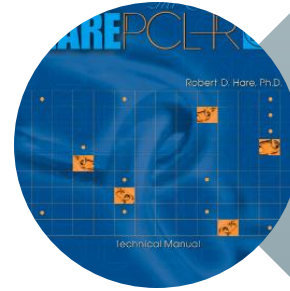




WHAT IF ...YOUR INTIMATE PARTNER HAS A PSYCHOPATHIC PERSONALITY?

Prof. Kasia Uzieblo
(VUB, The Forensic Care Specialists)
FJC 2023

OP DE PLANNING



Psychopathy:
An introduction



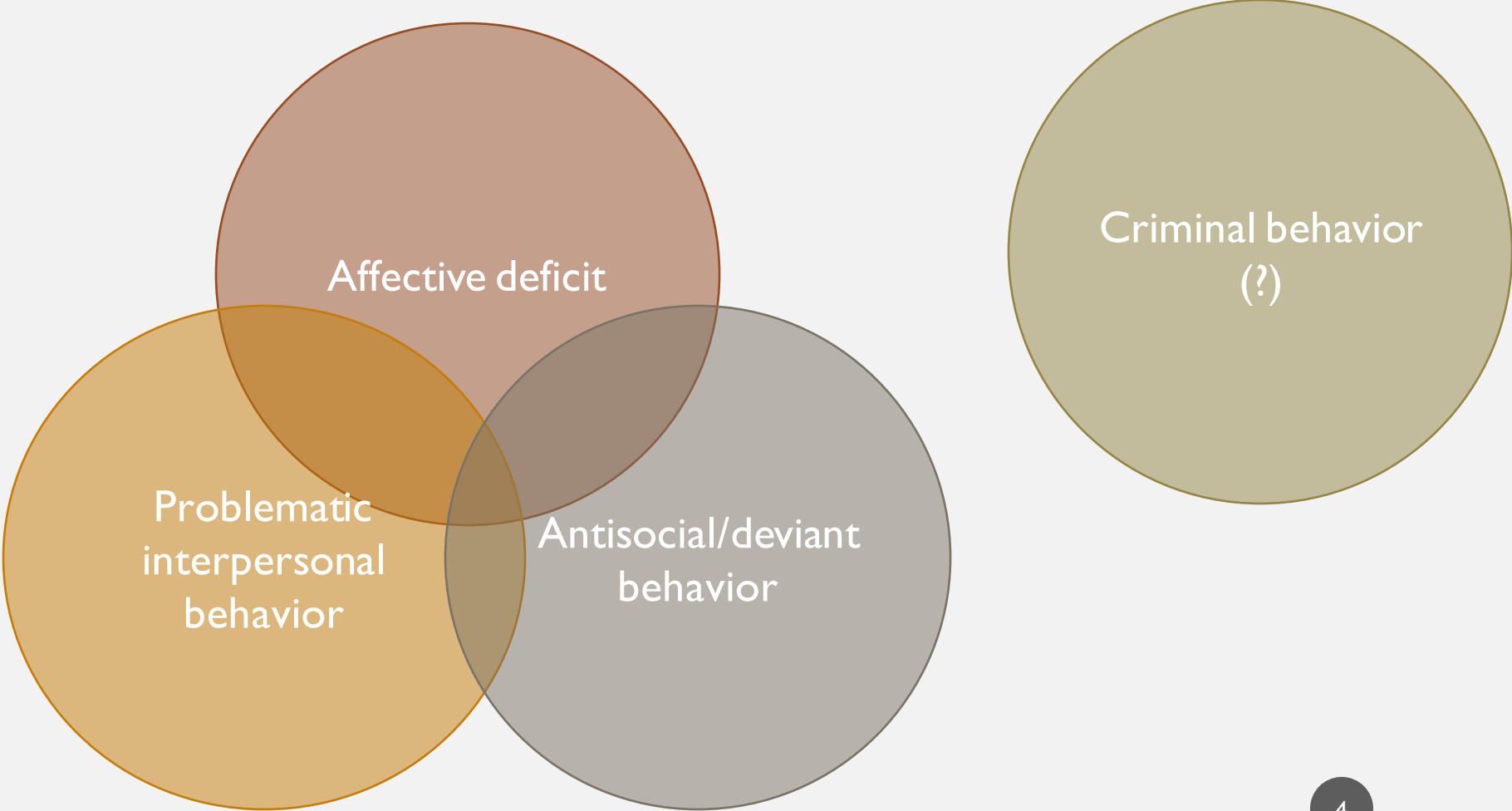
Psychopathy in
relationships



What's next?

PSYCHOPATHY: AN INTRODUCTION

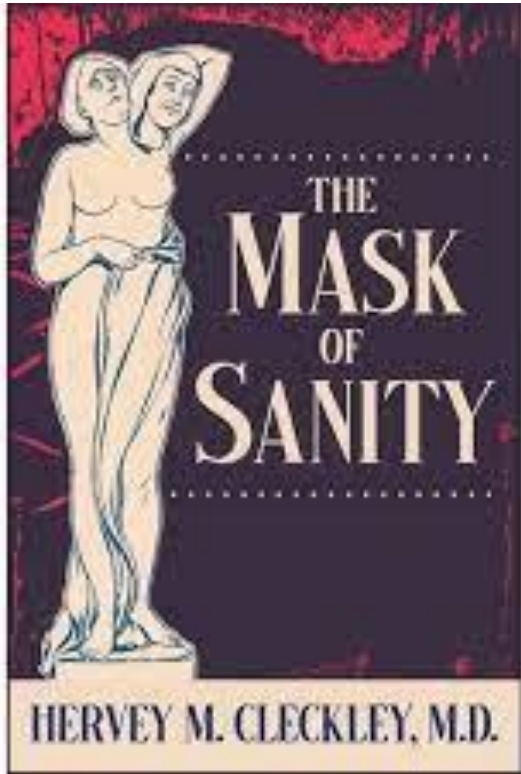
CORE PROBLEMS



(Cleckley, 1976;Cooke & Michie, 2001;Hare & Neumann,2010)



IDENTIFYING PSYCHOPATHY



MASK OF
SANITY





HARE PSYCHOPATHY CHECKLIST-REVISED (PCL-R)

- A clinical tool: 20 items
 - File / collateral information
 - Semi-structured interview
- Psychopathy is characterized by
 - Deviant emotional processing
 - Deviant social interactions with others
 - Deviant behavior incl. antisocial behavior

HARE PSYCHOPATHY CHECKLIST-REVISED

Facet 1: Interpersonal

- Glibness/superficial charm
- Grandiose sense of self-worth
- Pathological lying
- Conning/manipulative

Facet 3: Lifestyle

- Impulsivity
- Need of stimulation/proneness to boredom
- Parasitic lifestyle
- Lack of realistic, long-term goals
- Irresponsibility

Facet 2: Affect

- Lack of remorse or guilt
- Emotionally shallow
- Callous/lack of empathy
- Failure to accept responsibility for own actions

Facet 4: Antisocial

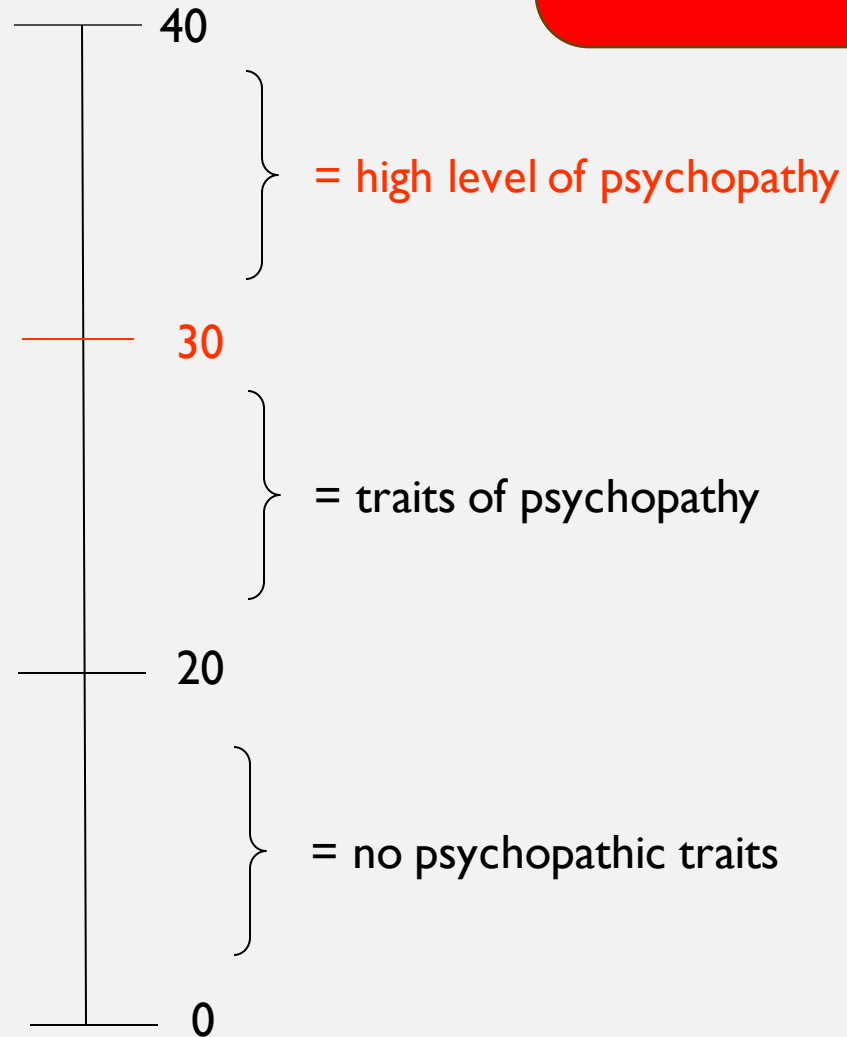
- Poor behavioural control
- Early behavioural problems
- Juvenile delinquency
- Revocations of conditional release
- Criminal versatility

Other items

- Promiscuous sexual behavior
- Many short-term marital relationships

HARE PSYCHOPATHY CHECKLI

Different subtypes/manifestations!



HOW COMMON IS IT?

- Dependent on assessment tool, cut-off, population, ...

Forensic patients

- **20.8%** (de Vogel et al., 2016)

Prisoners

- **7.7%** in England & Wales (Coid et al., 2009)
- **27.8%** prisoners who committed a homicide (Fox & DeLisi, 2019)

General population

- **0.6%** (Coid et al., 2009)
- **1.2%** (Sanz-Garcia et al., 2021)



WHAT ABOUT WOMEN?



EN WAT MET VROUWEN?

- Dependent on gender

Forensic patients

- 20.8% ♂ vs. 3% ♀ (de Vogel et al., 2016)

Prisoners

- 7.7% ♂ vs. 1.9% ♀ in England & Wales (Coid et al., 2009)
- 15.7 ♂ vs. 10.3% ♀ in norm groups (Nicholls et al., 2005; Guay et al., 2018)

General population

- 7.9% ♂ vs 2.9% ♀ (Sanz-Garcia et al., 2021)



PSYCHOPATHY IN WOMEN

- Many similarities to psychopathic ♂:

including, first conviction at young age, multiple convictions, more likely to be unemployed, more likely to grow up without biological parents, more likely to be diagnosed with ASPD, more likely to drop out of treatment, manipulative behavior, ...

- Differences with regard to psychopathic ♂:

including, first conviction at older age, fewer prior convictions, more often diagnosed with borderline personality disorder, PCL-R not/less predictive of violent incidents, more often acting from relational motives, more often (short-term) intimate relationships,

...

LINK WITH OTHER PERSONALITY DISORDERS?

“The diagnostic subgroupings of psychiatry seldom have sharp and definite limits. Some are words than others in this respect. Worst of all is psychopathic personality, which its wavering outlines.”

(Lewis, 1974)

LINK WITH OTHER PERSONALITY DISORDERS?

Antisocial pd

- Difficulty conforming to social norms & rules (criminality)
- Focus on antisocial behavior
- APSD > psychopathy

Narcissistic pd

- A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, entitlement, and lack of empathy

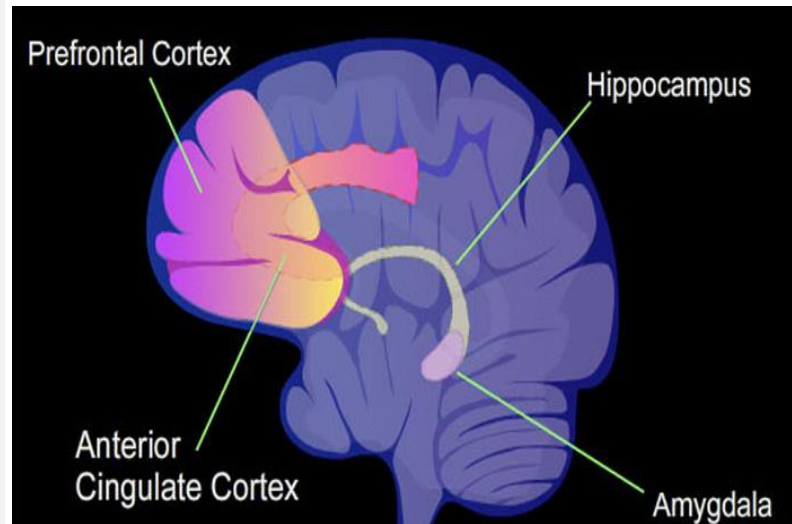
Borderline pd

- A pervasive pattern of instability in terms of relationships, self-image & affect, characterized by impulsivity

Histrionic pd

- A pervasive pattern of excessive emotionality and attention seeking

HOW DOES IT DEVELOP?



PSYCHOPATHY WITHIN RELATIONSHIPS

IMPACT ON RELATIONSHIP

- Less intimacy, less passion, less devotion (Guerrero-Molina et al., 2023)
- Greater distrust, jealousy and possessiveness (Brazil et al., 2023; Harris et al., 2011)
- Insecure attachment style toward intimate partner (Brewer et al., 2018)
- Infidelity and short-term relationships (Jonason et al., 2009; Jones & Weiser, 2014; Kirkman, 2005)

PSYCHOPATHY & INTIMATE PARTNER VIOLENCE

- Associations:
 - IPV (Robertson et al., 2020)
 - Sexual coercion within the relationship (Brazil et al., 2023)
 - Both instrumental AND reactive violence (Blais et al., 2014)
 - Both in men and women (Okana et al., 2016)
 - Small to moderate effect sizes (Fernandez-Suarez et al., 2018)
- Prevalence:
 - 10% - 30% of IPV perpetrators (Huss & Langhinrichsen-Rohling, 2000)
 - 3% among perpetrators of femicide (Santos-Hermoso et al., 2022)
- Psychopathy more often present in:
 - IPV + other forms of violence > only IPV (Fernandez-Suarez et al., 2018)
 - Various forms of IPV (Humeny et al., 2021)



HOW TO EXPLAIN?

Affective deficits

- They do not experience emotions in the same way
- Empathy deficits (Rijnders et al., 2021)
- View neutral and positive emotions as provocative (Buades-Rotger et al., 2023)
- Anger (Fernandez-Suarez et al., 2018)
- Sadistic motivation (behavioural and/or 'schadenfreude') (Porter et al., 2006)

...

Attentional deficits

- Less attention to side issues or more subtle signals (e.g. emotions)
- Difficulty to adjust one's own behavior and change course

...



HOW TO EXPLAIN?

Behavioural problems

- Impulsivity and poor self-control as driving factors (Fernandez-Suarez et al., 2018; Sica et al., 2023)
- Sensation-seeking motivation (Porter et al., 2006)
- IPV as part of an antisocial behavioural pattern (Facet 4!)
- ...

Developmental problems

- Self-experienced trauma (Robertson et al., 2020)
- Attachment problems (Christian et al., 2017)
- ...

YET A
COMPLEX
DYNAMIC

Article

When the Partner's Reality Bites: Associations Between Self- and Partner Ratings of Psychopathic Traits, Relationship Quality and Conflict Tactics

**Kasia Uzieblo^{1,2} , Mieke Decuyper³,
Patricia Bijttebier⁴, and Lesley Verhofstadt⁵**

International Journal of
Offender Therapy and
Comparative Criminology
2022, Vol. 66(15) 1659–1681

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YET A
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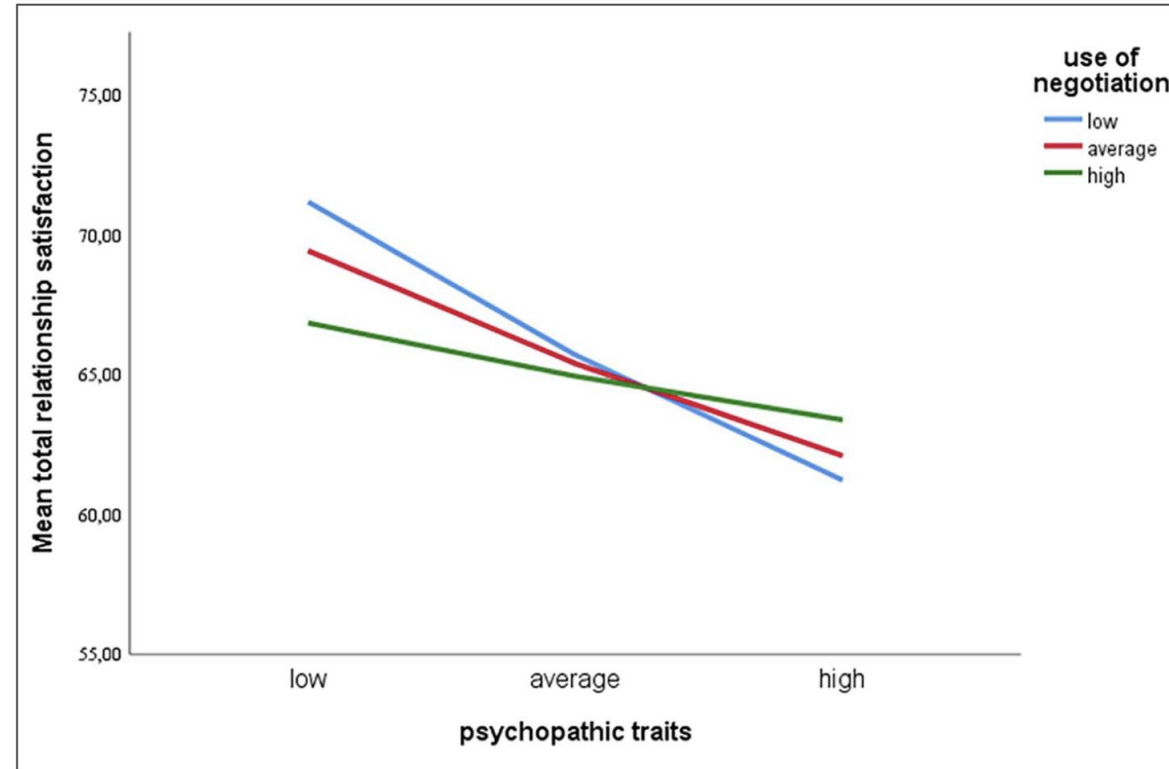


Figure 1. Total relationship quality by female-rated psychopathic traits in the male partner by use of negotiation.

YET A COMPLEX DYNAMIC

Table 7. Multiple Linear Regression Analyses for Psychopath Severity, Types of Abuse, and Polyvictimization Predicting PTSD and Depression.

	<i>B</i>	<i>SE (B)</i>	95% CI	β	<i>p</i>
PTSD					
Intercept	3.70	0.794	[2.14, 5.26]		<.001
SRP-III	0.01	0.004	[0.002, 0.02]	.19	.001
Physical abuse	-0.32	0.28	[-0.87, 0.23]	-.07	.26
Sexual abuse	-0.01	0.28	[-0.56, 0.54]	-.001	.98
Polyvictimization	0.30	0.12	[0.06, 0.54]	.19	.02
Depression					
Intercept	5.24	4.92	[-4.40, 14.88]		.29
SRP-III	0.04	0.03	[-0.02, 0.10]	.10	.10
Physical abuse	-2.47	1.75	[-5.90, 0.96]	-.10	.16
Sexual abuse	-1.24	1.71	[-4.59, 2.11]	-.05	.47
Polyvictimization	1.94	0.75	[0.47, 3.41]	.21	.01

Note. CI = confidence interval for *B*. SRP-III = Self-Report Psychopathy Scale (Paulhus et al., 2016).

WHAT'S NEXT?

RISK ASSESSMENT

A hand holding a pen pointing at a target. The hand is yellow and green, and the pen is yellow and green. The target is a dartboard with concentric circles and numbers 1 through 5. The pen is pointing at the center of the target.

PCL-R AS RISK ASSESSMENT TOOL?

- Predictive value? (e.g., DeMatteo & Olver, 2022)
 - PCL-R total scores only moderate predictor of recidivism
 - moderate predictor* of general recidivism, violent recidivism, recidivism in IPV, institutional misconduct
 - weak/no predictor of sexual recidivism*
 - Antisocial lifestyle (F3 & 4) = stronger predictor
 - Estimates better in short term (e.g., Olver & Wong, 2015)
 - Not the best predictive validity (e.g., Singh et al., 2011)
- Recommendation: Psychopathy as part of broader risk assessment (not solo)

PCL-R AS RISK ASSESSMENT TOOL?

- Added value in risk assessment?
- Risk of ‘double-dipping’ & unwarranted ‘overrides’
“...including constructs correlated with existing STATIC-99R items (e.g., pedophilia, psychopathy, high victim count, large number of instances of sexual offending) as a justification for an override, typically to higher risk. It is likely **that overrides tend to degrade accuracy in part because evaluators overweigh a single piece of information** (e.g. psychopathy) relative to a risk scale that considers numerous risk factors already, likely correlated with the external factor.” (Helmus et al., 2022, p. 319)



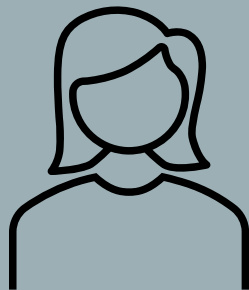
INAPPROPRIATE USE OF THE PCL-R

“Also inappropriate would be to use the PCL-R as a standalone tool to evaluate risk or dangerousness, to use it only with a static measure, or to argue on the basis of a PCL-R score that an individual will inevitably reoffend violently or in any other category.”

(DeMatteo & Olver, 2022, p. 237)

TREATMENT

THE UNTREATABLE



Law and Human Behavior, Vol. 16, No. 4, 1992

An Evaluation of a Maximum Security Therapeutic Community for Psychopaths and Other Mentally Disordered Offenders*

**Marnie E. Rice, Grant T. Harris, and
Catherine A. Cormier†**

Psychopaths present serious problems for the criminal justice system because they are responsible for many serious crimes and appear to be very resistant to treatment. The present study was a retrospective evaluation of the efficacy of a maximum security therapeutic community program in reducing recidivism among mentally disordered offenders, some of whom were psychopaths. The study employed a matched group, quasiexperimental design. The results showed that, compared to no program (in most cases prison), treatment was associated with lower recidivism (especially violent recidivism) for nonpsychopaths and higher violent recidivism for psychopaths. The clinical and research utility of Hare's Psychopathy Checklist was strongly supported.

MORE DANGEROUS DUE TO TREATMENT?

	Behandeld	Onbehandeld	χ^2
Psychopaat			
<i>Enig recidive</i>	87	90	<1
<i>Gewelddadig recidive</i>	77	55	4.12*
Niet-psychopaat			
<i>Enig recidive</i>	44	58	3.87*
<i>Gewelddadig recidive</i>	22	39	6.97*

Psychiatric patients awarded nearly \$10M in lawsuit over experimental treatments

'Those who were youths were harmed in a severe and lifelong manner that deserves particular attention,' judge finds

[Marg. Bruineman, Local Journalism Initiative](#)
Feb 12, 2021 11:15 AM



Province, two psychiatrists found liable for 'experimental forms of therapy' in Penetang

Patients were given LSD and locked in a room together naked, sometimes strapped to another patient at the former Oak Ridge facility

[Marg. Bruineman, Local Journalism Initiative](#)
Jun 29, 2020 1:45 PM



Received: 2 April 2021 | Accepted: 19 April 2021

DOI: 10.1002/cbm.2197

ORIGINAL ARTICLE

WILEY

Misplaced enthusiasm with neglect of Human Rights - Beneficence is not enough

John Gunn

REASONS FOR CLINICAL PESSIMISM?

- PCL-R scores are predictive of:
 - Less motivation for treatment
 - Less immediately observable changes during treatment
 - Higher drop-out
 - Incidents within the institution
 - Recidivism
 - ...



Interpersonal

Lies/cheats "for the fun of it" (power games)

"Much talk, but no walk"

Feels untouchable, doesn't see the point of change

...

Affective

Takes no responsibility for his/her own behavior

Does not attach to practitioner(s)

Cannot be influenced by one's own or other people's emotions

...

Lifestyle

Easily bored

Omits activities

No realistic plans for the future

...

Antisocial lifestyle

Has difficulty committing to structure and rules

Harder to hold change

Short fuse

...

HOPELESS?

“Turning to adults, there is **surprisingly little evidence** to support the common skepticism regarding the treatability of psychopathy or the presumption that psychopathy adversely moderates the effectiveness of treatments for adult antisocial behavior.”

(White, Olver, & Lilienfeld, 2016)

Aggression and Violent Behavior 18 (2013) 71–78

Contents lists available at SciVerse ScienceDirect

Aggression and Violent Behavior

ELSEVIER

Child and adolescent psychopathy: Assessment issues and treatment needs

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Aggression and Violent Behavior 18 (2013) 592–603

Contents lists available at ScienceDirect


Aggression and Violent Behavior

ELSEVIER

Treatment and psychopathy in forensic settings

Devon L.L. Polaschek ^{*}, Tadhg E. Daly

School of Psychology, Victoria University of Wellington, New Zealand, P.O. Box 600, Wellington 6140, New Zealand

 Pergamon

CLINICAL PSYCHOLOGY REVIEW

Clinical Psychology Review 22 (2002) 79–112

Psychopathy and therapeutic pessimism
Clinical lore or clinical reality?

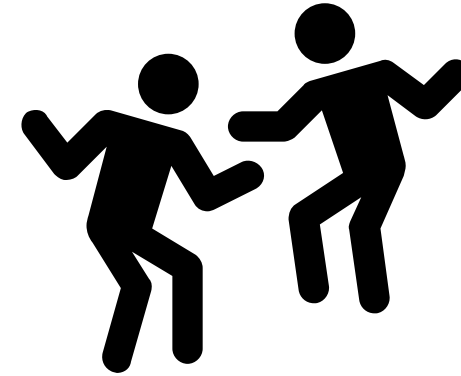
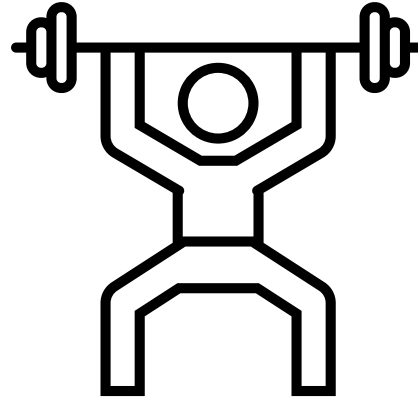
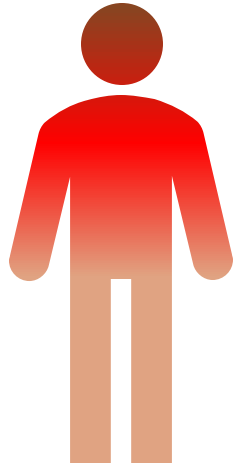
Randall T. Salekin^{*}

PERTINENT QUESTIONS

Treatment

What can we change?

How can we bring about change??



**WHAT WORKS:
RISK-NEED-RESPONSIVITY MODEL**
(BONTA & ANDREWS, 2023)

WHAT WORKS:
RISK-NEED-RESPONSIVITY
MODEL
(BONTA & ANDREWS, 2023)

Review

The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis



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ARTICLE INFO

Keywords:

Intimate partner violence
Domestic violence
Partner abuse
Batterer intervention
Gender-based violence
Violent recidivism

ABSTRACT

Background: Previous reviews of interventions to prevent recidivistic intimate partner violence (IPV) have cited minimal benefits and have been critical of interventions adopting a 'one-size-fits-all' approach to a heterogeneous category of offenders. The present systematic review and meta-analysis assesses evidence for interventions situated in a risk-need-responsivity framework, in comparison with the more traditional 'one-size-fits-all' intervention approach.

Method: Six databases (PsycINFO, Web of Science, PubMed, EMBASE, SCOPUS, PILOTS) were searched for studies examining effectiveness of IPV interventions.

Results: Thirty-one studies met the inclusion criteria. Studies were analysed separately depending on whether they compared two treatments ($n = 17$) or used a no-treatment control group ($n = 14$). In the meta-analysis, overall effect sizes were $OR = 0.52$, 95% $CI [0.35-0.78]$ for interventions with follow-up of \leq one year ($p < 0.001$) and $OR = 0.60$, 95% $CI [0.46-0.78]$ for interventions with follow-up between one and two years ($p < 0.001$). The pooled effects from the studies using follow-up of greater than two years did not reach statistical significance. Subgroup analyses suggested that effect sizes differed across treatment types, with risk-need-responsivity treatments performing well against other modalities.

Conclusions: Risk-need-responsivity treatments showed promise in the short-to-medium term, but the challenge of sustaining effects into the longer term remains.

WHAT WORKS

- Higher risk of recidivism with long-term, intensive, specialized care (Polaschek, 2014) (Risk principle)
- Positive changes in terms of dynamic risk factors and protective factors (Olver & Riemer, 2021; Sewall & Olver, 2019; Wong & Olver, 2015) (Needs principle)
- Mainly changes on facet 3 and 4

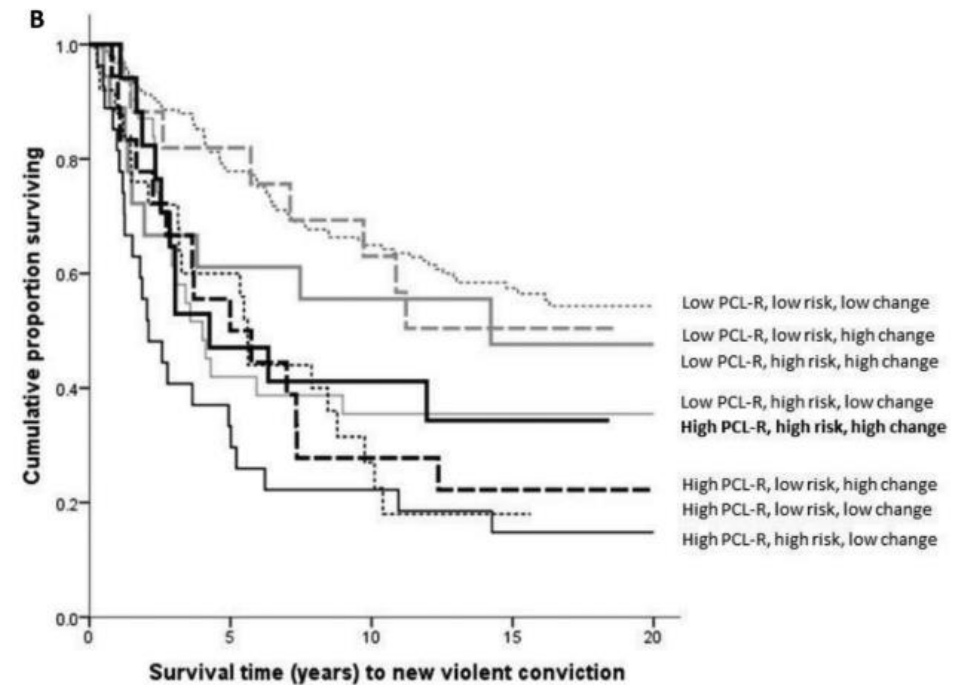


Figure 1. Kaplan-Meier survival analysis: cumulative rates of sexual (A) and violent recidivism (B) among psychopathy, risk, and treatment change groups. High Hare Psychopathy Checklist—Revised (PCL-R) groups denoted by black lines, and low PCL-R groups denoted by gray lines; high-risk groups denoted by solid lines, and low-risk groups denoted by broken lines; high-change groups denoted by heavy lines, and low-change groups denoted by thin lines. High PCL-R, High Risk, High Change Group in bold font.

An illuminated blue "EXIT" sign is positioned above a white door frame. The background is a light blue gradient with a large, stylized white silhouette of a person running towards the door.

WHAT WORKS

- How? (Responsivity principle)
 - Keeping drop-out to a minimum (Klein-Haneveld et al., 2018)
 - Adapting our methodologies and style to the characteristics of this group

BEST PRACTICES

Do's

Expressing yourself clearly & concretely

Talking about cognitions and actions

Short/medium-term goals

Tangibly rewarding desired behavior

Restrict problematic behavior briefly & directly

Addressing/challenging pride and need for competence

Emphasize own benefits of desirable behavior

Offer yourself as sparring partner

Don'ts

Expressing yourself in general, abstract terms

Talking about emotions

Long-term goals

Emphasizing flaws & faults

Limiting problem behavior (too) late and for too long

Eliciting of face

Stressing consequences of problem behavior for others

Being dominant (aggressive) towards client

BEST PRACTICES

Do's

Handling a playful-challenging way
Respecting limitations of the individual
Using humor

Don'ts

Conducting deep conversations
Expecting empathy and attachment
Sarcasm

BEST PRACTICES

Affective-interpersonal traits	Criminogenic needs
PCL-R Facets 1 & 2	PCL-R Facets 3 & 4
Little/not predictive	Predictive (mainly facet 4)
Often get in the way of treatment e.g. manipulative, disruptive behavior during treatment, lack of motivation,...	Mostly static factors in the PCL-R, need for additional appraisal dynamic risk factors (risk assessment)
Target focus on FI: management & control	Goal focus on antisocial lifestyle: treat criminogenic needs, develop/optimize prosocial behavior and daily skills
Finality management: promote motivation and engagement, reduce risk of dropout, maintain treatment integrity, ...	Finality management: risk reduction
Responsivity	Risk & needs

EXIT

WHAT WORKS

- How?
 - Keeping drop-out to a minimum (Klein-Haneveld et al., 2018)
 - Adapting our methodologies and style to the characteristics of this group (responsiveness)
 - Betting on professionals:
 - ✓ Mindset change
 - ✓ Education, training, supervision and intervision



(Uzieblo et al., 2023)

WHAT WORKS

“Where you can find the most change is on the **impulsive, antisocial side**, which is about the behavioral expression and the daily choices, But where you can ask a patient: can you show different behavior to achieve your goal? So it's more the coaching, that's where the most profit lies....”

“Having **good support from a good team** and discussing with others how the contact develops. There is a good chance that you will become isolated in the contact. With some practitioners, you see reluctance to discuss what arises. It is important to discuss what a patient triggers in you and how you handle it. Almost always there is a part of the group that falls for it and falls more for those charms, so that can cause **division in the team.**”

THANK YOU!

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