

SFU

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A Road to Change?

DYNAMICS IN PSYCHOPATHY

Psychopathic PD

- Specific form of PD, also known as
 - Antisocial PD (DSM-IV)
 - Dissocial PD (ICD-10)
 - Sociopathic PD

Arrogant
interpersonal
style

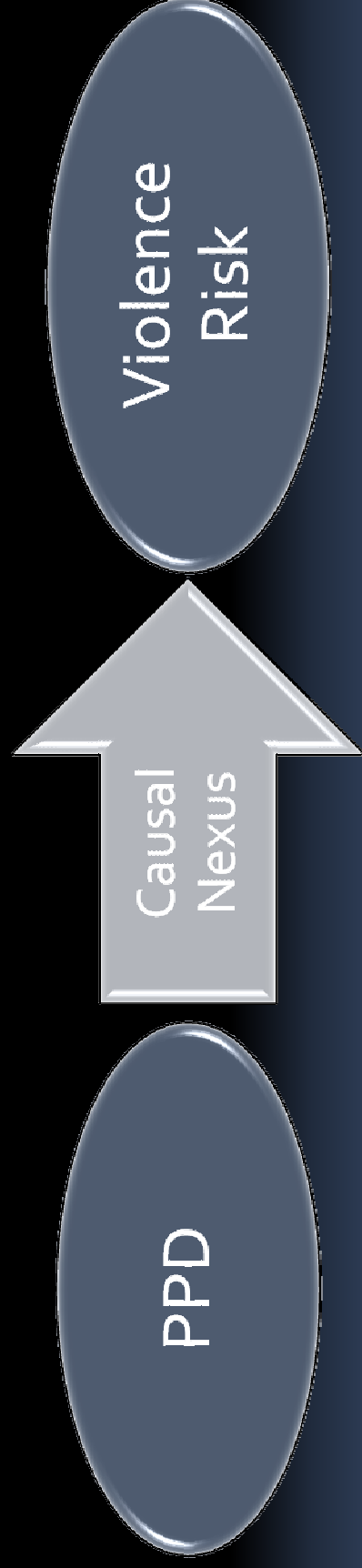
Deficient
affective
experience

Impulsive
behavioral
style

Common Questions About PPD

- Often asked as part of clinical and legal decision making
 - Does the person currently suffer from PPD?
 - Does this person currently pose an elevated violence risk due to PPD?
 - Is the person's risk now lower, possibly due to full or partial remission of PPD?

Psycholegal Relevance of PPD



Three Treatment Goals

- PPD
 - Achieve full or partial remission of PPD symptoms
- Violence risk
 - Mitigate or manage violence risk
- Causal nexus
 - Break link between PPD and violence risk

But...

- Is it possible to treat PPD?
- Is it possible to assess change in PPD?

Treatment

Treating PPD

- The scientific literature on the treatment of psychopathy is woefully inadequate

Confusion regarding role of psychopathy

Inadequate assessments of psychopathy

Failure to operationalize treatment

Lack of adequate comparison groups

Failure to control within-group heterogeneity

Failure to consider developmental factors

Focus on criminality as outcome

Three Key Findings

1

- Psychopathic people are more likely than others to engage in disruptive behavior during treatment

2

- Psychopathic people are less likely than others to remain in treatment

3

- Psychopathic people are more likely than others to be convicted after treatment

Two Additional Trends

4

- Unstructured or process-oriented treatment groups may have an adverse impact on psychopathic people

5

- Interpersonal and affective symptoms may be most strongly associated with poor treatment response

Treatment Summary

There is no good evidence that psychopathy can be treated reliably and effectively, but neither is there any good evidence that psychopathy is untreatable

- **No good evidence at all!**

Consider changing focus to motivational strengths rather than motivational deficits

- **Status orientation, novelty-seeking, need for interpersonal contact, need for control**

Assessment

Strengths of Hare Scales

- Content reflects important clinical descriptions
- Facilitate systematic assessment of a broad range of symptoms
- Optimized for forensic settings
- Solid research base
 - Permits norm-referenced interpretation of scores
 - Justifies use in assessment of risk for many form of serious and antisocial behavior

Limitations of Hare Scales

- Clinical theory underlying the tests was not well-developed
 - Little attention to differential diagnosis
- Include some questionable symptoms and exclude some important symptoms
- Heavily saturated with (official) criminality

Limitations (cont.)

- Assume stability of psychopathy
 - Lifetime time frame
 - Not sensitive to change in severity of symptoms or disorder
- Research base has weaknesses
 - Not much attention to reliability problems
 - Not much attention to risk for specific forms of serious and antisocial behavior

Assessment Summary

- Existing assessment procedure can not:
 - Assess change in PPD symptoms over time
 - Assess current PPD symptoms
 - Assess PPD as a causal risk factor independent of other fixed risk markers
 - Assess causal nexus between PPD and risk for violence

Conclusions

Optimism, Pessimism, Despair?

- The pessimist sees only the tunnel; the optimist sees the light at the end of the tunnel; the realist sees the tunnel and the light – and the next tunnel.

Sydney J. Harris

Progress

Treatment

- Evaluation of old treatments
- Development of new treatments

Assessment

- Appreciation of old procedures
- Development of new procedures

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