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

2nd Bergen Conference on the Treatment of Psychopathy

Tom Palmstierna
M.D., Ph.D., Ass. Prof.
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?
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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some landmarks

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

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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?”

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**Stages of change**

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Stages of change

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

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

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Preparation: “What with my problems if I try to reduce my substance use?”

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?

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Mueser 2003, Osher 1989
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*Mueser 2003, Osher 1989*
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Motivational issues – again what’s in it for the psychopath?

Goal for therapist  Goal for security  Goal for patient
Establish working alliance
Increase awareness of problems with substance use
Assist patient in reducing substance intake
Maintain awareness of relapse risk

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!

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!

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?
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<td>Reduce alcohol intake</td>
<td>Bio-feedback, Random urine sampling for drugs</td>
<td>Less impulsive random violence</td>
<td>Better health for the patient:</td>
<td>Get’s to stick around his criminal peers without the</td>
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<td></td>
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<td>towards strangers and peers</td>
<td>Less liver damage</td>
<td>police sticking their nose into his business.</td>
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<td>Having driver’s license back</td>
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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
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<td>Prevent psychotic/paranoid relapses due to cocaine bouts, getting off the AAS</td>
<td>Drug control (urine sampling Depot neuroleptic SSRI)</td>
<td>Less impulsive random violence towards strangers, family and staff at psychiatric admission wards</td>
<td>Better health for the patient: Not being psychotic from cocaine Not being depressed from AAS withdrawal</td>
<td>Keeping a social façade covering real source of income from “torpedo work” Having energy for fulfilling his goals Getting money from social services</td>
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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