



**Karolinska
Institutet**

Treatment or control of substance abuse, ----- what's in it for the psychopathic patient?

2nd Bergen Conference on the
Treatment of Psychopathy

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Stating the issues

- Specific treatment for substance use disorders (SUD) designed for people with psychopathic traits (PPT) does not exist
- Still we treat SUD in people with PPT
- How could we do it in a sound way while waiting and developing the evidence?
- Using adapted motivational techniques?

SUD and violence in psychopathy

- Offenders with psychopathy are more likely to re-offend
 - Psychopathic personality traits are commonly associated with substance use problems
 - SUD is associated with violent offending
-

Psychopathy and SUD-treatment

- Psychopathic persons rarely utilize such treatment voluntarily
- But, regular utilization of outpatient treatment for substance use is associated with reduced risk of re-offending
and
- Poor treatment utilization has shown to predict future violence

PPT patient do not engage in SUD treatment

– why?

...or – why not ask them?

They report feeling:

- like an outsider
- not respected
- inferior towards their caregivers
- being discriminated by being a criminal

. . .or – why not ask them?

They don't want to:

- wait for treatment
- struggle with caregivers

and find it difficult to comply with control requirements

Durbeej et al poster at BCPT 2011

Treatment of substance use disorders (SUD) some landmarks

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Professor Magnus Huss
1807-1890

Alcoholismus Chronicus:
Ein Beitrag Zur Kenntniss Der Vergiftungs-Krankheiten (1852)

Treatment of substance use disorders (SUD) some landmarks

- 12-step and Alcoholics Anonymus
- Disulfiram
- Methadone maintenance treatment (Dole & Nyswander)
- Motivational enhancement/interviewing from DiClemente/Proschaska “Why people change”
- Cognitive behaviour therapy and relapse prevention
- Community reinforcement approach (CRA)
- Neurobiology – dopamine effects on nucleus accumbens
- Substance dependency is a brain disorder – and it matters (Science 1997)
- Pharmacological treatments reducing craving
 - acamprosate, naltrexone

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Motivational issues – again what's in it for the psychopath?

Stages of change

Precontemplation

Contemplation

Preparation

Action

Maintenance

Motivational issues – again what’s in it for the psychopath?

Stages of change

Precontemplation “I do have problems, but they’re not related to substances
I take, my drugs do me good!

Contemplation

Preparation

Action

Maintenance

Motivational issues – again what’s in it for the psychopath?

Stages of change

- Precontemplation “I do have problems, but they’re not related to substances I take, my drugs do me good!”
- Contemplation “Could it be that some problems arise when I use substances?”
- Preparation
- Action
- Maintenance

Motivational issues – again what’s in it for the psychopath?

Stages of change

Precontemplation	“I do have problems, but they’re not related to substances I take, my drugs do me good!
Contemplation	“Could it be that some problems arise when I use substances?”
Preparation	“What with my problems if I try to reduce my substance use?”
Action	
Maintenance	

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Action	“Now I’ve reduced my substance use, does it really matter? Do I feel better? Do I have less problems?”
Maintenance	

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Action	“Now I’ve reduced my substance use, does it really matter? Do I feel better? Do I have less problems?”
Maintenance	“Now I know that several of my problems are reduced while sober, how do I keep sober to maintain this?”

Motivational issues – again what's in it for the psychopath?

Stages of change Stages of treatment

Precontemplation => Engagement

Contemplation => Persuasion

Preparation

Action => Active treatment

Maintenance Relapse prevention

=>

Mueser 2003, Osher 1989

Motivational issues – again what's in it for the psychopath?

Stages of change	Stages of treatment	Goal for treatment
Precontemplation =>	Engagement	Establish working alliance
Contemplation Preparation =>	Persuasion	Increase awareness of problems with substance use
Action =>	Active treatment	Assist patient in reducing substance intake
Maintenance =>	Relapse prevention	Maintain awareness of relapse risk

Mueser 2003, Osher 1989

Motivational issues – again what’s in it for the psychopath?

Stages of treatment

Goal for therapist

Engagement

Establish working
alliance

Persuasion

Increase awareness of
problems with
substance use

Active treatment

Assist patient in
reducing substance
intake

Relapse prevention

Maintain awareness of
relapse risk

Mueser 2003, Osher 1989

Motivational issues – again what’s in it for the psychopath?

Stages of treatment	Goal for therapist	Goal for security
Engagement	Establish working alliance	
Persuasion	Increase awareness of problems with substance use	
Active treatment	Assist patient in reducing substance intake	
Relapse prevention	Maintain awareness of relapse risk	Mueser 2003, Osher 1989

Motivational issues – again what’s in it for the psychopath?

Goal for therapist

Establish working
alliance

Increase awareness of
problems with
substance use

Assist patient in
reducing substance
intake

Maintain awareness of
relapse risk

Goal for security

Goal for patient

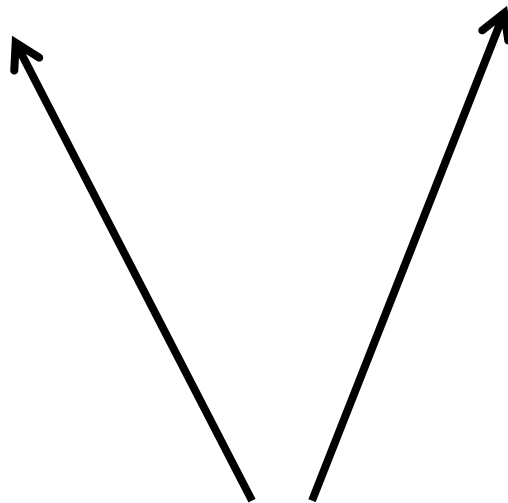
Mueser 2003, Osher 1989

Motivational issues – again what's in it for the psychopath?

Goal for therapist

Goal for security

Goal for patient



Here comes the tricky part!

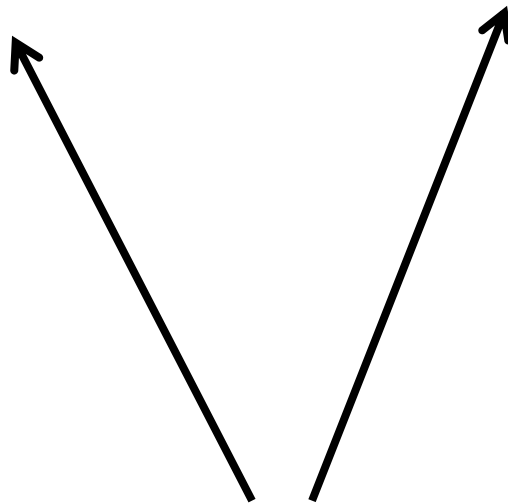
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Motivational issues – again what's in it for the psychopath?

Goal for therapist

Goal for security

Goal for patient



Here comes the tricky part!



PPT patients often do not
have the same concern
for health and wellbeing
for others!

Mueser 2003, Osher 1989

Alcohol dependent, cocaine snorting bank robber

- Early violent criminality with robbing people, mainly less skilled criminal individuals not reporting to police.
- Finds pleasure in gaining money by robbery, not only because of the money but also for the “hunt”.
- Good at planning, and also enjoying violent events.
- Served long sentence for organized bank robbery.
- Developed alcohol dependency and cocaine abuse.
- Alcohol and cocaine lessen impulse control and makes him more close to narcissistic rage at random.
- Such bouts gave him sentence for assault on a stranger in a bar. He was sentenced to probation under the condition of fulfilling treatment for substance abuse.

Alcohol dependent, cocaine snorting bank robber

Underlying PPT motivation:

- Keen on going on with his planning and performing organized bank robberies.
- Being under probation and surveillance by police is disturbing as well as having no driver's license.

Engagement approaches:

- Promise from therapist to testifying on sobriety to get driver's license back if proper control – and testifying to probation office getting authorities off his back.

Persuasion

- Drinking alcohol => close to cocaine => random narcissistic uncontrolled violent rage => risk for police involvement and convictions for “stupid crimes” => “bad for business”

Alcohol dependent, cocaine snorting bank robber

Treatment

- Biofeedback sessions with liver enzymes including CDT every 3d week with
- regular and random urine samples analyzed for drugs

Result

- Patient out of probation without new sentences, documented sobriety gets him driver's license.
- Better health and lessened alcohol dependency
- No random assaults
- Perhaps still a predatory bank robber?

Goal for treatment	Action taken	What's in it for safety and security	What's in it for treatment	What's in it for the PP
Reduce alcohol intake	Bio-feedback, Random urine sampling for drugs	Less impulsive random violence towards strangers and peers	Better health for the patient: Less liver damage	Get's to stick around his criminal peers without the police sticking their nose into his business. Having driver's license back

Tattooed gang hang-around with career ambitions as “under-world” torpedo abusing cocaine and AAS

- Early school failure and antisocial activities in early teenage.
- Callous acts of violence towards both random people and peers.
- Engaged in gang criminality.
- Specialized in extortion as violent “collector” of debts.
- Several convictions.
- During the use of cocaine often un-controlled rage and paranoia. When serving time in jail often engaged in battery and admitted to forensic psychiatry.
- Often when using cocaine, admitted with severely violent behavior and transient paranoia.
- Periods of use of anabolic androgenic steroids. When getting off them often a painful period of depression

Tattooed gang hang-around with career ambitions as “under-world” torpedo abusing cocaine and AAS

Underlying PPT motivation:

- Keen on career in MC – gang business
- Wants a social façade as “family father” with pregnant wife, looking as if he is having an ordinary family

Engagement approaches:

- Voluntary admissions when in psychosis-close mess of mind (vigilant and/or paranoid) of cocaine and when
- needing to “rest” from SUD and “real” enemies trying to revenge on him

Persuasion

- Depressed when off the AAS.
- Involuntary violent admissions on cocaine race is bad for him and his business

Tattooed gang hang-around with career ambitions as “under-world” torpedo abusing cocaine and AAS

Treatment

- Small depot neuroleptic doses avoiding paranoid rage if on cocaine,
- SSRI.
- Deliver urine samples for looking good for social services providing social security checks (makes him not look as a criminal?)

Result

- Reduction of cocaine, no psychotic episodes, less depressed
- No violent psychotic rages, less risk of partner violence

Goal for treatment	Action taken	What's in it for safety and security	What's in it for treatment	What's in it for the PP
Prevent psychotic/paranoid relapses due to cocaine bouts, getting off the AAS	Drug control (urine sampling) Depot neuroleptic SSRI	Less impulsive random violence towards strangers, family and staff at psychiatric admission wards	Better health for the patient: Not being psychotic from cocaine Not being depressed from AAS withdrawal	Keeping a social façade covering real source of income from "torpedo work" Having energy for fulfilling his goals Getting money from social services

Suggestions

- Define acceptable goals for
 - Treatment
 - Security
 - The PPT Patient (often not outspoken)
- Work through stages of treatment
- Define what treatment is acceptable for both therapist and patient
- Evaluate outcomes separately