Young 'psychopaths' in special hospital: treatment and outcome

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BACKGROUND: The 'Young Persons Unit' (YPU) at Broadmoor Hospital offers psychotherapeutic treatment for young adult male patients. The study objective was to report background details, treatment and outcome of the ward's personality disordered patients. METHODS: The sample consisted of 49 patients, with the legal classification of psychopathic disorder, treated on the unit for at least one year. Data were collected from existing case records. Outcome was recorded until discharge from statutory supervision. Outcome measures were recidivism and a variety of social factors. RESULTS: At follow-up 10 patients had reoffended, with four having committed serious violent or sexual offenses. Two patients had died. A history of sex offending was the strongest predictor of subsequent reoffending. No patients with good social outcome reoffended. CONCLUSION: 'Young patients with personality disorder can be successfully treated on the YPU. The management of sex offenders in this group requires further attention. Successful social integration within the community after discharge may help prevent future reoffending.

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Background. The 'Young Persons Unit' (YPU) at Broadmoor Hospital offers psychotherapeutic treatment for young adult male patients. The study objective was to report background details, treatment and outcome of the ward's personality disordered patients.

Method. The sample consisted of 49 patients, with the legal classification of psychopathic disorder, treated on the unit for at least one year. Data were collected from existing case records. Outcome was recorded until discharge from statutory supervision. Outcome measures were recidivism and a variety of social factors.

Results. At follow-up 10 patients had reoffended, with four having committed serious violent or sexual offences. Two patients had died. A history of sex offending was the strongest predictor of subsequent reoffending. No patients with good social outcome reoffended.

Conclusions. Young patients with personality disorder can be successfully treated on the YPU. The management of sex offenders in this group requires further attention. Successful social integration within the community after discharge may help prevent future reoffending.

Patients legally classified as suffering from psychopathic disorder may be detained for treatment in England and Wales if psychiatrists judge this 'likely to alleviate or prevent a deterioration' of their condition (Mental Health Act, 1983). Most of those sent to hospital are placed in the English special hospitals (maximum security) (Grounds et al, 1987), where in 1990 they made up 25% of male patients (Taylor, 1992).

Psychopathic disorder is a controversial psychiatric concept (Lewis, 1974; Gunn & Robertson, 1978) which is not contained in either DSM-IV (American Psychiatric Association, 1994) or ICD-10 (World Health Organization, 1992). There is a lack of data about the pathology of patients and there are few reports on the treatment individuals actually receive in hospital. Most existing outcome studies are limited to details of reoffending or hospital recall, sparing other aspects of behaviour (Akers, 1975; Norris, 1984; Tennent & Way, 1984; Robertson, 1989; Bailey & MacCulloch, 1992a,b). Studies which have looked at prognostic factors have found, not surprisingly, that the best indicator of future offending is previous offending (Robertson, 1989).

The Young Persons' Unit

The Broadmoor Hospital male 'Young Persons Unit' (YPU) treats a high proportion of patients legally classified as 'psychopathic'. Within maximum security constraints the ward's structured milieu incorporates aspects of a therapeutic community model. The multidisciplinary team offers individually tailored psychotherapy to an extent not duplicated elsewhere in Broadmoor, using both psychodynamic and cognitive-behavioural techniques in group and individual contexts. Medication is prescribed as clinically indicated. Full use is made of the centralised hospital services such as education, occupational therapy, sporting and leisure facilities. Patients, who are usually within a few years of their 20th birthday when admitted, can stay until they leave Broadmoor or may be transferred to another ward prior to discharge.

The therapeutic programme, although constantly reviewed and developed over the years (Cox, 1976; Grounds et al, 1987; Brett, 1992), has never been evaluated nor have treated patients been followed-up. The present study was designed to learn more about the nature of this patient population; to see what treatment was delivered; to assess how those who did return to the community performed in terms of social functioning and reoffending, and to identify factors that may help predict these aspects of outcome.

Method

Selection criteria

Forty-nine patients met the following criteria:

(a) Admitted to the YPU between January 1972 and December 1989; discharged from the YPU by 1 January 1993

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(b) treated on the YPU for at least one year
(c) legally classified 'psychopathic disorder' (either alone or combined with another mental disorder category)
(d) detained under a Hospital Order with restrictions or transferred from prison during a life sentence
(e) no previous Broadmoor or YPU admissions.

With a relatively small number of patients in the YPU group it was unlikely that all factors related to outcome would be identified. In order to provide more details about possible prognostic factors, additional men, selected from other Broadmoor patients legally classified as 'psychopathic disorder', were added to the original sample for this analysis. To maintain as homogeneous a sample as possible an attempt was made to match each YPU patient with the nearest admission in time who was within 5 years of age, had committed a similar offence in terms of the broad categories 'violence', 'sexual offences', 'arson', and 'other offences', and was also subject to statutory supervision after discharge. Matches could not be found for all subjects; the final additional group consisted of 40 patients.

Data collection

Broadmoor and Home Office case files were examined. Psychiatric supervisors and prisons were contacted if necessary. Hospital files were used both to determine the presence of DSM-III-R (American Psychiatric Association, 1987) criteria for personality disorders and to rate patients on the Psychopathy Checklist—Revised (PCL–R; Hare, 1991). The PCL–R is a 20-item rating scale derived from Cleckley's (1976) concept of psychopathy. Scores obtained from casenotes alone correlate highly with those derived when an interview is also used (Wong, 1988).

Ratings in Broadmoor

Various aspects of functioning were rated for two periods: (i) the 2 years following admission and (ii) the 2 years before discharge, or the first and second halves of an under four year admission or, if not discharged, the 2 years up to 31 December 1992.

(a) General social functioning. Based on interpersonal skills, social or sports function attendance, interaction with family or other close outside contacts, and whether he had a girlfriend or boyfriend in Broadmoor. Judged 'good' if at least three items were positive.
(b) Problem sexual behaviour. Rated positive if any one of these problems was present: indulgence in sexual misbehaviour, excessive pornography use, unsolicited sexual approaches, or inappropriate or excessive coital attachment.
(c) Seclusion or special care. Rated positive if secluded or transferred to special care.
(d) Violent behaviour. Violence to property was scored '1' if occasional, and '2' if frequent; assaults scored '3' if occasional, and '4' if frequent. Rated positive if 4 or more points scored.

Post-discharge ratings

Following discharge into the community each patient was rated 'good' on:

(a) Social interaction if he (i) made friends or interacted adequately with various acquaintances, or (ii) formed an established sexual relationship.
(b) Employment if he (i) held a job for at least 6 months, (ii) had not been unemployed continuously for 6 months or more, and (iii) was not fired from a job.
(c) Accommodation if he (i) was never of 'no fixed abode', (ii) remained in one residence for at least 6 months, (iii) was not evicted, and (iv) either lived with his family or had his own residence.
(d) Substance abuse if he (i) did not drink alcohol, or drink socially and in moderation, (ii) used cannabis at most only socially and in small amounts, and (iii) did not use other illegal drugs.
(e) Overall social outcome if he had a 'good' outcome on all four variables.

Results

The mean age at Broadmoor admission was 19.2 years (s.d. 1.9). Ethnicity was overwhelmingly Caucasian (47 patients, 96%). The most serious index offence was of non-sexual violence for 34 (69%) men (of these 16 had killed), a sex offence for 7 (14%), and arson for 5 (10%). About half of all these crimes had a significant sexual motivation. All patients were detained under hospital orders with restrictions.

Background features

Many patients came from disturbed family backgrounds with 18 (37%) having absent parents in childhood; 13 (27%) criminal parents; 16 (33%) violent parents; 12 (24%) parents with a history of substance abuse; 15 (30%) had a parent addicted to alcohol or drugs.

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TREATMENT AND OUTCOME OF YOUNG 'PSYCHOPATHS'

Substance abuse; and 9 (18%) parents who had been psychiatric in-patients.

Forty (82%) had at least one childhood behavioural or emotional problem (before 12 years old): 17 truanting, 16 stole, 9 fought or bullied, 8 set fires, 4 were cruel to animals; 15 were enuretic, 14 had temper tantrums, 6 had phobias and 8 had other emotional problems.

Eleven (22%) were placed in care before they were 12 years old, while 22 (45%) had been in institutional care at some time. Physical abuse was recorded for 13 (27%), and sexual abuse in 8 (16%).

Prior to their index offences 36 (73%) had criminal convictions; 17 for violent, and 9 for sexual offences.

Psychiatric history

Many had previous psychiatric contact: 23 (47%) as children and 15 (31%) as adults; 6 (12%) had been in-patients; 2 (4%) had been treated in HMP Grendon. Twenty-two (45%) had a history of one or more self-harm attempts. Sixteen (33%) had abused alcohol; 13 (27%) had tried drugs other than cannabis.

Pre-Broadmoor social functioning

Almost half (23; 47%) had never lived independently of their families. Four (8%) had been of 'no fixed abode' for over a month. Thirty (61%) had little experience of significant social or sexual relationships and 5 (10%) were almost totally socially isolated. Just 5 (10%) had been in at least one long-term (i.e. over 1 year) sexual relationship, but 14 (29%) had maintained a relationship for over three months. Although 15 (31%) had been employed continuously for over a year, 21 (43%) frequently quit employment, had records of theft, or had been fired from a job.

Diagnosis

A DSM-III-R personality disorder diagnosis based on information could be made for just 30 of 34 patients (61%) with 15 of these having more than one. Borderline type (15) was the most prevalent, the other categories represented were antisocial personality disorder (12), schizoid (12), narcissistic (8), schizotypal (3) and paranoid (2).

The mean IQ was 101.3 (s.d. 13.7). The mean PCL-R score was 19.6 (s.d. 9.6).

Outcome

Thirty-seven (76%) patients had been discharged from special hospital at the end of the period: 17 went initially to other hospital hostels, and 8 to other community settings. Thirty (61%) eventually made it into the community (mean length of detention in hospital s.d. 3.5). Two of these were absolutely discharged, and 19 of these were eventually absolutely discharged. Only one patient who suffered persistent mental illness while at Broadmoor was discharged into the community by the end of follow-up period. The placement outcome at the end of follow-up period was: 12 (24%) not discharged from hospital (mean length of stay 12.5 years, s.d. 13.5), and 51% still living in the community; 5
regional secure units: 5 (10%) in prison or recalled to special hospital; 2 men (4%) had died, one by suicide and the other in a road traffic accident.

Reoffending
Ten patients (20%) reoffended, 8 in the community. Two killed (both involving sexual factors), two were convicted of serious sexual offences, and one was charged with a less serious sexual offence. One homicide and the minor sexual offences were committed while the men were still in-patients at regional secure units. The mean time from discharge into the community to reoffending was 2.0 years (range 0.3-5.4).

Social outcome ratings
Twenty-five of the 28 patients followed-up in the community had "good" social interaction, 16 were performing well occupationally, 19 had success in maintaining accommodation and 20 were abstaining from substance abuse. Ten men had overall "good" social outcome and not one of these reoffended ($z^2=4.2, \text{d.f.}=1, P<0.001$).

Prognostic factors
Univariate analysis was carried out to determine any relationship between all recorded background and treatment factors to reoffending and social outcome (for community discharged patients). Previous history of sexual offending prior to the index offence (boys only) was related to reoffending (four reoffended) (OR=13.0, 95% CI=1.3-192.5). The subjects' IQ was significantly related to reoffending (non-reoffender mean IQ 92.3, mean difference =12.5, t=2.17, P=0.04, 95% CI=5.7-24.33).

No other factor was found to be significantly related to subsequent reoffending. None of the factors examined was found to be significantly related to overall social outcome in the community.

Additional patients
The additional group significantly differed from the YPU group in a number of background factors: it was older (mean difference = 2.9 years, t=5.39, P<0.0005; 95% CI=2.0-3.8 years); had more men with previous criminal convictions, though these were mainly not violent or sexual offences (57 patients, 93%, OR=4.45, 95% CI=1.08-17.99); more alcohol abusers (24 patients, 60%, OR=3.09, 95% CI=1.19-8.10); and more men had maintained a long-term sexual relationship (12 patients, 30%, OR=3.77, 95% CI=1.08-14.97).

DSM-III-R personality disorder diagnoses can be made for 54 (60%) patients. Except for a high prevalence of schizoid personality disorder in the YPU group (OR=6.7, 95% CI=1.1-19.2), proportion of each diagnosis was similar.

The YPU patients were significantly more likely to have participated in interpretative group therapy (OR=12.4, 95% CI=3.5-45.2); social skills (OR=6.5, 95% CI=2.3-18.5); sex education (OR=25, 95% CI=6.8-94.2); and other structured groups (OR=11.8, 95% CI=2.3-182.5); individual psychodynamic psychotherapy (OR=3.0, 95% CI=1.1-8.1); and general education (OR=9.0, 95% CI=3.0-28.9).

Twenty-seven (68%) additional patients receive community discharges. One was immediately discharge and therefore 26 had completed follow-up information available. Ten (25%) reoffended, 9 of them while in the community. Three were convicted of serious sexual offences, one which was committed while the patient was still special hospital. Only four had good overall social outcome. In both groups nobody with good over social outcome reoffended ($z^2=6.83, \text{d.f.}=P<0.009$).

Factors related to reoffending in the community
Combining both groups (54 subjects discharge into the community and followed-up, 17 reoffended) factors positively related to reoffending were childhood foster care (three men, all reoffenders $z^2=1.96, \text{d.f.}=1, P<0.05$); childhood fighting (12 patients, 7 of the 13 reoffended OR=7.9, 95% CI=1.4-43.9); previous conviction for sexual offending (six of eight reoffended; OR=1.4, 95% CI=1.1-2.0); previous conviction for sexual offending at least 12 years (OR=4.8, 95% CI=1.3-18.0); and IQ (non-reoffender mean IQ 103.4, reoffender mean IQ 95.4, mean difference=-8.1, t=2.0, P<0.04).

Two factors, better employment record a relationship history before admission, were negatively related to subsequent reoffending: 24 subjects had maintained a job continuously for one year or more, only three (13%) reoffended (OR=0.9, 95% CI=0.03-0.75); 11 subjects had maintained a sexual relationship for over one year, not 1 of 7 reoffended (OR=0.0, 95% CI=0.00-0.72).

Factors related to social outcome in the community
Fourteen (35%) of the 41 subjects followed-up had good social outcome. Adequate (or better) attendance was assessed by Broadmoor staff during...
Discussion

Although all the subjects were male, young and legally classified as having psychopathic disorder this is not necessarily sufficient to justify their collective analysis as a homogeneous group. Within the sample there was diverse personality pathology and some patients also suffered from mental illness. In addition, over the long period covered by the study it is likely that the nature of patients selected for Broadmoor and YPU admission changed. The YPU treatment regime developed considerably over time, in response to patient mix, staff expertise and therapeutic developments: although one or two important figures remained consistent, most of the ward team, including the ward’s consultant psychiatrist, did not.

The study relies on data collected for clinical and statutory purposes. Standardised measures were neither collected at the outset to define the patient population nor at follow-up. Case notes, particularly if elderly, often did not contain clinical diagnoses or formulations, and were often deficient in details of relevant psychopathology. Consequently, comprehensive and reliable diagnoses, for both mental illness and personality psychopathology, could not be made. Coid (1992), looking at male psychopaths admitted to Broadmoor from 1984 to 1986, determined a mean of 2.7 DSM-III personality disorders per patient, which indicates that the prevalence in our sample is probably an underestimate. The low incidence of physical and sexual abuse detected in this study is also likely to be a reflection of the inadequacy of the data sources.

The lack of a standardised data collection method also made it impossible to make reliable judgements about the quality of treatment received, such as the level of therapist supervision or patient engagement. For the same reason definitions of outcome measures had to be broad and somewhat subjective.

The small sample size provided only limited scope for the identification of prognostic factors. The addition of patients not treated on the YPU improved numbers but decreased homogeneity, for example the extra patients were not treated as intensively. As there were few recidivists of a serious violent or sexual nature the study could not distinguish between these major crimes and others, which may have been relatively trivial, for the purposes of the prognostic analysis.

Given all the above methodological limitations, any conclusions drawn from this study must be made cautiously.

Patients and outcome

The subjects’ high level of childhood difficulties, psychiatric problems and previous self-injury, as well as their poor social functioning, indicate an extremely disordered population. Given such severe psychopathology any improvement is unlikely to be dramatic or rapid. Treatment of these patients is often associated with pessimism but this study indicates that many do relatively well: over half of the sample was settled in the community at the time of follow-up, many appearing to be successfully socially integrated. However, the continued dangerousness of some discharged men, even after a considerable period of intensive treatment on the YPU, was proved by the four who committed major offences, including two homicides, after they had left Broadmoor.

Prognostic factors

When an assessment is made of ‘treatability’, upon which admission to hospital of a ‘psychopathic’ patient depends, there is little evidence to suggest that any more than intuition is used (Dell & Robertson, 1988; Collins, 1991). Similarly, psychiatrists have little assistance from research findings when deciding who would benefit most from being treated in specialist facilities such as the YPU. It is only when patient selection is optimised that resources can be used most effectively and treatment appropriately targeted. Possible indicators identified by this study of a poorer prognosis in terms of propensity to reoffend, which may indicate a relative unresponsiveness to treatment, include a previous history of sexual offending, and of lower intelligence. No patient with ‘good’ overall social outcome reoffended. It may be that those patients who are initially less socially handicapped are therefore able to re-integrate into the community better with less likelihood of reoffending. However, treatment interventions may have a significant effect and the investment of further effort in rehabilitation programmes that address living skills within the community, combined with the provision of a good support network when the patient is outside hospital, could be an effective method of preventing further reoffending.
Conclusions

The selection of personality disordered patients for specialist therapy, and the type of treatment provided, should be further considered. The evidence that previous sexual offending was a risk factor for subsequent offending and that those men who went on to commit serious offences after discharge had sexual motivations, may mean that more specific treatments for sexual offenders could be introduced with benefit.

Although treatment on the YPU may result in a successful outcome for many individuals, a decision about whether to use or not 'psychopaths' are 'treatable' must wait until more is known about which patients respond to which different types of treatment.

Clinical implications

- Further attention needs to be paid to the treatment of sex offenders
- Better reintegration into the community may improve outcome
- Young 'psychopaths' can be treated successfully

Limitations of the work

- Heterogeneous nature of the sample
- Small number of subjects
- Limited information available in case notes

Acknowledgements

Dr David Reiss was funded by Broadmoor Hospital for one year to carry out the study. We thank Mr Tony Williams, the Broadmoor medical records staff, C3 division of the Home Office, and the Woodstock Ward clinical team.

References


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(First received 5 April 1995, final revision 31 July 1995, accepted 18 August 1995)