and Criminal Justice Psychology Conference (NACCJPC-3) in Ottawa 2015. A decision whether to provide these funds was postponed, pending further discussion that included the Section Treasurer (Karl). In principle, there appeared to be interest in the Section providing some support for NACCJPC-3.
- Mark provided a review of Task Force Committee activity. He noted that the Task force has disbanded and will be replaced by a Policy and Issues subcommittee appointed by the Section Executive that develops initiatives on selected criminal justice issues of particular public and Section interest.
- Fiona Dyshniku was appointed Student Representative of the Executive in place of Leticia Gutierrez in the months preceding the convention. All other Executive Members agreed to stay on in their respective roles. Current Section Executive Membership is as follows:

Chair: Howard Barbaree

Past Chair: Mark Olver

Secretary/Treasurer: Karl Hanson

Student Representative: Fiona Dyshniku

Membership Coordinator: Natalie Jones

Director-At-Large Conference Program: Joanna Hessen-Kayfitz 23

Director-At-Large NAACJ: Steve Wormith

Director-At-Large Clinical/Training: Michael Sheppard

Director-At-Large Psychology in the Courts: Lina Guzzo

Director-At-Large Police Psychology: Dorothy Cotton

Director-At-Large Website Coordinator: Joe Camilleri

Managing Editor, Crime Scene: Ainslie Heasman

Review Editor, Crime Scene: Leah Todd

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#### **Qualifications:**

- Ph.D. in Psychology with Canadian Psychological Association or American Psychological Association accredited residency/internship
- Eligibility for registration for autonomous practice with the College of Psychologists of Ontario preferred, or eligibility for registration with the College of Psychologists for supervised practice as a clinical and Forensic psychologist
- Experience with Forensic adult clients required; experience with seniors population, an asset
- Experience with specialized forensic/correctional assessments
- Experience in providing psychological services to adults with serious mental illness, preferred
- Knowledge and experience in neuropsychology, preferred
- Experience in administering, scoring, and interpreting a wide variety of psychological tests, preferred
- Knowledge of and experience with developmental/intellectual disabilities, preferred

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## UPCOMING CONFERENCES

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8th European Congress on Violence in Clinical Psychiatry  
October 23-25, 2013                      Ghent, Belgium

Association for the Treatment of Sexual Abusers 32nd Annual Conference  
October 30-November 2, 2013        Chicago, Illinois

American Society of Criminology 69th Annual Meeting  
November 20-23, 2013                Atlanta, Georgia

28th Annual San Diego International Conference on Child and Family Maltreatment  
January 28-31, 2014                    San Diego, California

American Correctional Association Winter Congress  
January 31-February 4, 2014        Tampa, Florida

Psychology and Lawyering  
February 21-22, 2014                Las Vegas, Nevada

American Psychology-Law Society Conference  
March 6-8, 2014                        New Orleans, Louisiana

American Society of Trial Consultants  
June 4-8, 2014                         Asheville, North Carolina

Canadian Psychological Association 75th Annual Convention  
June 5-7, 2014                         Vancouver, British Columbia

European Association of Psychology and Law Conference  
June 24-26, 2014                      Saint Petersburg, Russia

International Congress of Applied Psychology (Psychology and Law Stream available)  
July 8-13, 2014                         Paris, France

American Psychological Association Annual Convention  
August 7-10, 2014                      Washington, D.C.

Crimes Against Children Conference  
August 11-14, 2014                    Dallas, Texas