PRACTICAL STRATEGIES FOR THE TREATMENT & MANAGEMENT OF PEOPLE WITH HIGH PSYCHOPATHY

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- Substance abuse
- High Risk Offenders
- RNR
- Motivational Interviewing
- What works
- SOT
- Psychopathy
- Compassion





LESLIE BARFKNECHT

Juvenile at risk and SO

MSOP

SRSTC

Motivational Interviewing

Common Factors

Compassion

Effective Therapist Characteristics

OBJECTIVES

An Overview of Psychopathy: diverse presentations

Overarching Principles

Into Action

A FEW MORE POINTS…

Encourage critical thinking

Global principles and drill down to practical application

May challenge some beliefs

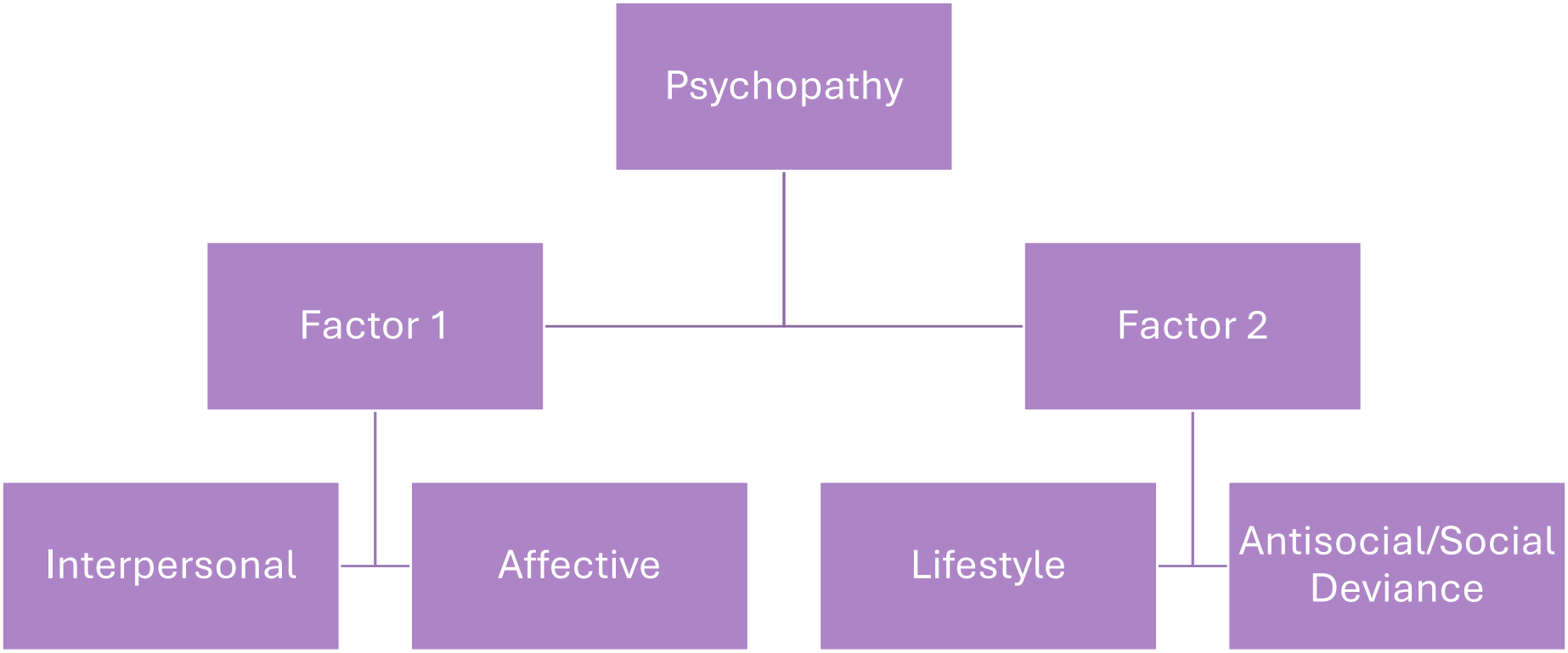
PSYCHOPATHY: AN OVERVIEW

HISTORICAL BACKGROUND

- 19th-century psychiatry first described psychopathic traits
- Moral Insanity- Pritchard, Pinel
- Cleckley’s 'The Mask of Sanity' (1941) shaped early understanding (really more focused on Primary Psychopathy, included intelligence)
- Hare developed the Psychopathy Checklist-Revised (PCL-R) (1970s)

PCL-R

- Robert Hare PhD
- Generally pursuing Cleckley's concept
- Significant differences
  - Intelligence
  - Mental illness
- Etiology of items not taken into account
  - Callousness
- Widely used in forensic and clinical evaluations


Psychopathy
Factor 1
Factor 2
Interpersonal
Affective
Lifestyle
Antisocial/Social Deviance

PCL-R FACTOR 1

Facet 1: Interpersonal

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

PCL-R FACTOR 1

Facet 2: Affective

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

PCL-R FACTOR 2

Facet 3: Lifestyle

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

PCL-R FACTOR 2

Facet 4: Antisocial

- Poor behavioral controls
- Early behavioral problems
- Juvenile delinquency
- Revocation of conditional release
- Criminal versatility

PCL-R ADDITIONAL ITEMS

- Martial Infidelity
- Sexual Promiscuity

FACTOR 1
AFFECTIVE & INTERPERSONAL TRAITS

- Primary Psychopathy
- Malignant Narcissism
- Clecklian psychopathy
- Genetic/Trait based

- Difficult to treat
- Over-regulated
- Calculated violence
- Willingness
- Superficial charm and manipulativeness
- Inflated self-worth and deceitfulness
- Lack of guilt, empathy, and emotional depth

FACTOR 2
BEHAVIORAL TRAITS

Antisocial/ Borderline Personality Disorder

Externalizing

Emotionally Dysregulated

- Trauma based
- High violence risk
- More treatable
- Ability
- Impulsivity and poor self-regulation
- Irresponsibility and need for stimulation
- Early behavioral problems and rule-breaking

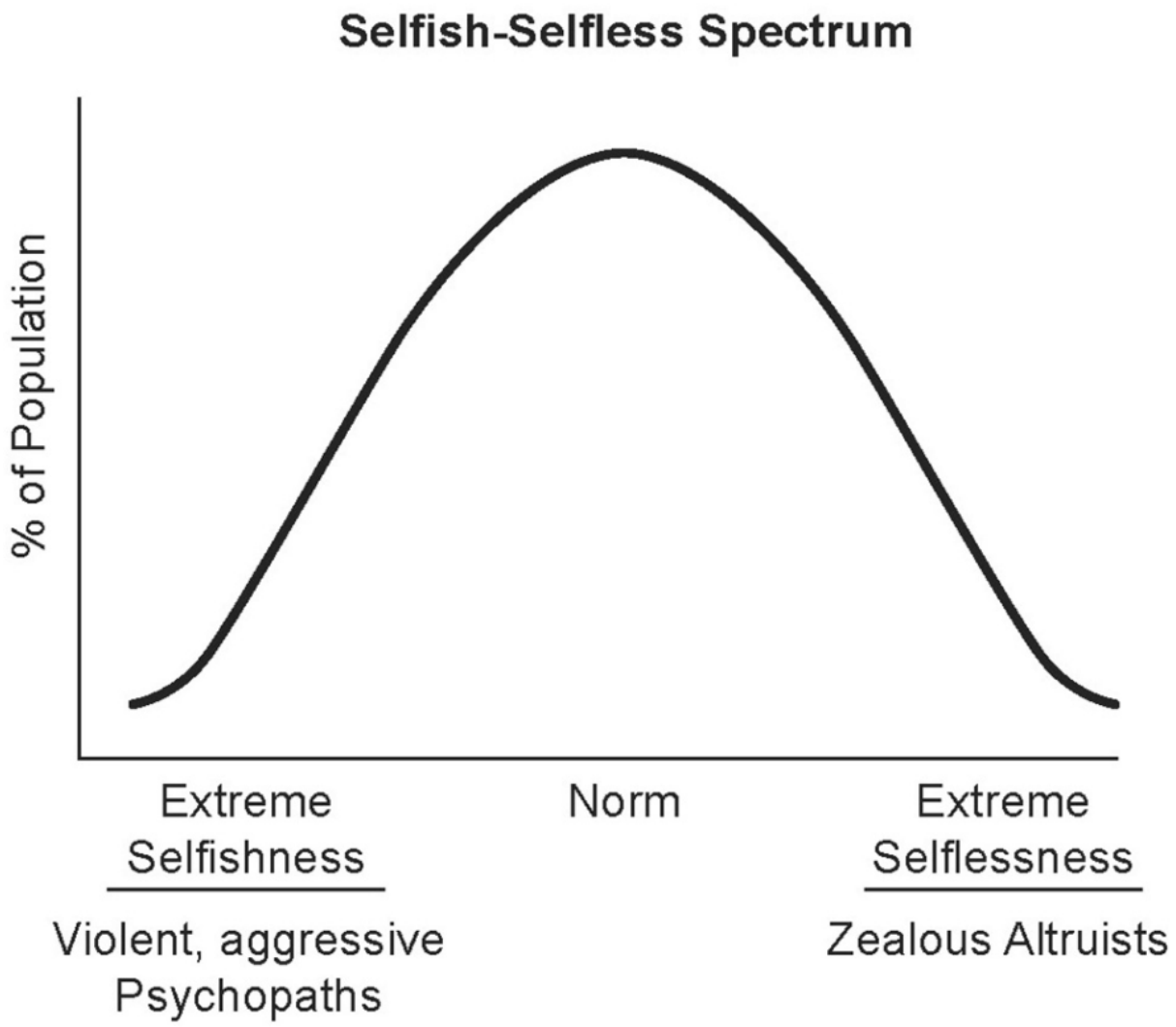
NEWMAN'S RESPONSE MODULATION DEFICITS

Hypothesis of psychopathy

A psychopaths' inability to adapt their behavior to changing circumstances results from an inability to process peripheral cues in the midst of a dominant response.

RESPONSE MODULATION DEFICITS

- Goal Directed
- Apparently fearless (don’t attend to danger)
- Reward driven
- May appear impulsive



THE SELFISH–SELFLESS SPECTRUM

SELFISH/SELFLESS

- We all have both characteristics
- Religion addresses this:
  - Angle/Devil
  - The flesh vs the spirit
  - Buddha nature vs attachment

CULTURAL AND BIOLOGICAL INFLUENCES ON THE SELFISH–SELFLESS SPECTRUM

- Differences in degrees of altruistic and prosocial behavior have long been noted between cultures.
- Impacted by genetics, environment, and culture
- Differences in brain imaging across socio-economic status
- Differences in brain imaging across political affiliations
- Role of dopamine/amygdala activation

OTHER FEATURES

- Duping delight
- Grievance Thinking
- Externalizing the locus of control
- Reduced learning from punishment
- Reward focused
- Facial recognition - social cues

THE COMMON THREAD

- Antisocial attitudes
- The world is a hostile place
- Antagonism
- Lack of connectedness - selfish

SMALL GROUP DISCUSSION

- What would it be like for you to have no/low empathy for others?
- What are the potential evolutionary benefits of elevated psychopathy?
- What are the costs?

WHAT IS PSYCHOPATHY: SUMMARY

- No consistent agreement
- Incredibly stigmatizing label
- Heterogeneous
- Multiple personality traits
- Not a discreet taxon
- Multiple contributing factors

PSYCHOPATHY VS. SOCIOPATHY VS. ASPD

- Psychopathy: innate traits, emotional detachment
- Sociopathy: shaped by environment, more reactive
- ASPD: broader diagnosis in DSM-5, overlaps both

PREVALENCE & DEMOGRAPHICS

- Affects ~1% of general population
- 15–25% prevalence in incarcerated individuals
- More frequently diagnosed in males

PSYCHOPATHY IN CRIMINAL BEHAVIOR

- Linked to both violent and non-violent offenses
- High rates of reoffending and recidivism
- Used in risk assessment and sentencing decisions

PSYCHOPATHY IN NON-CRIMINAL POPULATIONS

- Some individuals function successfully in society
- Traits like charm and fearlessness may aid careers
- Often evade legal consequences

PSYCHOPATHY IN SEXUAL OFFENDERS

- People with high psychopathy can benefit from SO tx
- Cognitive behavioral treatment
- Motivation and treatment interfering behaviors
- Psychopathy and trauma treatment
  - EMDR TM, GM, RH
  - Dbt-emdr JB,
  - EMDR Rt

PCL-R ITEMS SPECIFIC TO SEXUAL BX

- Item 11: Promiscuous Sexual Behavior : Explicitly assesses a history of sexual promiscuity, treating sex as a casual or transactional activity.
- Item 10: Many Short-Term Marital Relationships: Related to unstable relationships, which may include frequent, shallow sexual pairings.

PSYCHOPATHY AND SEXUAL SADISM

- Not all sexual sadists are psychopaths
- Not all psychopaths are sadists
- Sexually sadistic psychopaths are scary
  - Ted Bundy

SEXUAL NARCISSISM

A pattern of self-centered, exploitative, and entitled sexual behavior, often acting as a subtype of pathological narcissism.

Characterized by an inflated, grandiose sense of sexual skill, a lack of empathy for partners, and a focus on personal gratification, often using sex for validation or power rather than intimacy.

SEXUAL NARCISSISM

- Sexual Entitlement & Exploitation
- Inflated Sexual Prowess:
- Lack of Intimacy & Empathy: A focus on physical, goal-oriented sex
- Aggression & Control: A tendency to act aggressively or coercively in sexual situations, sometimes using sex to punish or shame partners.
- High Need for Validation: Constantly needing reassurance of their desirability and sexual competence
- Sexual Pre-occupation

SEXUAL NARCISSISM (HC)

- Pcl-r Mid 30s
- Very Charming, very remorseful for prior bad acts
- Stripper
- Cognitive Distortions
- Failed supervised release
  - Relationship with staff
  - Unwanted sexting

PSYCHOPATHY IN SEXUAL OFFENDERS

- Borderline/Attachment

PSYCHOPATHY IN SEXUAL OFFENDERS

- Callousness/lack of empathy
- Selfishness
- Lack of internal moral code

SMALL GROUP DISCUSSION

- Can psychopaths change?
- What has informed your opinion?

TREATMENT OF PSYCHOPATHY

Not treatable?

- Largely debunked
- Problems with meta-analysis
- CBT; Substance abuse, violence

DOES TREATMENT REALLY MAKE PSYCHOPATHS WORSE?

Systematic review of 42 treatment studies on psychopathy

- Disagreement on defining features of psychopathy
- Etiology not well understood
- Few empirical investigations and even fewer follow up studies

–“little scientific basis for the belief that psychopathy is an untreatable disorder”

Salekin (2002)

TREATMENT

- Limited success with traditional therapies
- Risk of manipulation during treatment
- Focus on early intervention and prevention
- Eastern Psychology

QUANTUM CHANGE

- **Quantum change** in psychology refers to sudden, dramatic, and enduring transformations that fundamentally alter a person's emotions, thoughts, and behaviors.
- *“Quantum Change: When Epiphanies and Sudden Insights Transform Ordinary Lives”*

QUANTUM CHANGE

- Historical and Literary Context
- William James: The phenomenon was first formally noted in 1902 by William James in The Varieties of Religious Experience, where he described "sudden conversion".
- Literary Metaphors: Ebenezer Scrooge from A Christmas Carol is frequently cited as a prime example of a fictional character undergoing a complete quantum change overnight.
- Clinical Examples: A well-known real-world case is Bill W., the founder of Alcoholics Anonymous, whose recovery began after a single mystical experience that ended his long-term alcoholism.

QUANTUM CHANGE

- Researchers categorize quantum change into two distinct qualitative types:
- Insightful (The "Aha!" Moment): A sudden, profound intellectual realization that connects existing thoughts in a new way, providing a "new truth" and a clear path forward.
- Mystical (The Epiphany): A transpersonal experience where the individual feels acted upon by a force greater than themselves. These often involve a sense of unity, awe, and "seeing the light".

OVERARCHING PRINCIPLES

OVERARCHING PRINCIPLES IN THE TREATMENT OF PSYCHOPATHY

Risk-Needs-Responsivity

Common Factors

Evidence Based Interventions

- Motivational Interviewing
- CBT
- Trauma Informed Approach

RNR SUMMARY

Risk - WHO to target

Need - WHAT to target

Responsivity - HOW to target it

THE INTERPLAY BETWEEN PSYCHOPATHY AND RNR

RISK

- Psychopathy, by definition, increases risk.
- Risk of violence predicted by Factor 2
- Risk of treatment dropout (kicked out) predicted by factor 1

THE INTERPLAY BETWEEN PSYCHOPATHY AND RNR

NEEDS

1. Anti-social Attitudes
2. Anti-social Peers
3. Anti-social Personality Pattern
4. History of Anti-Social Behavior

DYNAMIC RISK

- Some features of psychopathy re: callousness are risk factors
- Typically addressed in dynamic instruments
- Is callousness dynamic?

THE INTERPLAY BETWEEN PSYCHOPATHY AND RNR

RESPONSIVITY

Factor 1 :

Therapy interfering behaviors among offenders with psychopathic traits

Factor 2 :

Externalizing, trauma reactions

HOW DOES WORKING WITH PERSONS WITH HIGH PSYCHOPATHY TRAITS IMPACT *YOU*?

Small group discussion

WHY DOES THIS MATTER?

- Effective Psychotherapists & attending to the common factors
- Management of countertransference

THERAPEUTIC FACTORS

Treatment Effects (est.13-20%):

- The therapeutic relationship is the largest contributor to outcome in behavioral health services

- Client level of engagement is the most potent predictor of change in therapy



Effective Psychotherapists

Miller & Moyers, (2021)

Accurate Empathy

Acceptance (Caring)

Positive Regard

Genuineness (Real/Realness)

Focus

Hope

Evocation

Offering information and advice

Loving Kindness

DOES KINDNESS MATTER?

- Children high in Callous Unemotional Traits are less influenced by coercive parenting
- Children high in Callous Unemotional Traits are impacted by parental warmth
- There is mounting evidence that the affective quality of the parent–child relationship as opposed to discipline is more important for the socialization of under aroused children

Pasalich, Dadds, Hawes, and Brennan, (2011)

INTO ACTION

FOUNDATIONS

- Follow RNR
- Utilize evidence-based interventions
- Manage countertransference
- Attend to common factors
- Firm but fair approach
- Use a team approach

Balancing effective psychotherapist skills with a Healthy skeptical mind

Metacognition



SOME THINGS TO CONSIDER

- Kindness vs Niceness
- Lying
- Shaping
- Interpersonal Dominance
- Splitting
- Rhetorical Questioning
- Beginner’s Mind Curiosity
- “Manipulation”

INTERPERSONAL MANIPULATION STRATEGIES USED BY INDIVIDUALS WITH PSYCHOPATHY

Techniques for influencing and controlling social interactions

OVERVIEW OF MANIPULATION STRATEGIES AND THEIR PURPOSES

Strategic Control and Advantage

Manipulation aims to gain control, resources, and advantages by leveraging relationships and shifting blame as needed.

Adaptability and Emotional Detachment

Manipulators adjust behavior to different audiences and remain emotionally detached while observing social cues closely.

Subtlety and Detection Difficulty

Manipulation is often subtle, masked as helpfulness, making it difficult to detect and distinguish from normal behavior.

COMMON MANIPULATION TACTICS WITH BRIEF EXAMPLES

Charm and Impression Management

Psychopaths use excessive friendliness and flattery to quickly build trust and mirror values to appear relatable.

Deception and Exploitation

Instrumental lying and exploiting others' empathy are common tactics to gain compliance without remorse.

Emotional Control Strategies

Gaslighting and withholding affection are used to distort reality and regain control after conflicts.

Persistent and Calculated Behavior

Manipulative actions are systematic and resistant to change, aimed at serving personal goals.

THERAPIST SKILLS SPECIFIC TO PSYCHOPATHY

- Manage Countertransference
- QTIP
- Trust but verify (having both an open and skeptical mind)
- Be aware of shaping
- Don't over pathologize
- Be honest
- Careful with sharing your emotions
- Don't get lost in the weeds

MANAGE COUNTERTRANSFERENCE

- Is inevitable
- The emotional reactions, biases, or perceptions that a therapist may have towards a client.
- Can be positive or negative
- Can distort case conceptualization
- Can interfere with engagement

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COUNTERTRANSFERENCE

Looks like:

- Judgment
- Puzzled
- Irritated
- Frustrated
- Helpless
- Defensive
- Fearful
- Conflict avoidant
- Feel manipulated
- Over empathize

Leads to:

- Becoming punitive and hostile
- Becoming over-involved
- Avoiding them

MANAGE COUNTERTRANSFERENCE

- Is inevitable - TRAPS
- The emotional reactions, biases, or perceptions that a therapist may have towards a client. Can be positive or negative
- Can distort case conceptualization
- Can interfere with engagement- TIFs

INTERFERING FACTORS

CLIENT

- Grandiosity/Arrogance
- Instrumental Emotion
- Impulsivity
- Need to dominate/control
- Callousness
- Irresponsible
- Conning/Deception
- Not accountable
- Belligerent
- Lack of sustained effort

THERAPIST/HELPER

- Judgment
- Defensiveness
- Biases
- Unmanaged countertransference
- Lack of Boundaries and Professionalism
- Burnout and Disengagement
- Lack of Self-Awareness

MANAGE COUNTERTRANSFERENCE

- Is inevitable - TRAPS
- The emotional reactions, biases, or perceptions that a therapist may have towards a client. Can be positive or negative
- Can distort case conceptualization
- Can interfere with engagement- TIFs

What characteristics get under your skin?

What characteristics are you susceptible to?

QTIP

Quit taking it personal

- Client transference
- “You guys”
- Hostility
- Lack of meaningful change

What characteristics get under your skin?

What characteristics are you susceptible to?

What makes you defensive?

TRUST BUT VERIFY

- Maintain a “skeptical mind” but don’t live in it
- Evaluate potential secondary gain
- Use a team approach and encourage different perspectives
- Everyone gets duped
- They are not always duping

How do you feel when a client gets one over on you?

BE AWARE OF SHAPING

- Hostility
- Glibness
- Defensiveness
- Empathy
- Conflict avoidance
- Drama avoidance

How would you know you’re getting shaped?

DON’T OVER PATHOLOGIZE

- Apply the same standards to your clients that you do to your colleagues
- Labels = Judgment
- Most characteristics are exaggerations of common traits

What labels do you use?

BE HONEST

- Call it like it is…with compassion
- Ask permission to be challenging
- Don’t blow smoke
- Say if you can’t say
- Genuineness matters…a lot

How do you write a critical report and maintain the relationship?

CAREFUL WITH SHARING YOUR EMOTIONS

- Clients can use your emotional responses to shape you
  - Both positive and negative
- I don’t like that vs it hurts my feelings
- Clients will share your perspective to connect - sometimes with an agenda
- Factor two clients will mis-attribute your emotions

How do you maintain equanimity?

DON’T GET LOST IN THE WEEDS OR URGENCY

- Don’t focus on what doesn’t matter
  - Risk for re-offense (arrogance)
  - Therapeutic alliance – catch all (music, internet searches)
- Others urgency is not your urgency

THERAPIST EXPECTATIONS

Why you are doing what you're doing

Knowledge of RNR and Common Factors literature

Measurably competent at Motivational Interviewing

Manage Countertransference

Meta-cognition & Presence simultaneously

THERAPIST EXPECTATIONS

Engage in honest self-evaluation

Stay in your lane, you are a therapist – not a doer

Stay in Compassion

Follow the rules

Have healthy skepticism

Use a team approach

WHAT MATTERED?

No better than me.

Genuinely cared.

Believed I could change.

Challenged me.

LOVING KINDNESS
+
HEALTHY SKEPTICISM =
THE MEDICINE

Bottom Line

KINDNESS. IT DOESN'T
COST A DAMN THING.
SPRINKLE THAT SHIT
EVERYWHERE.