Treatment of Psychopathy
The Way Forward
Challenge #1: Nobody cares about it
Schizophrenia

• High prevalence worldwide
  • Lifetime prevalence = 0.5% to 1%
• Early age onset
  • ≥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

<table>
<thead>
<tr>
<th>Deaths Annually</th>
<th>30,000 (0.1%)</th>
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<tbody>
<tr>
<td>DALY Annually</td>
<td>16.8 million (1.1%)</td>
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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

- 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

GaS = P_L \times I_{F,S}
IF 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
Need
Responsivity

Treatment for psychopathy
Treatment of psychopathy
Treatment despite psychopathy
Treatment Targets, 3

• 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
Contact Information

Department of Psychology  
Simon Fraser University  
Burnaby, Canada

Faculty of Psychology  
University of Bergen  
Bergen, Norway

hart@sfu.ca

http://www.sfu.ca/psyc/faculty/hart/