Treatment of ASPD and Psychopathy: Hopeful or Hopeless?

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Statement of Non-Disclosure
“Dual Coded”

1. Disruptive, Impulse-Control and Conduct Disorders
2. Personality Disorders
ASPD-DSM-5

A. Pervasive pattern since age 15 with 3 or more:
   – Failure to conform to social norms
   – Deceitfulness
   – Impulsivity
   – Irritability
   – Reckless disregard for safety of others
   – Irresponsibility
   – Lack of remorse
**PSYCHOPATHS**

- Egocentric, arrogant
- No conscience
- Lack of empathy
- No loyalty
- Not “psychotic”
- Not synonymous with criminality or ASPD
ASPD ≠ PSYCHOPATH
Are those with ASPD or psychopathy treatable?
THREE PROBLEMS HERE!

- Emotionally detached
- Manipulative and shallow affect
- Deficits in learning
Question #1: Is research good?
TREATMENT RESEARCH

• Concerns:
  – Mixed groups with poor definitions
  – Most target substance misuse
  – Few prospective studies
TREATMENT RESEARCH

• Concerns:
  – No control groups
  – “Treatment” poorly defined
  – Few studies in correctional environments
Question #2:
Does treatment hurt?
THERAPEUTIC COMMUNITY

• Citizens care for each other
• Follow group rules and sanctions
• Emphasizes honesty and sincerity
PSYCHOPATHY AND RECIDIVISM FOLLOWING TREATMENT (Rice, Harris, & Cormier, 1992)

• 176 patients in 2 year TC program
• Intensive group/individual therapy-80 hrs/week
PSYCHOPATHY AND RECIDIVISM FOLLOWING TREATMENT (Rice, Harris, & Cormier, 1992)

• Mean follow-up after release = 8 years, 4 months
• 176 treated patients compared with 146 untreated patients
VIOLENT RECIDIVISM RATE
NON PSYCHOPATHS VS. PSYCHOPATHS

![Graph showing violent recidivism rate for non-psychopaths and psychopaths, comparing untreated and treated cases.](image-url)
Key Point:
Bad Treatment Hurts!
Question #3: Does more treatment give better outcome?
MACARTHUR FOUNDATION STUDY

- 871 civil patients followed after discharge every 10 weeks
- Measured psychopathy using PCL-SV
- Treatment Involvement Dichotomized
  - 0-6 sessions
  - 7 or more sessions
MACARTHUR FOUNDATION STUDY

• Results:
  – <7 sessions 24% violent
  – 7 or > sessions 8% violent
MACARTHUR FOUNDATION STUDY

• Results:
  – Little treatment was no better than no treatment
  – Neither overall psychopathy or Factor 1 traits moderated the effects of treatment
IS THIS FINDING VALID?

- Civil not forensic patients
- Only “safe” patients released
- Therapy not defined
- Treatment vs motivation for treatment?
GENERAL
TREATMENT
PRINCIPLES
“RNR” (Andrews & Bonta 1990)

- Risk
- Need
- Responsitivity
NICE GUIDELINES

• Pharmacotherapy
  – “Should not be routinely used for treatment of ASPD or associated behaviors of aggression, anger, or impulsivity.”
  – Treatment of comorbid disorders should be consistent with relevant guidelines
AGGRESSION TREATMENT

• No FDA approved medication for aggression
• Few studies looking at treatment of aggression in ASPD
NICE GUIDELINES

• Psychotherapeutic interventions
  – Limited studies
  – Group-based cognitive behavioural interventions are potentially cost effective
  – Adjust duration and intensity to risk level
  – Work to keep persons in treatment
OFFENDER BEHAVIOR PROGRAMMES

• Target offending behavior
• Manualized
• Vary in length, complexity, mode of delivery
• Majority intended for 8-12 offenders
• Higher the psychopathy score the less likely OBP will succeed in reducing re-offending rates
2008 META-ANALYSIS
(Tong and Farrington)

• 14% reduction in criminal offending compared to controls
• Effect similar in community and institutional settings
• Effective for low and high risk offenders
• Effective in Canada and the UK but not the US
“Dangerous and Severe Personality”
MICHAEL STONE

- Age 12: Shoplifting and burglary history began
- 1981: robbery and great bodily harm with hammer to man
- 1983: sentenced for stabbing sleeping victim with kitchen knife
- 1987: armed robbery
- 1993: released from prison
• 1994: Committed under Mental Health Act
  – Could not be held unless “treatable”
• Discharged as “not mentally ill”
• 1995-1996:
  – On probation and seeing social workers
  – Heroin habit
MICHAEL STONE

• July 4, 1996:
  – Told psychiatric nurse he wanted to “kill people”
  – Threatened to kill his previous probation officer, prison officers, and his family if he was to be jailed in the future
MICHAEL STONE CASE

• 1997: arrested
• “I haven’t got an alibi”
• “I can’t remember”
• Denied murders
• Allegedly confessed to another inmate
“I should have killed her.”
OUTCOME

• U.K. Mental Health Act modified
• “Dangerous and Severe Personality Disorders” proposed
  – PCL-R score 30 or above
  – Two or more personality disorders
  – Risk of future violence issue
DSPD CRITERIA

• More likely than not to commit an offense within 5 years expected to lead to serious physical or psychological harm
• They have a significant personality disorder
• Risk of violence is linked to disorder
LESSONS LEARNED

• More treatment *may be* effective but costly
• Cognitive therapy approaches
• Positive reinforcement for prosocial behavior
• Need pathway out of program
OPD PATHWAY PROGRAM

• Jointly commissioned program
• Aims to provide pathway of “psychologically informed” services
• For offender group with like severe personality disorder at high risk of harm of reoffending or harm to others
LONDON’S PATHWAY PROGRAM PROGRESSION UNIT

• First OPD program to be established in a prison

• Goal:
  – Reduce sexual and violent offending by developing plan to desist from crime
SUMMARY

• ASPD and psychopathy are different constructs
• No FDA approved treatment of ASPD or psychopathy
• Recent focus on offending behavior vs. diagnosis