

Treatment of Psychopathy

The Way Forward



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Challenge #1:
Nobody cares
about it

Schizophrenia

- High prevalence worldwide
 - Lifetime prevalence = 0.5% to 1%
- Early age onset
 - $\geq 50\%$ with onset by age 30
- Persistent
 - 60% with chronic or recurrent symptoms

Impact: Global Burden

- Accounts for 3% of the total global burden of human disease
- 14th leading cause of disability, 5th-6th leading cause of healthy years of life

Deaths Annually	30,000 (0.1%)
DALY Annually	16.8 million (1.1%)

Impact: Public Safety

- Schizophrenia is an important risk factor for perpetration of violence
 - Odds Ratio = 4-6, relative to healthy controls
- Schizophrenia is over-represented in correctional populations
 - Prevalence = 3%-4%; Rate Ratio = 3+

Response: Research

- In the US, NIMH spends \$125 million to \$150 million annually on schizophrenia (about 13%-15% of its total budget)
- The Cochrane Schizophrenia Group's Register has identified and reviewed 13,593 reports of controlled treatment trials (April, 2011)

Hart's Law of Mental Disorder

$$\text{GaS} = P_L \times I_{F,S}$$

Psychopathic PD

Psychopathic PD

- High prevalence worldwide
 - Lifetime prevalence = 0.5% to 1%
- Early age onset
 - 100% with onset by age 25
- Persistent
 - 100% with chronic or recurrent symptoms

Impact: Global Burden

- General consensus is increased risk for morbidity and mortality, but
 - Burden of care unknown
 - DALY unknown

Impact: Public Safety

- Psychopathic PD is an important risk factor for perpetration of violence
 - Odds Ratio = 5-10, relative to other offenders and patients
- Psychopathic PD is over-represented in correctional populations
 - Prevalence = 10%-25%, Rate Ratio = 10+

Reminder

$$\text{GaS} = P_L \times I_{F,S}$$

I_F for Psychopathic PD

- Assume lifetime prevalence of Psychopathic PD in Canada and the United States is 10% in offender populations
- Assume no increased risk for criminality associated with Psychopathic PD
- So, Psychopathic PD accounts for 10% of costs of crime

Impact: Canada

- Cost of crime estimated at \$99.6 billion annually
 - \$31.4 billion direct, \$68.2 billion indirect
- Psychopathic PD may account for \$10 billion annually

Impact: US

- Cost of crime estimated at \$1,000 billion annually
 - \$500 billion direct, \$500 billion indirect
- Psychopathic PD may account for \$100 billion annually

Conservative Estimate

- Ignores higher risk for general criminality associated with Psychopathic PD
- Ignores higher costs for violent crime
- Ignores all direct health care costs
- Ignores indirect costs for offenders
- Ignores costs in childhood/adolescence

Response: Research

- In the US, NIMH spends \$10 million annually on all PDs (<1% of its total budget)
 - About half that is spent on Borderline PD
- There has not been a single published randomized controlled trial (RCT) on the treatment of Psychopathic PD
 - But cf. Bernstein, Davidson

**Solution #1:
Point out the social
benefits of treatment**

**Challenge #2:
Nobody knows
what to do about it**

Three Questions

- What do I treat?
- How do I treat it?
- How do I tell if my treatment is working?

Treatment Targets, I

Risk

Treatment *for*
psychopathy

Need

Treatment *of*
psychopathy

Responsivity

Treatment *despite*
psychopathy

Treatment Targets, '1

- Reduce ***trait extremity***
 - Normalize style (change)
- Reduce ***functional impairment***
 - Improve coping (acceptance)
- Break the ***causal nexus***
 - Disrupt influences (neutralization)

Treatment Methods

- There is no good evidence that Psychopathic PD can be treated reliably or effectively, but neither is there any good evidence that it cannot
 - No good evidence at all
- Almost certainly, we are already doing something that works but have failed to make good use of it

Treatment Evaluations

- At the individual level, requires measures of Psychopathic PD that are comprehensive and sensitive to change
- At the group level, requires manualized treatments, as well as outcome studies that examine diverse outcomes and control for comorbid disorders and competing risk factors

Hot Leads

- Individual level
 - Comprehensive Assessment of Psychopathic Personality (CAPP)
- Group level
 - Development and evaluation of treatment protocols (Chromis, SFT, DBT, etc.)

**Solution #2:
Start cumulating
knowledge now**

Conclusions

- This may be the most important problem you never cared about
- This may be a problem you can do something about right now

Research Agenda

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- Disability
 - DALY
- Morbidity and mortality
 - Rates
- Costs
 - Health and crime, direct and indirect

Research Agenda

- Treatment-oriented etiological theories
 - Root causes to symptoms
- Treatment-oriented assessments
 - Symptoms, functional impairments
- Treatments!
 - Surveys, case studies, pilot studies, RCTs

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