

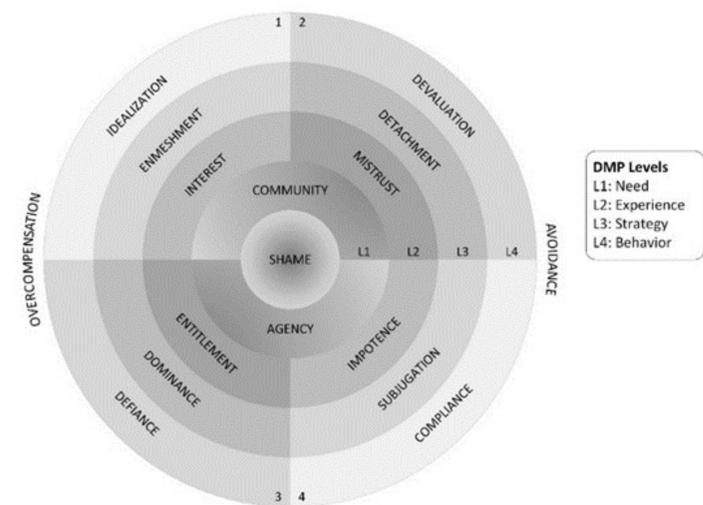
The Dynamic Model of Psychopathy (DMP) Assessment and Treatment Framework

The problem

- The **lack of an integrated construct** of psychopathy has been identified as a major cause of the **treatment difficulties** associated with the disorder¹
 - The DMP² was developed to counter this problem by offering a **framework** for **explaining, assessing and treating** the dynamic interplay of affective-interpersonal, conscious*-unconscious** states present in psychopathic individuals, regardless of population
- * internalized; egodystonic ** externalized; egosyntonic

Method: Introducing the DMP

- The DMP (portrayed below) understands psychopathy **three-dimensionally** (community; agency; self- and affect consciousness) and is organized into four sectors around a **vertical needs-axis** (community; agency) and a **horizontal defense-axis** (overcompensation; avoidance)
- The model further specifies a **core** of shame and **four extraneous levels** comprising the relational needs, inner experiences, strategies and behaviors of the psychopath at a **meta-level**



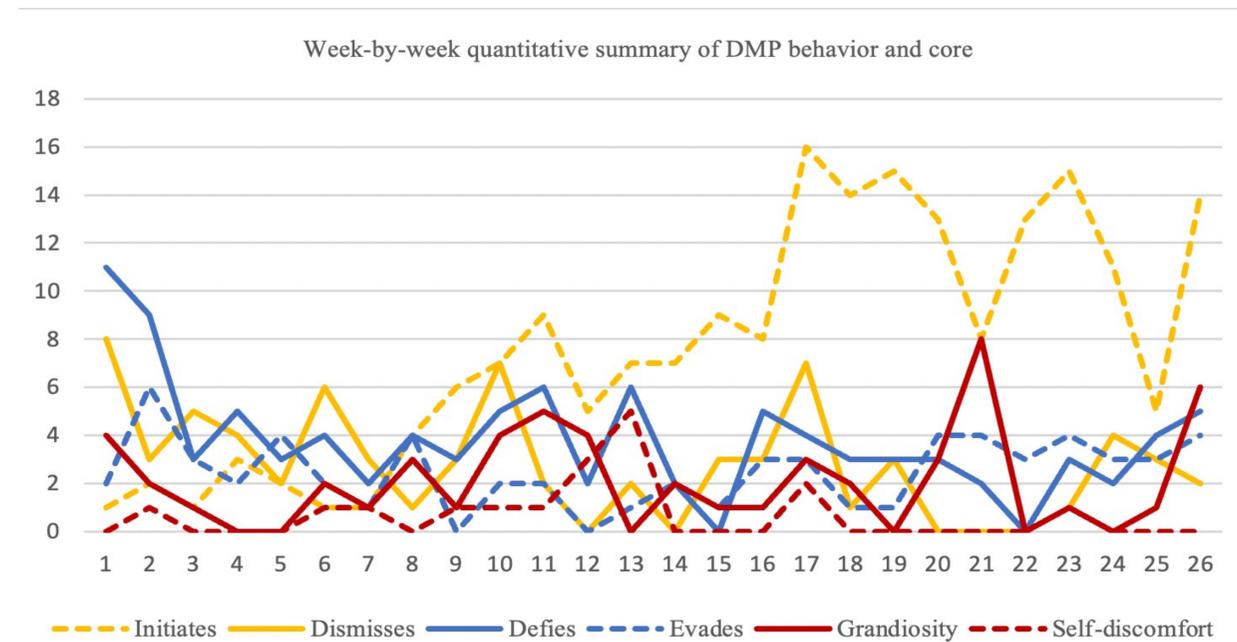
- The DMP **community dimension** illustrates how the psychopathic individual will alternate between **initiating** (idealization; “he/she is all I need”) and **dismissing** (devaluation; “he/she has nothing to offer”) **relationships**, e.g., by quickly initiating a physical relationship and by refusing to provide info.
- Along the **agency dimension**, the behavior will alternate between **defying** (defiance; “I’ll do it myself”) and **evading** (compliance; “I can’t do it”) **action**, e.g., by nonstop talking and by being unable to hold on to a job
- The **four sectors** illustrate the psychopath’s narcissistic compensation to **fill relational needs** and **to keep the shame**, associated with a lack of community (secure attachment) and agency (genuine autonomy), **at a distance**
- The DMP **self- and affect consciousness dimension** (core) is thus also dynamic, alternating between being fully compensated (grandiosity; “I’m magnificent”) and a certainty about **not being worth loving** (self-discomfort)

Main findings: The DMP Assessment and Treatment Framework

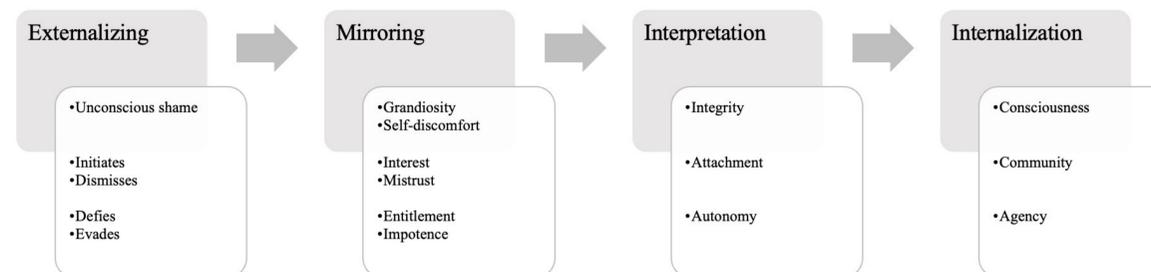
- The **joint DMP assessment and treatment framework**, tied to the three-dimensional structure of the model, ensures that treatment is made-to-measure
- The relationship between the **degree** of psychopathy and the **integration, communication and assessment of shame** is summarized along these lines

| Psychopathy ³ | Integration ⁴ | Communication ⁵ | Assessment ² |
|--------------------------|--------------------------|----------------------------|-------------------------|
| Primary | Unconscious | Implicit | Indirect |
| Secondary | Conscious | Explicit | Direct |

- Rather than specific behaviors, the DMP lists **broader interactional tendencies**, which were adapted to **more concrete** but equivalent verbal and nonverbal behavioral targets during an institutional implementation project, as was the DMP core (cf. diagram below for the adapted wording)
- All of the relational tendencies should be **measured over time, places, individuals and circumstances** to make psychopathy assessment truly dynamic
- The colors in the diagram below indicate the three DMP dimensions, while the solid and dotted lines represent the shifting behavioral tendencies

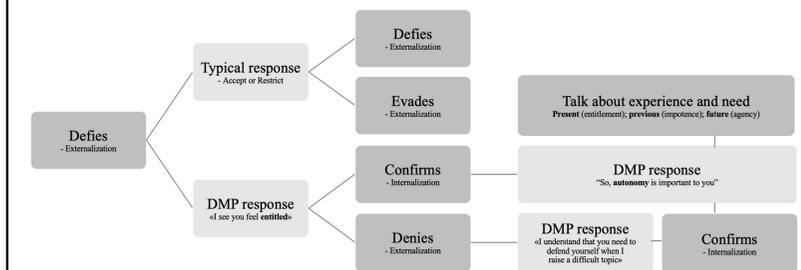


- Treatment is **interactive** and based on an individual’s **symptom profile**, as the disorder itself is dynamic and affected by therapy and other conditions and circumstances (cf. the fictional but realistic staff-reported profile presented for illustrative purposes in the diagram displayed above)
- The task is not to extinguish all forms of initiative and dismissal, defiance and evasion, but to **make the extreme and rigid behaviors more adaptive**
- A system for **converting the externalizing behavior** into self-conscious emotions and needs makes treatment of psychopathy a tangible process



Implications for clinical practice

- By measuring individual differences in community and agency, self- and affect consciousness, **treatment can be personalized** towards the developmental psychological milestones of **attachment, autonomy and integrity**
- Treatment might be initiated immediately, as therapists have the chance to respond therapeutically from the first sentence or encounter
- As an example, when **dominance** (e.g., nonstop talking) is the initial main strategy of the psychopath (cf. solid blue line in diagram), therapists might emphasize that **“I see you feel entitled”** and **“autonomy is important to you”**



- When connected to the DMP areas, this **mirroring-interpretative technique** has a regulatory effect which confrontation cannot cause, and allows the individual to **discover him/herself through the eyes of the other** (that which is shameful, here; lack of agency, is difficult to put into words and is **hidden behind a mask**)
- In this way, the externalizing behavior of the psychopath (here; dominance) is **converted** into conscious/internalized emotions and needs (entitlement; agency)
- Psychopathy treatment is thus a natural but delayed process, as an individual’s **prosocial orientation can be identified** “behind” his or her dissociative behavior
- Specific behavior is to be **evaluated** according to its potential fit with one of **the three DMP dimensions**, for so to mention the relevant emotion and goal
- This must be done in a gentle way, as the side effect of discipline is more shame which leads to even more hiding (wearing a mask)
- To conclude, it is not only the **construct** of psychopathy that hasn’t been integrated. **Psychopathic individuals are not integrated themselves**. The DMP and its assessment and treatment framework is an effort to solve this problem

Literature cited

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