Examining the Link Between Psychopathic Personality and Antisocial Personality Disorder with Treatment Progress among Offenders with Substance Abuse Problems

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BACKGROUND

- There is continued disagreement in the field about the amenability of psychopathic personality disorder (PPD) to treatment. Although psychopathy is associated with future violence (Yang et al., 2010; Leistico et al., 2008), it remains unclear whether and how psychopathy directly impacts treatment outcomes, as no randomized controlled trials on this topic have yet been conducted.
- The ambiguity surrounding PPD’s responsiveness to treatment may be because the majority of easily identifiable psychopathic individuals are located within the criminal justice system, where treatment is rarely a funding priority (Skjem et al., 2011; Salekin et al., 2010), whereas others have claimed that treatment is inorganic for those with psychopathy (Rice et al., 1992).
- Given the paucity of research on this topic, however, it remains premature to conclude that psychopathic traits cannot be modified by treatment.

STUDY AIM

- The present study examined associations between several psychopathic traits and a host of prospective treatment-related criterion measures.
- In addition to psychopathy, measures of antisocial personality disorder (ASPD) and impulsiveness were analyzed due to their conceptual relevance to psychopathy (Few et al., 2015; Snowdon & Gray, 2011).

SAMPLE & METHODS

- This study derived from a larger multisite research project focusing on psychopathy (Psythress et al., 2010; Magyar et al., 2012).
- The sample consisted of 310 male offenders participating in court-ordered drug treatment programs in the United States.
- Participants’ ages ranged from 18 to 48 years (M = 30.16, SD = 6.52).

MEASURES

- The Psychopathy Checklist- Revised (PCL-R, Hare, 1991, 2003) is a 20-item measure used to assess psychopathy based on an interview and file review. Each item is scored on a 3-point scale. In addition to total score, this study examined scores on each of the four PCL-R facets (Interpersonal, Affective, Lifestyle Instability, and Antisocial Behavior). Traditionally, researchers have treated a score of 30 or above to indicate high levels of psychopathy. The sample’s mean total score on the PCL-R was 22.15, falling in the moderately psychopathic region.
- The Psychopathic Personality Inventory (PPI, Lilienfeld & Andrews, 1996) is a 187-item self-report measure of psychopathic personality features. Each item is scored on a 4-point scale. In addition to total score, this study examined scores on established three PPI factors (Fearless Dominance, Self-Centered Impulsivity, and Coldheartedness).
- The ASPD module of the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II; First et al., 1997) is a semi-structured interview that assesses adult and childhood DSM-IV criteria for ASPD.
- The Barratt Impulsiveness Scale-11 (BIS-11; Patton et al., 1995) is a 34-item self-report questionnaire designed to measure impulsiveness. Each item is scored on a 4-point scale.
- The outcomes of interest were staff reports of problematic treatment behavior and objective/subjective ratings of treatment outcomes.
- Objective ratings of treatment progress were based on an examination of agency records, indicating an individual’s highest progress rating.

RESULTS

CONCLUSIONS & FUTURE DIRECTIONS

- Overall, our null bivariate findings—given our adequate statistical power—do not support the blanket assumption that psychopathy negatively impacts treatment. Indeed, our results may lend support to the receptiveness of psychopathic individuals to treatment interventions.
- The most consistent associations were found between psychopathy/ASPD and disruptive behavior. However, this behavior may not necessarily precede these offenders from exhibiting improved objective treatment outcomes.
- These findings may be explained by research showing that PCL-R facets tapping into antisocial behavior are more associated with childhood abuse and trauma, compared to facets capturing the interpersonal and affective deficits of psychopathy (Graham et al., 2012). This may suggest that treatment for individuals with a history of trauma could show greater promise, highlighting the importance of considering the specific mechanisms of psychopathy when determining treatability.
- Findings also suggest that psychopathy and ASPD may differentially predict treatment progress, depending on the outcomes under consideration. For example, subjective ratings of treatment outcomes may differ from objective, as the former may be biased by therapists’ feelings of “therapeutic nihilism” brought upon by challenging experiences with former psychopathic clients.

In summary, evaluating treatment for PPD/ASPD as a simple either/or construct may risk ignoring the possibility of improved treatment outcomes, potentially excluding certain individuals from interventions they could benefit from. Future research would benefit by using a RCT design to investigate whether certain variants of psychopathy are more responsive to treatment, as this could lead to the development of interventions targeting specific psychopathic mechanisms.

REFERENCES