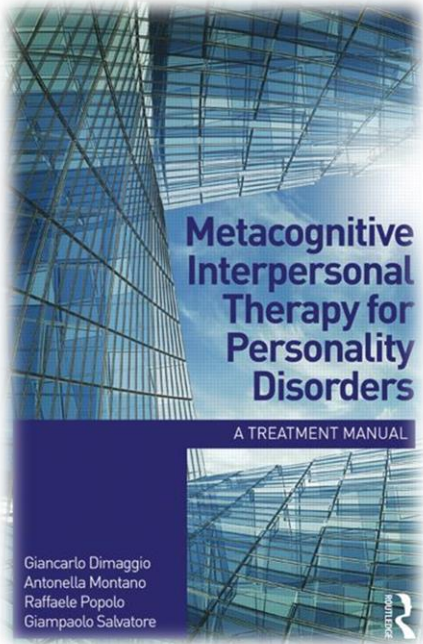


METACOGNITIVE INTERPERSONAL THERAPY FOR DOMESTIC OFFENDERS



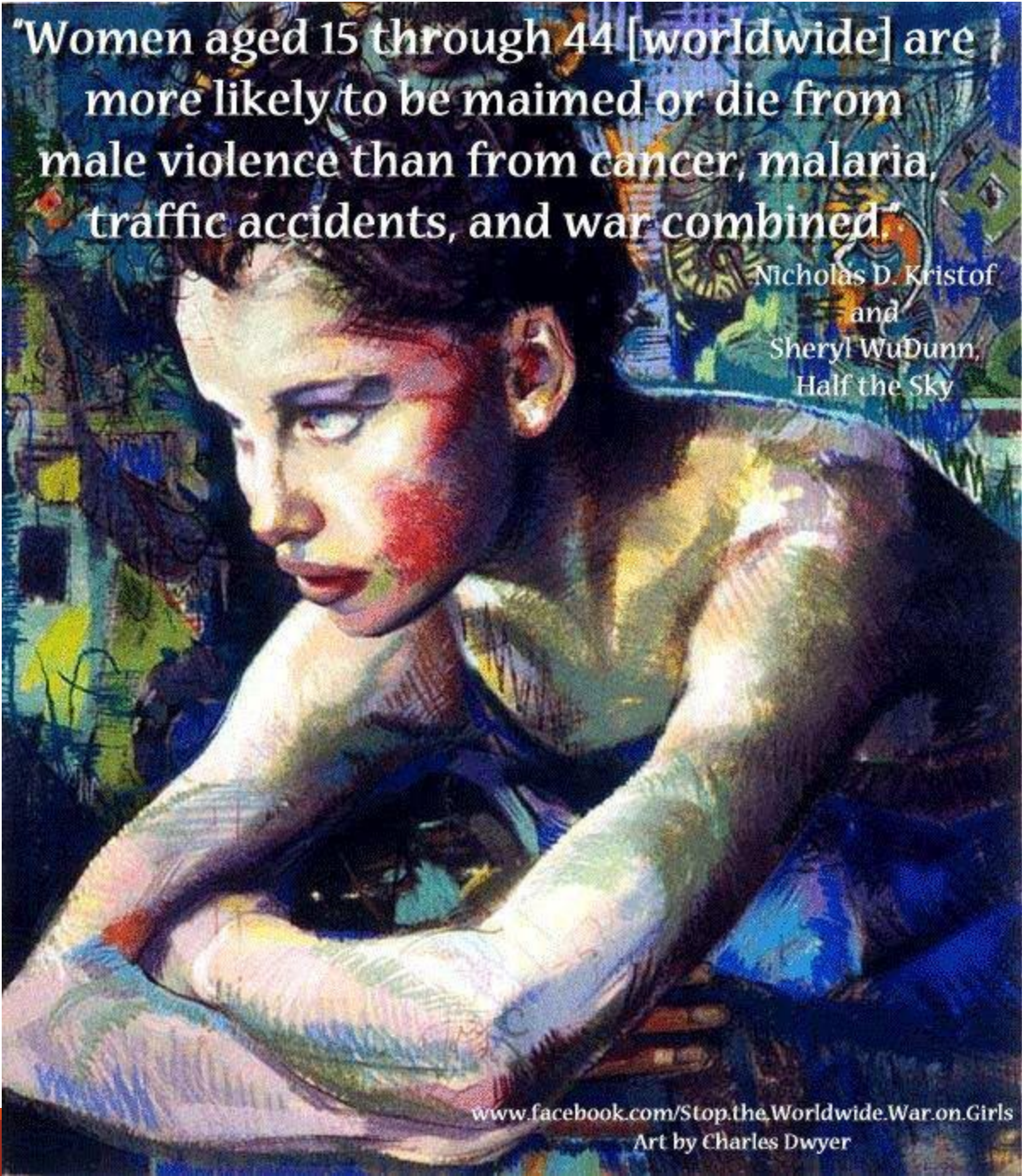
GIANCARLO DIMAGGIO

DAVE MISSO

ROBERT SCHWEITZER

**CENTER FOR METACOGNITIVE
INTERPERSONAL THERAPY**

**www.centrotmi.it
gdimaje@gmail.com**



"Women aged 15 through 44 [worldwide] are
more likely to be maimed or die from
male violence than from cancer, malaria,
traffic accidents, and war combined."

Nicholas D. Kristof
and
Sheryl WuDunn
Half the Sky

www.facebook.com/Stop.the.Worldwide.War.on.Girls

Art by Charles Dwyer



Advertising Glorifying Violence Against Women



Norwegian Data

21% of women and 8% of men report some sort of unwanted sexual contact before they turned 18. About 41% of women and 30% of men report having had problems with stalking at least once in their life.

Women Are More Likely Than Men To Be Killed By Intimate Partners

Percent of total female and total male homicide victims killed by an intimate partner of the opposite sex, 2003-2012



Challenging the Stereotype

Harvard Study Demonstrates that The MAJORITY (70%) of Domestic Violence is Instigated by a WOMAN

**A man is severely assaulted
by his wife/girlfriend every
14.6 SECONDS**



Advertising – Campaign Against Women as Objects



Domestic Violence (DV) is Widespread with Significant Adverse Impact

DV occurs in the privacy of people's homes often committed by men against women.

Australia (Total population 24 million)

- Under **half a million** Australian women experienced physical or sexual violence or sexual assault in the past 12 months.
- More than **a million women** experience physical or sexual assault by their male current or ex-partner (2005 figures)

DV Impacts Women

- 37.8% - the perpetrator was a **current or previous male partner**
- 34.4% - perpetrator a **male family member or friend**.
- 64% of women who experienced **physical assault** did not report it to police.
- 81.1% of women who experienced **sexual assault** still did not report it to police.

Perpetrators of Violence need Treatment in order to Prevent Recidivism

Current results are mixed

Comprehensive review of group treatment programs for perpetrators:

No evidence of effectiveness
compared to a no-treatment
control group.

No evidence to support one
form of traditional intervention
over another.

Problems with the prevailing format (e.g. Duluth Model) and philosophy underpinning current methodologies (Eckhardt et al., 2013).

Consideration should be given to **individual differences, vulnerabilities** for the purposes of treatment planning.

Crane and Eckhardt, 2013

New generation of therapies

Strength at home

Motivational interviewing

Learning to forgive

Mentalization Based Treatment

Schema-Therapy

CBT

Outcomes are improving

Attrition rates remaining significant (37% for domestic offenders)

- Individual and dyadic violent behaviour are highly variable and that such variability may provide insight into levels of pretreatment change (Holtzworth-Munroe and Stuart, 1994; Archer, 2002).
- Greater male violence associated with greater readiness to change among males who reported female partners perpetrated low levels of violence.
- Greater female violence was associated with lower readiness to change only among the most violent male offenders.

- The most violent offenders may be the most resistant to partner violence intervention efforts, particularly when **they perceive themselves to be victims as well.**
- Enhanced motivational and couples programming may facilitate treatment engagement among high-risk male offenders who report concordant relationship violence.

*Note: **SELF AS VICTIM!!!***

Psychotherapy needs to consider the presence of Personality Disorders

Section III alternative model of personality disorder and IPV

Male (N = 1,106) and female (N = 1,338) college students.

Self and partner perpetration of Relationship Violence


Detachment positively associated with relationship violence.

Antagonism uniquely associated with relationship violence for women.

Disinhibition was uniquely associated with relationship violence for men.

Overall, DSM 5 pathological personality traits associated with IPV both men and women.

Dowgwillo et al., 2016

- **Borderline PD** is associated with **Interpersonal Violence (IPV)**
- Negative urgency (impulsive behavior in response to intense, negative emotions) may explain the specific **association** between **BPD** and **intimate partner violence**.
- BPD associated with general **violence behaviors** and **IPV**
- Negative urgency  **IPV**

Personality Disorders and DV

- Being younger, having an alcohol use disorder, a **personality disorder**, low levels of social support, and low income were associated with perpetration of IPV
- All **personality disorders** were significantly more common among perpetrators, with the highest odds reported for **dependent, borderline, and schizotypal personality** disorder
- **Borderline, histrionic, narcissistic, and dependent** PD also increased the odds of perpetration

Okuda et al., 2015

Each partner's **personality traits** may influence the other's behavior (Hines, 2008).

Borderline personality organization (BPO) in both partners and IPV

109 couples


Men's level of BPO traits associated with **more IPV** toward and more victimization by their partners.

Women's level of BPO traits was associated with their victimization only.

Maneta et al., 2013

**Target Aspects of PD Psychopathology which
Maximize the odds to address the person's problems
and so dismantle the antecedents of violent behavior.**

Proposed Targets



IMPAIRED METACOGNITION, i.e. the
capacity to reflect on own mental
states, the states of the others and to
use psychological knowledge in order to
deal with interpersonal difficulties

**MALADAPTIVE INTERPERSONAL
SCHEMAS**

METACOGNITION

A series of processes that allow people **to recognize and think about** their own **mental states** and those of the others

Semerari et al., 2003; Dimaggio & Lysaker, 2010

Reflecting about mental states e.g. as grasping cause–effect connections between relational events, beliefs, emotions, and behaviors

Recognize that one's **own beliefs are subjective** and that what happens among humans may be seen differently when one looks at thing from a different angle.

Mastery: using of knowledge on mental states for purposeful problem solving and for forming and sustaining healthy relationship and fulfilling personal wishes

Carcione et al., 2011

Metacognition and Aggression

High arousal states  ASPD tend to fail in understanding their own mental states

RELEVANCE OF POOR UNDERSTANDING OF SELF STATES

Disturbing bodily sensations elicited by others, a sense of threat and humiliation or shame is likely activated



The world is perceived as hostile and malevolent



Violent reactions likely to occur

Velotti, Garofalo, D'Aguanno, Petrocchi, Popolo, Salvatore & Dimaggio, 2016

Comprehensive Psychiatry

When ASPD feel that their self-worth is threatened



Emotional inability to think about their feelings makes this sensation impossible to be regulated

“Some offenders could be better treated not helping them stimulating to focus on their victims’ states of mind, but by making them more aware of what they feel and think and why their inner experiences lead to aggression”



Physical or psychological aggression may become the only strategies they think can be effective.

Under the menace of abandonment or humiliation

ASPD  insulting or threatening the partner is a meaningful solution to protect himself from these painful feelings

- Mindfulness deficits associated with ASPD traits in an offender sample
- **Mindfulness interacted with aggression in predicting ASPD.**
- Low mindfulness no association between self-reported aggressive tendencies and ASPD.



With no ability to reflect upon and regulate self-states aggression likely comes as a **reaction to interpersonal stressors**

When mindfulness is high aggression is relevant



likely because of innate tendencies or interpersonal schemas formed in early developmental phases



Different treatment needs



Possibly the one with the mindfulness deficit are more amenable to therapeutic change

Velotti, Garofalo, D'Aguanno, Petrocchi, Popolo, Salvatore & Dimaggio, 2016

Substance abuse: Alexithymia associated to levels of psychopathy

Psychosis

Impaired metacognition mediates the relation between psychopathy and aggression.

Relatively intact metacognitive skills in the cognitive domain, and impaired emotional metacognitive abilities related to psychopathy and aggression (Bo et al., 2014)

Trend levels of poorer metacognitive mastery in presence vs absence of history of violence (Mitchell et al., 2012)

Schizophrenia and a history of criminal behavior, poor metacognition is related to poor social functioning (Bo et al., 2015)

Poor understanding of the States of the Others is Relevant

“Antisocial behaviour and violence tend to occur when an understanding of others’ mental states is... compromised (fragile) and prone to being lost when the attachment system is activated by perceived threats to self-esteem, such as interpersonal rejection or disrespect... Normally, mentalizing (i.e. envisioning the subjective state of the victim) precludes violence... this means that individuals with vulnerable mentalizing capacities can be behaviourally volatile in moments of interpersonal stress. Supporting the capacity to identify others’ emotions and intentions may not only assist social functioning but also reduce the risk of antisocial behaviour.” Bateman et al., 2016

Intimate Partner Violence (IPV)



Low Emotional Intelligence

Trauma-exposed IPV offenders may benefit from comprehensive treatments focusing on PTSD symptoms, emotional control and **reasoning on emotion** skills to reduce aggression.

Swopes et al., 2013

General Emotion Recognition Impairment

Deficits in the recognition of basic emotions such as sadness, fear, disgust, anger.

Subtle impairments in “more complex” theory of mind tasks (faux pas)

Deficits in social cognition in general and the capacity to link mental states to behaviour in particular: antisocial behaviour

Some with ASPD: blend of perspective-taking problems and difficulty in reading others' mental states

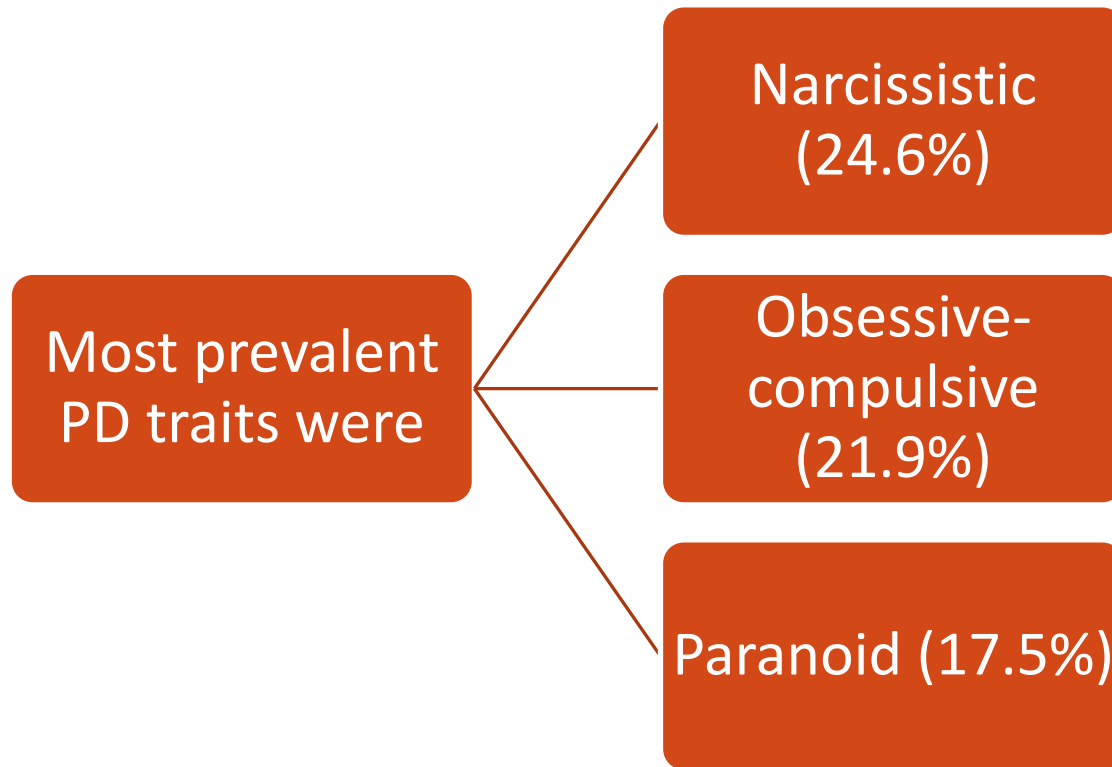
- Offenders have difficulties making accurate inferences about what others are feeling and have a particular tendency to hypomentalize
- An ASPD subgroup greater difficulty with any kind of mentalizing
- Offenders underestimate others' feelings and intentions and are weaker at taking another's perspective and determining their mental state

Newbury-Helps et al., 2016

Interpersonal Schemas

Maladaptive schemas

Personality disorders (PDs) are highly prevalent among perpetrators of intimate partner violence (IPV)



Narcissistic PD traits



Schemas of **impaired limits** domain and were **negatively associated with the other-directedness domain**

Paranoid PD traits



Associated with **disconnection and rejection** and **impaired autonomy and performance**

Borderline and
Antisocial PD traits



Associated with the **disconnection and rejection** and **impaired limits**

Corral & Calvete 2014

Negative self-schemas

Negative self-schemas and partner attachments related to the experience and expression of anger

Male batterers court-mandated group services.

Male batterers who experienced **pervasive anger** tended to experience negative self-schemas **Impaired Limits** domain (respecting the rights of others, insufficient self-control, entitlement).

Male batterers who tended to suppress their anger tended to **feel avoidantly attached** to their romantic partner

Endorsed negative self-schemas associated with the Disconnection and Rejection domain (abandonment, emotional deprivation, defectiveness/shame)

McKee et al., 2012

THE RELATIONAL CONTEXT OF AGGRESSION IN BPD

Overt aggressive behavior and enjoyment of intimidation, hostility, and aggression



Relationship anxiety

Negative expectations about the response of the others



Aggressive **reactivity**

More antisocial forms of aggression associated with more positive views of the self and negative views of others associated with a dismissive attachment style

Chritchfield et al 2008

TYPICAL INTERPERSONAL SCHEMA 1

- **Wish:** To be accepted (social rank motive)
- **If... then... procedure:** If I will show my abilities then
- **Response of Other:** Subjugate/Attack
- **Response of the Self 1:** Humiliation, Shame, Inferiority. Self image as unworthy confirmed
- **Response of the Self 2:** Anger. Reactive aggression in order to defend self-worth



TYPICAL INTERPERSONAL SCHEMA 2

- **Wish:** To be loved (*attachment*)
- **If... then... procedure:** If I display my feelings...
- **Response of the Other 1:** Neglect/Abuse
- **Response of the Self 1:** Loneliness/Fear/Shame
- **Response of the Self 2:** Anger. Resorts to fight/flight



METACOGNITIVE INTERPERSONAL THERAPY

- Centrality to the concept of interpersonal schema
- CCRT-based case formulation (Luborsky & Crits-Christoph)
- Ongoing focus on the therapy relationship.
- Preventing, managing, negotiating, repairing alliance ruptures (Safran & Segal, 1990; Safran & Muran, 2000)

METACOGNITIVE INTERPERSONAL THERAPY

Theory of human motivation based on evolutionary concepts. Humans driven by:

- Attachment
- Caregiving
- Social Rank/Antagonism
- Sexuality
- Peer Cooperation
- Group inclusion
- Self-esteem
- Autonomy/Exploration (Gilbert, 1989, 2005; Lichtenberg, 1992; Paanksep, 1998)



METACOGNITION

The set of skills necessary for:

- identifying mental states and ascribing them to oneself and others on the basis of facial expressions, somatic states, behaviour and actions
- reflecting on and reasoning about mental states
- using information about mental states to decide, solve problems or psychological and interpersonal conflicts, and master subjective suffering.



The awareness of being an individual distinct from others and experiencing self-generated thoughts and emotions, thus thinking of oneself as an intentional agent.

The awareness that others can influence one's own thoughts and affect through advices, dialogue or behavior, and thus of being in relation with others, but that others cannot dictate one's own ideas and affects, or insert them in one's own mind.



- Identifying mental states and cognitive and affective processes. For example: identifying one's own emotional state or perceiving that one's actions are driven by a need, desire or intention; evaluating correctly one's memory (e.g. when one has really learnt a poem well); deducing others' emotions or intentions from facial expressions or behaviour;



- Reflecting on, reasoning about and processing mental states; grasping the links between mental events and behaviour, pinpointing similarities in one's reactions to events
- Distinguishing the subjectivity of one's own point of view from external reality, distinguishing between different categories of representation (perceptions, memories, dreams, fantasies, etc.) and handling them correctly
- Constructing coherent narratives to explain variations in mental states over time and making sense of any contradictions;



Using psychological knowledge purposefully and intentionally to adjust action plans and modify plans and strategies as necessary when events and contexts evolve; managing psychological problems and settling conflicts, putting together strategies consistent with one's goals and mastering subjective suffering.



METACOGNITIVE INTERPERSONAL THERAPY FOR DOMESTIC OFFENDERS

KEY PRINCIPLES

Aggression and anger as the **MAIN FOCUS**

Aggression and anger NOT the **MAIN
TARGET**

Make the person aware that aggression is a problem.

Focus the episodes on tendencies to attack or to actual aggressive behavior



METACOGNITIVE INTERPERSONAL THERAPY FOR DOMESTIC OFFENDERS

KEY PRINCIPLES

- **Seek for antecedents of aggressive behavior.**
- **Antecedents are the target**
- **Theory of mind and Empathy for the victim are later goals**
- **Only need to early understand that aggression has a negative impact on self's goal (e.g. having a stable relationship)**

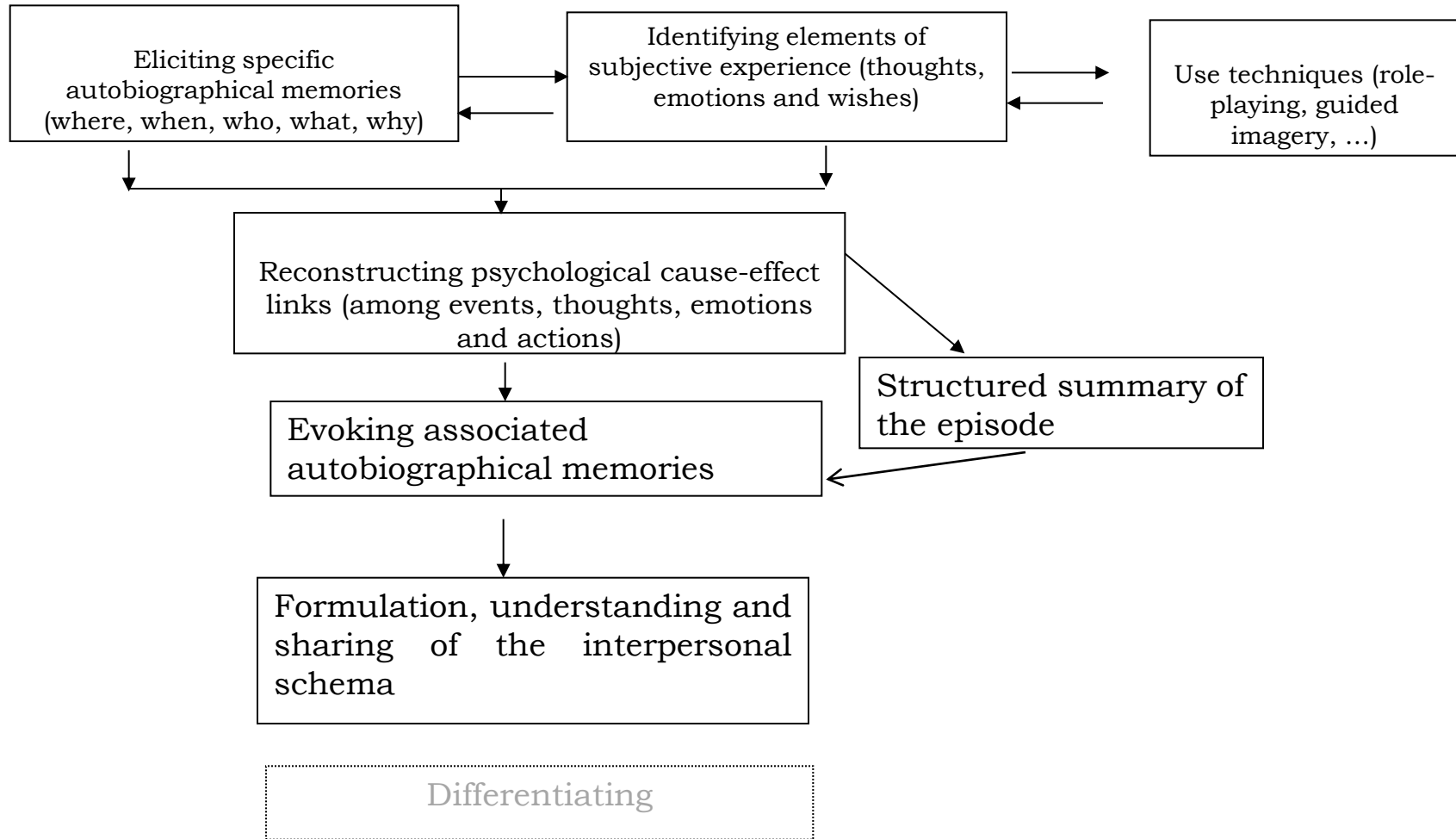


MIT IS A VERY SIMPLE MODEL!!!

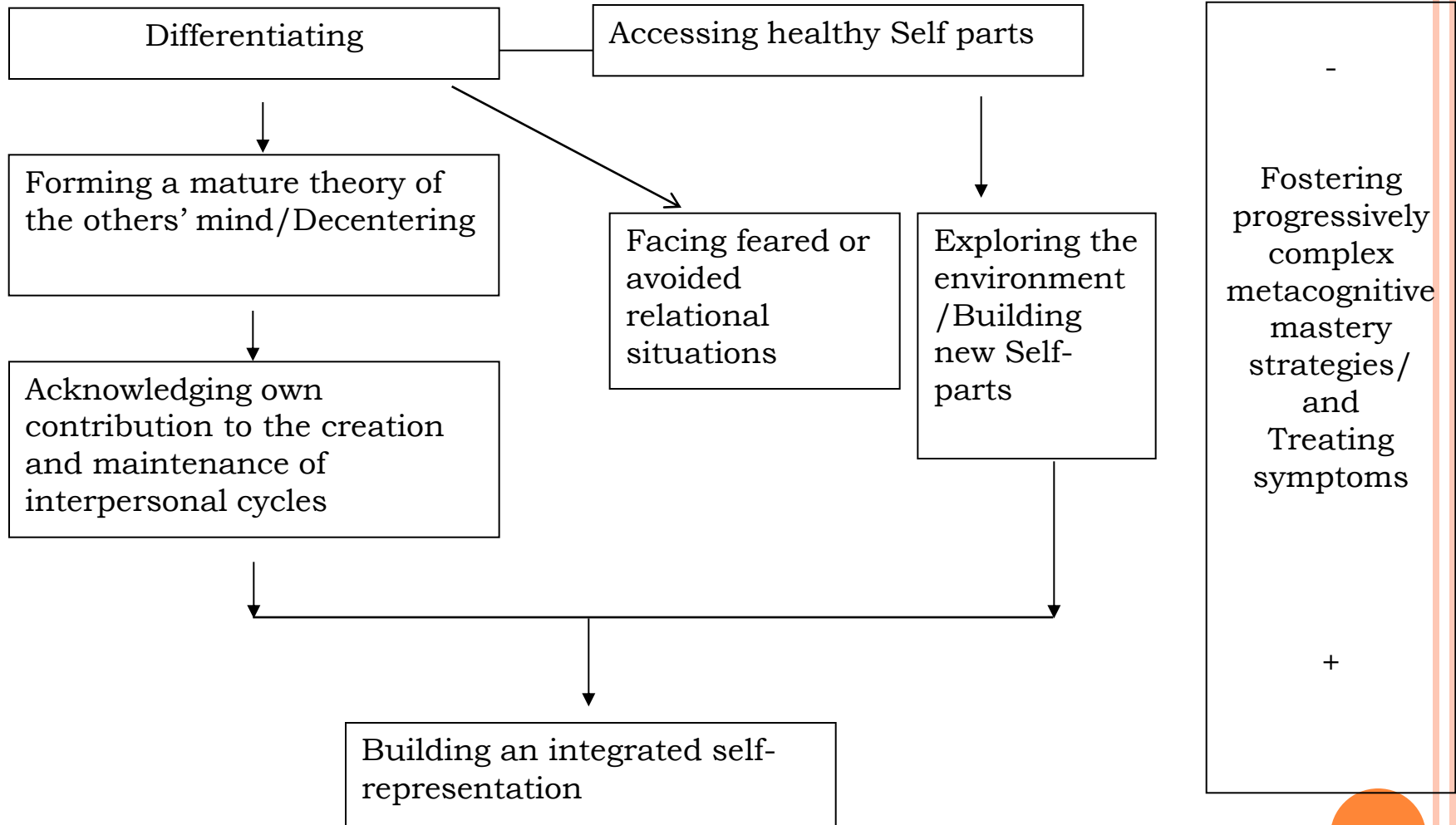
- In order to be learnt...
- And change forever your patients' life...
- For the better...
- ...
- ...
- ...
- It just requires...



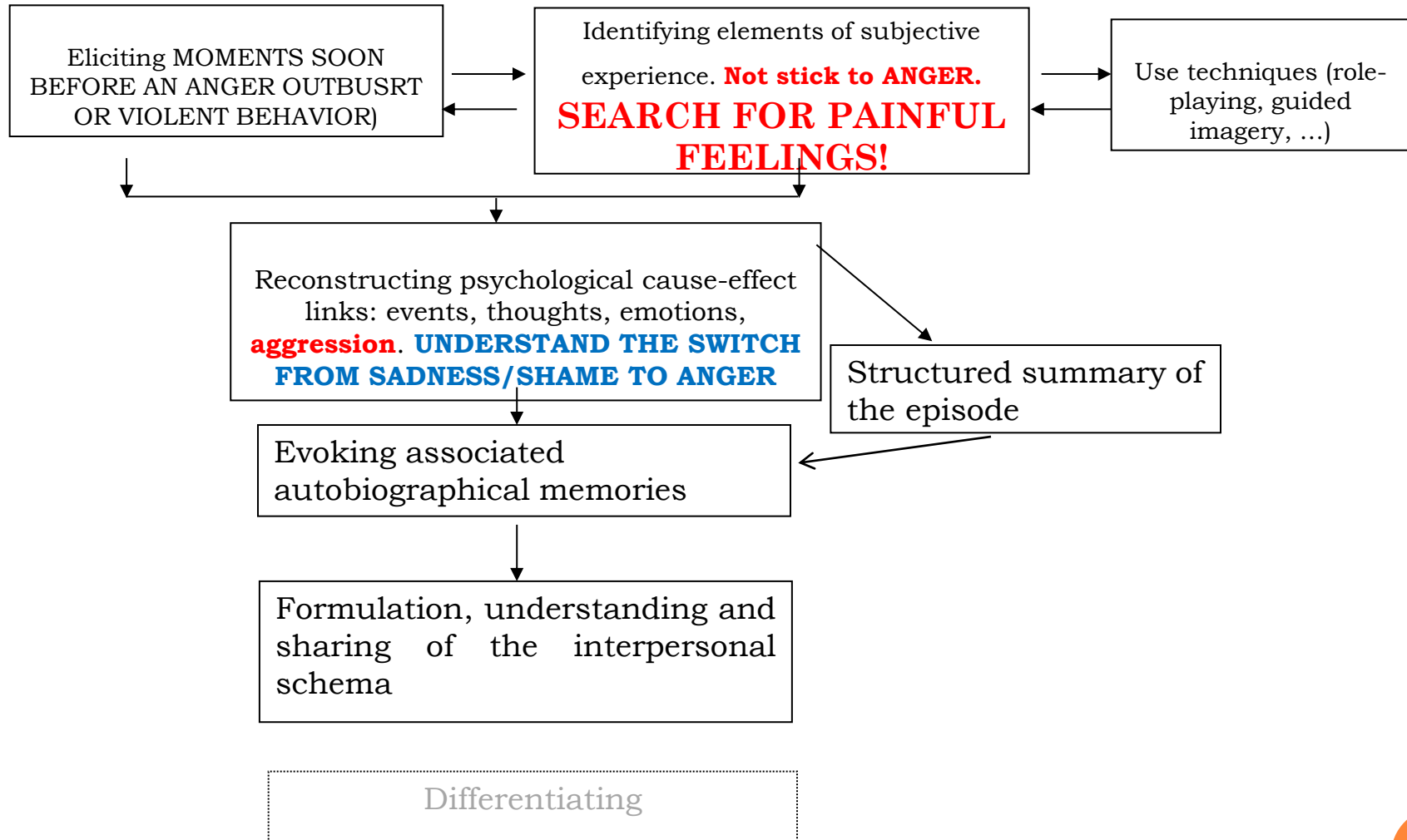
SHARED FORMULATION OF FUNCTIONING



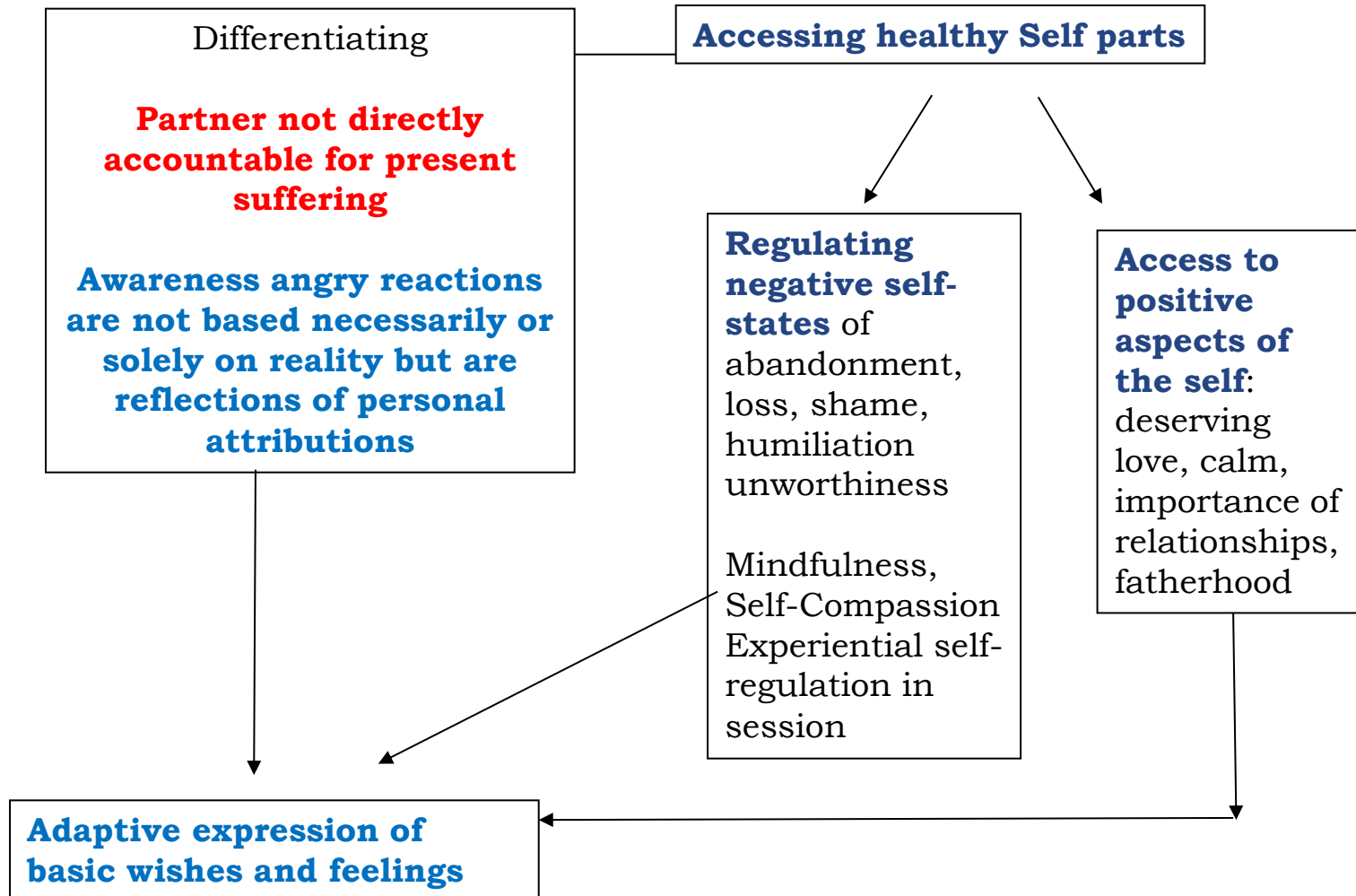
CHANGE PROMOTING



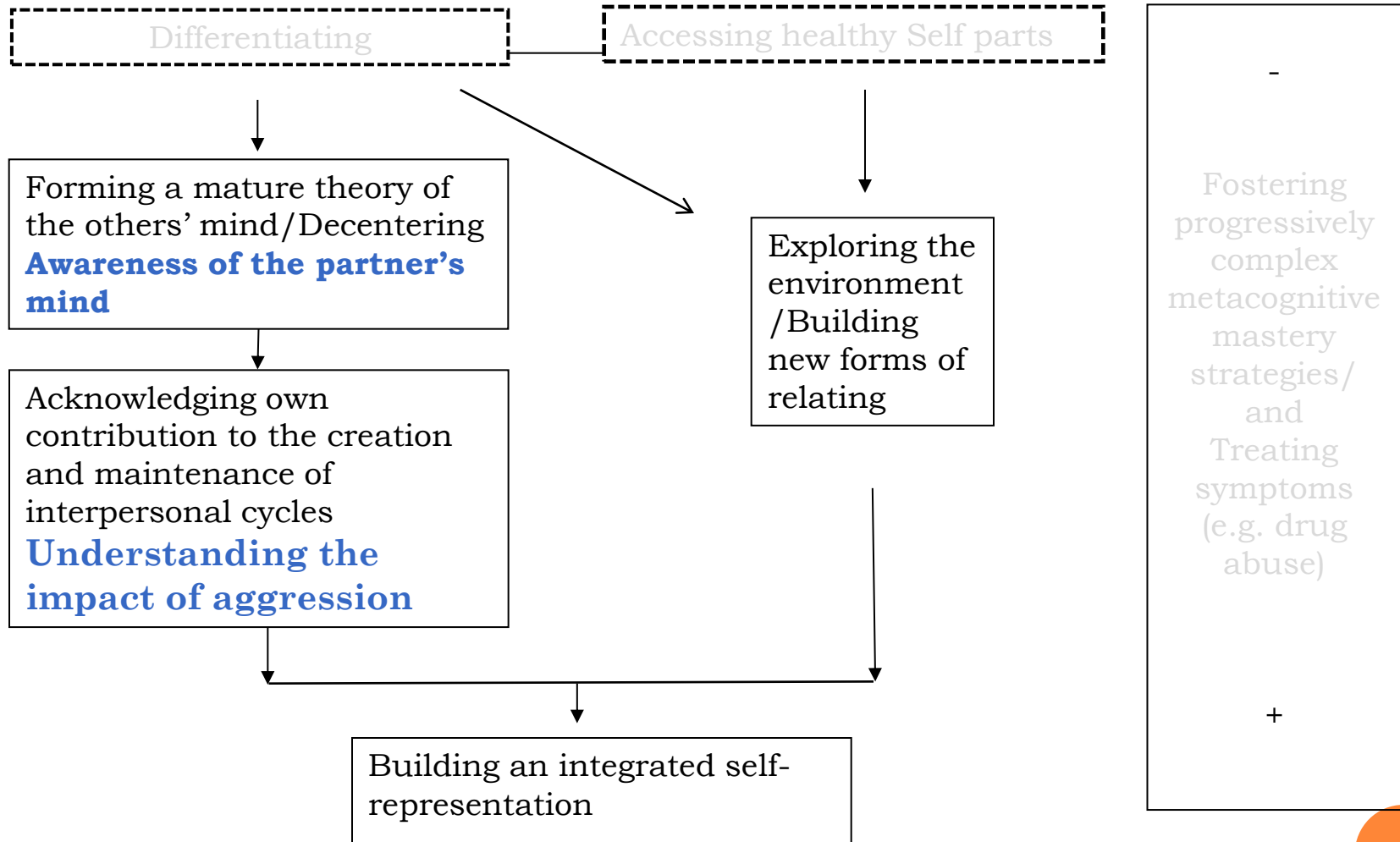
SHARED FORMULATION OF FUNCTIONING



CHANGE PROMOTING



CHANGE PROMOTING



REGULATION OF THE THERAPY RELATIONSHIP



