

*Treating the Untreatable:  
Schema Therapy for  
Psychopaths and Other  
Forensic Personality Disorder  
Patients*



David P. Bernstein, Ph.D.

Department of Clinical Psychological Science,  
Maastricht University  
Forensic Psychiatric Center 'de Rooyse Wissel'  
Expertise Center for Forensic Psychiatry

# Dank u wel!

- Forensic Psychiatric Centers de Rooyse Wissel, van der Hoeven, Oostvaarders, Kijvelanden, Veldzicht, Mesdag, and FPK Assen
- The Netherlands Ministry of Justice
- Expertise Centrum Forensische Psychiatrie
- Wetenschappelijk Onderzoek en Documentatiecentrum
- Faculty of Psychology and Neuroscience, Maastricht University
- And the many patients, therapists, researchers, and other clinical and administrative personnel that are participating in this project!

# Emotionless Psychopaths?

- One psychopathic patient broke down crying at a memorial patient for fellow patients that had died of AIDS. On another occasion, he confessed that he couldn't sleep at night because he worried that his mother might be killed by drug dealers that were after him.
- A psychopathic patient who was convicted of rape became overwhelmed by anxiety in a therapy session. He said that he now realized how terrified he was of women. He had previously had problems with sexual performance.

# Psychopathy: Predominant Views

- Psychopathy is based on heritable callous unemotional traits
  - Highly heritable in childhood (Viding et al., 2005)
  - Deficits in the recognition of fear and sadness (Blair et al., 2001, 2005)
  - Reduced amygdala response (Marsh et al., 2008).
- Psychopaths are untreatable; therapy makes them worse
  - Little empirical support for this view (D'Silva et al., 2004, Salekin, 2002).

# Schema Therapy (ST)



- An integrative form of psychotherapy combining cognitive, behavioral, psychodynamic object relations, and humanistic/existential approaches (Young, Klosko, & Weishaar, 2003).
- Developed as a treatment for personality disorder patients and other longstanding problems.
- Focus on modifying Early Maladaptive Schemas, Maladaptive Coping Responses, and Schema Modes.
- A moderate- to long-term form of psychotherapy.
- Good evidence of effectiveness in (non-forensic) outpatients with Borderline PD (Farrell et al., 2009; Giesen-Bloo et al., 2006; Nadort et al., 2009).

# Schema Modes: Definition

- An emotional state or “part of the self” that temporarily dominates a person’s thoughts, feelings, and behavior
- Schemas = traits, modes = states
- Modes combine Early Maladaptive Schemas and maladaptive coping responses
- In severe personality disorders, Schema Modes are largely dissociated from one another
- Schema Mode “flipping” or switching

# Schema Mode Model for Antisocial Personality Disorder and Psychopathy

## Child Modes:

- Vulnerable Child (Abandoned, Abused, Humiliated)
- Angry Child
- Impulsive Child
- Lonely Child

## Avoidant Modes:

- Detached Protector
- Detached Self-Soother/Self-Stimulator
- Angry Protector

## Over-Compensator Modes:

- Self-Aggrandizer
- Bully and Attack
- Paranoid Over-controller
- Conning/Manipulator
- Predator

*Adapted from Bernstein,  
Arntz, & de Vos, 2007*

# SFT Treatment Methods



- Cognitive techniques – restructures cognitions
- Experiential techniques (e.g., guided imagery and role playing) – reprocesses emotions
- Therapy relationship (“limited re-parenting”) – provides for emotional needs, within limits
- Empathic confrontation – Confronts maladaptive behaviors
- Behavioral techniques – Breaks maladaptive behavior patterns
- Limit setting – Sets limits on destructive behavior



*Effectiveness of Schema Therapy  
versus usual treatment for forensic  
patients with Personality Disorders:  
A 3-year multi-center randomized  
clinical trial and 3-year follow-up*

Funded by the Netherlands Ministry of Justice, the Expertise Center for Forensic Psychiatry, Maastricht University's Faculty of Psychology and Neuroscience, and the 8 participating TBS clinics

# Primary Aims: ST Study

- Test the effectiveness of ST versus TAU in male forensic patients with Antisocial, Borderline, Narcissistic, Paranoid PDs with regard to:
  - PD symptoms (SIDP-IV, SNAP-I)
  - Institutional violence (incidents)
  - Resocialization (authorized leave)
  - Recidivism risk (HCR-20, START)
  - Actual recidivism (arrests, convictions)

# Participating Sites: ST Forensic Project

## Sites enrolling patients since '07:

- de Rooyse Wissel (Venray)
- van der Hoeven
- Oostvaarders

## Sites beginning enrollment in '09-'11:

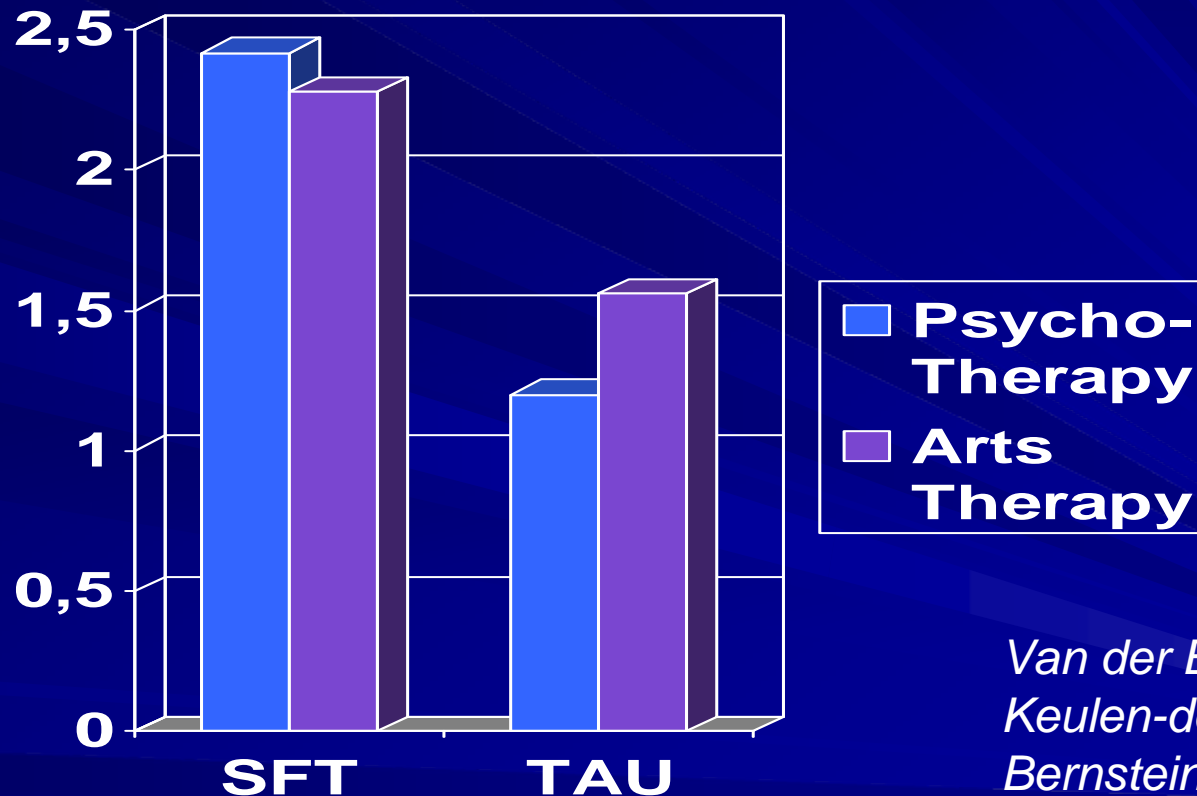
- Kijvelanden
- Veldzicht
- Mesdag
- FPK Assen
- de Rooyse Wissel ('Overmaze')

Total sample size needed = 114 (each site contributing 15-20 patients)

# Patient Enrollment

	<b>Patients enrolled to date</b>	<b>Additional candidates</b>	<b>Final totals</b>
de Rooyse Wissel (Venray)	22	0	22
Van der Hoeven	15	0	15
Oostvaarders	7	0	7
Mesdag	20	0	20
Veldzicht	11	5	11-16
Kijvelanden	12	8	12-20
Assen	9	2	9-11
de Rooyse Wissel (Overmaze)	6	0	6
<b>Total</b>	<b>102</b>	<b>15</b>	<b>102-117</b>

# Vulnerable Child Mode in Psychotherapy and Arts Therapy: ST versus TAU



*Van der Broek,  
Keulen-de Vos, &  
Bernstein, in  
press*

*SFT > TAU,  $z = 1.71$ ,  $p = .09$ ; SFT,  $N = 6$ , TAU,  $N = 4$ .*

# Cost Analysis

- Therapists costs per patient over 3 years
  - Training and supervision = €5.403
  - Salary = €14.989
  - Total costs = €20.392
- Annual cost of TBS stay per patient = €160.000
- Reduced length of stay to recoup full costs of the therapy = 2 months!

# Conclusions

- ST appears to be outperforming TAU with respect to reducing risk, permission to receive leave, and number of days to receive leave.
- ST appears to be especially effective at reducing risk more rapidly in psychopathic patients.
- Patients in ST show more vulnerable emotions, compared to TAU patients.
- ST can pay for itself by reducing length of stay.
- However, these findings are not yet significant, and need to be confirmed in our larger sample.

# What do we need?

- Randomized clinical trials
- Cost-effectiveness studies
- Treatment alternatives
- Experimental studies of change mechanisms
- Optimism, realism, persistence, and humility