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## Introductory Quotes

".....there is more than one kind of psychopath and more than one valid theory of psychopathy." (Lykken, 1995)

"These patients are notoriously difficult to like, care for or manage." (Bowers & Carr-Walker, 2002)

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## History

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## Cleckley and Early Formulations



- Hervey Cleckley
- 1903-1984
- Chief of Psychiatry and Neurology at University Hospital
- *The Mask of Sanity*: An attempt to clarify some issues about the so-called psychopathic personality (1941)

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## Hare and the PCL-R

- Robert Hare
- 1934 –
- Psychopathy Check List-Revised
- 20 Item: Valid and Reliable clinical instrument.
- “the state of the art”
- “the gold standard for the assessment of psychopathy”



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## Terminology

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## What are we talking about?

### HISTORICAL

- Manie sans Délire
- Moral Insanity
- Degenerate Constitution
- Congenital Delinquency
- Constitutional Inferiority
- Moral Imbecile
- Psychopathic Taint
- Psychopathic Personalities

### CONTEMPORARY

- Psychopathy
- Antisocial PD
- Dissocial PD
- Sociopath

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## Antisocial Personality Disorder

Evolved from a social deviancy model, defined in the DSM-IV-TR as a pervasive pattern of disregard for, and violation of, the rights of others. Primarily behavioral traits. (3% Men, 1% Women in community samples, more than 75% in prison populations)

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## Sociopath

ASPD-like traits attributable to social or familial dysfunction.

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# Psychopath

Many behavioral features from ASPD and specific personality deficits due to a defect or aberration within the individual (less than 1/3 of those in prison with identified ASPD meet criteria for Psychopathy)

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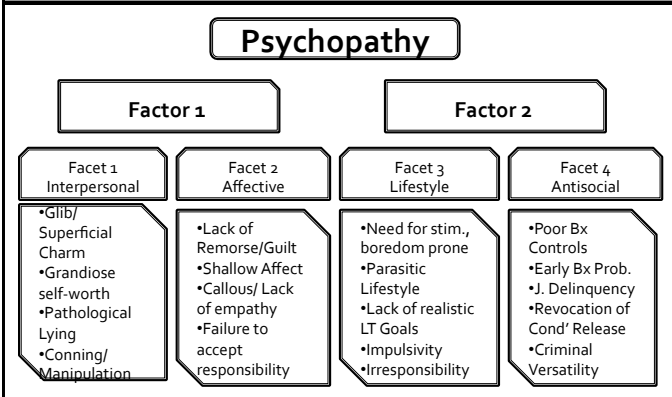
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# Structure of PCL-R



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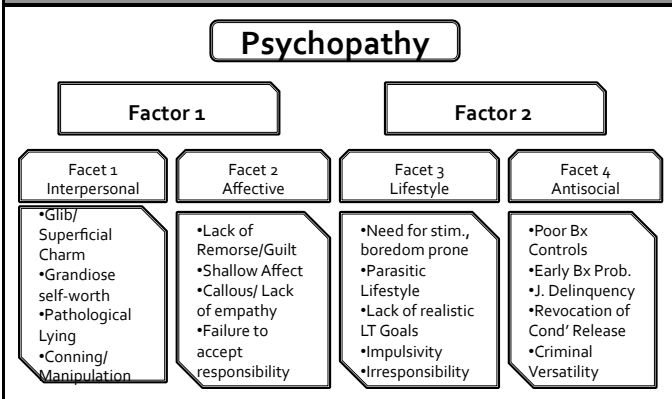
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# Overlap with ASPD



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## Neurobiology of Psychopathy

- The disorder of psychopathy is not replicated by damage to any one brain region
- Yet, some points remain:
  - Prefrontal Cortex
  - Amygdala
  - Language Processing
  - Autonomic Response

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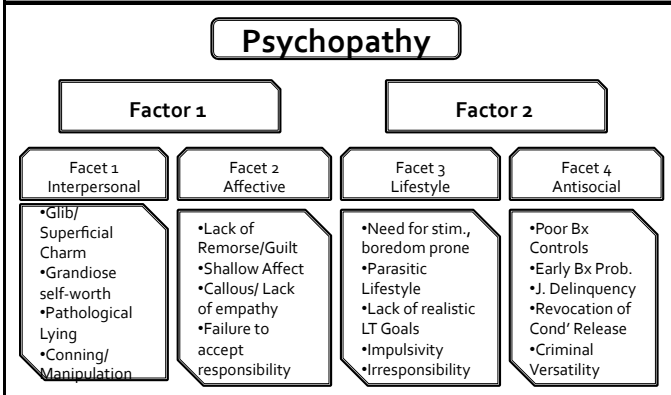
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## Overlap with Dissocial PD



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## Treatment Implications

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## Treatment Issues

- Those with severe psychopathy are viewed as untreatable.
- Little evidence that conventional approaches are successful.

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## Clinical Questions to Guide Tx:

- Is the treatment setting secure?
- What are the relevant personality characteristics?
- What are the countertransference reactions?
- What are the specific tx approaches given resources and degree of containment necessary?

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## Personality Characteristics

- Anxiety and Attachment
  - Narcissism – “Aggressive Narcissism”
  - Object Relations
  - Affect – “Malignant Pseudoidentification”
  - Superego Pathology
- (ABC model – Anxiety, Bonding, Conscience)

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## Countertransference Reactions

- Therapeutic Nihilism
- Illusory Treatment Alliance
- Fear of Assault or Harm
- Assumption of Psychological Maturity
- Fascination, Excitement, or Sexual Attraction

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## Questions?

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## Closing Thoughts

“Basically it is symptomatic relief, clear guidelines about expected behavior, treatment of any major psychotic illness, realistically accepting them as they are, and trying extremely hard not to be too frightened by them.”

(Anonymous Australian Psychiatrist,  
Quality Assurance Project, 1991, p. 545)

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