

A Brief Review on Psychological Treatment Based on Behavioral Change Applied to Offenders with Psychopathic Traits

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Abstract: This review article examines current therapies for treating psychopathy, a complicated personality disease that makes it difficult to carry out therapeutic activities. The review starts with a brief overview of psychopathy, emphasizing its distinguishing characteristics and emphasizing the necessity for cutting-edge therapeutic approaches to address its significant effects on afflicted people and society. The review carefully mentions four well-known psychopathy treatment modalities: Schema Therapy, Dialectical Behavioral Therapy (DBT), Functional Behavioral Analysis (FBA), and Restorative Justice. It does this by drawing on recent research and clinical data. Each strategy's theoretical foundations, therapeutic methods, and possible effectiveness in reducing psychopathic tendencies are carefully examined. This study emphasizes the difficulties in treating a personality condition that is deeply rooted and resistant to change, even if certain techniques show encouraging outcomes in reducing some psychopathic characteristics. The essay emphasizes the necessity of continuing research to improve current treatment plans and provide fresh approaches.

In the end, this study encourages multidisciplinary collaboration to deepen our understanding of this condition and increase the likelihood of successful intervention and rehabilitation. It also calls for a complete and integrated approach to psychopathy therapy. There is promise for promoting good changes in the lives of persons affected by psychopathy, contributing to a safer and more compassionate society, via ongoing improvements in treatment approaches.

Keywords: Schema Therapy, Dialectical Behavioral Therapy (DBT), Functional Behavioral Analysis (FBA), Restorative Justice, psychopathy, treatment

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Psikopatik Özellikler Gösteren Suçlulara Uygulanan Davranıř Deęişikliğine Dayalı Psikoterapiler Üzerine Kısa Bir İnceleme

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Öz: Bu derleme makalesi, rehabilitasyonu zorlařtıran karmařık bir kiřilik örüntüsü olan psikopatinin tedavisine yönelik mevcut terapileri incelemektedir. İnceleme, psikopatiye kısa bir genel bakıřla başlamaktadır, psikopatinin ayırt edici özelliklerini vurgulayarak, psikopatik özellikler gösteren insanların rehabilitasyonunda yeni terapötik yaklařımların gereklilięini vurgular. İnceleme, dört güncel terapi yaklařımını ele almaktadır: řema Terapi, Diyalektik Davranıř Terapisi (DBT), İřlevsel Davranıř Analizi (FBA) ve Onarıcı Adalet. Her stratejinin teorik temelleri, terapötik yöntemleri ve psikopatik eğilimleri azaltmadaki olası etkinlięini dikkatle incelemektedir.

Sonuç olarak, bazı teknikler bazı psikopatik özellikleri azaltmada umut verici sonuçlar gösterse de, köklü ve deęişime dirençli bir kiřilik durumunu tedavi etmenin zorlukları vurgulanmaktadır. Öneri olarak, mevcut tedavi planlarını iyileřtirmek ve yeni yaklařımlar saęlamak için arařtırmaların sürdürülmesinin gereklilięi vurgulanmaktadır. Sonuç olarak, bu çalıřma, psikopatinin tedavisine iliřkin anlayıřımızı derinleřtirmek ve başarılı müdahale ve rehabilitasyon olasılıęını artırmak için multidisipliner iřbirlięini savunmaktadır.

Anahatar Kelimeler: řema Terapi, Diyalektik Davranıřçı Terapi (DBT), İřlevsel Davranıř Analizi (FBA), Onarıcı Adalet, psikopati, tedavi

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Offenders and Psychopathy

Hervey Cleckley's "The Mask of Sanity" (Cleckley, 1941/1955), which has since become a crucial source for contemporary scholars, is where the study of psychopathy got its start. Cleckley defined 16 characteristics after looking at 15 case studies of typical psychopaths. He noted that features like superficial charm, a lack of shame, callousness, dishonesty, and self-centeredness, as well as the absence of feelings like love and anxiety, lack of insight, bad judgment, and a failure to set clear life objectives, are characteristics of psychopathy (Cleckley, 1941/1988). Cleckley stressed that psychopaths are intrinsically emotionally inadequate even if they give off a good impression and seem likeable people. Even while he accepted the connection between psychopathy and unmotivated antisocial conduct, Cleckley did not see criminal and antisocial behavior as fundamental components of psychopathy (Cleckley, 1941/1988). He stated that he or she is endearing on the outside and leaves a good image, but on the inside, they are profoundly affectively poor. Additionally, Cleckley did not consider criminal and antisocial behavior to be a sufficient component of the construct, despite the fact that he acknowledged that unmotivated antisocial behavior is associated with psychopathy (Cleckley, 1941/1988). The beginning of research trying to explain psychopathy behaviorally started with Robins. She examined 500 individuals who received treatment at child guidance clinic before 30 year (Robins, 1966). 500 people who got care at a child guidance clinic over a 30-year period were the subjects of a research she performed (Robins, 1966). Psychopathic personality was defined by Robins as having 19 traits, which also included other elements like drug and alcohol usage and suicidal thoughts (Robins, 1966). The DSM-5 now lists psychopathy as a specifier for the diagnosis of antisocial personality disorder (ASPD) in Section III, "Emerging Measures and Models." This qualifier, "with psychopathic features," draws attention to the hallmarks of psychopathy, which include a lack of social anxiety and a high level of emotional fortitude (American Psychiatric Association, 2013).

An important development in this field is the making of a checklist of diagnostic criteria by Hare (Hare, 1980). The Psychopathy Checklist (PCL; Hare, 1980) was revised to its widely used version which is Psychopathy Checklist-Revised (PCL-R) (Hare & Neuma, 2008). While Factor 1 analyzes the core interpersonal and affective characteristics linked to psychopathy, Factor 2 measures the presence of an antisocial and impulsive lifestyle. Grandiose self-worth, a lack of guilt, and callousness are some examples of these characteristics (Hare, 1991/2003).

Treatment of Psychopathic Traits

The treatment of psychopathic features, which are frequently encountered in the criminal sample, also occupies an important place in the literature (Hare, 2003). There is controversy approached about its treatability. As cited in Caldwell et al.

(2006) Cleckley posed psychopaths as “lack of response to psychiatric treatment of any kind” (Caldwell et al., 2006, as cited in Cleckley, 1941). Moreover, Skeem said that treatments were ineffective because of methodological limitations (Skeem et al., 2002). Supporting previous findings, Harris and Rice (2006) said that there is no method to treat psychopaths. Treating psychopathy is found challenging because of low motivation of the individuals, great resistance to change and poor response to treatment programs (Ogloff et al., 1990). A meta-analysis about offender treatment attrition programs have shown a strong correlation between psychopathy and treatment discontinuation, with persons with psychopathy having a 30% dropout rate (Olver et al., 2011:160). When the antisocial features of psychopaths are taken into account, they are probably going to be aggressive, intimidating, and verbally and emotionally abusive to personnel and patients (Wong 2015). Because the reason of psychopaths is a difficult group to work with in psychotherapy, the staff should maintain boundaries, rules, manage their emotional reactions to the person they treat. Thus, countertransference is one of the important concerns.

In a systematic review of 42 psychopathy treatment studies, Salekin (2002) found that a number of methods and modalities appeared beneficial in lessening the severity of psychopathic traits and behaviors. It showed information about the results of treatment for psychopathic conditions. In the study various therapy orientation was included such as psychoanalytic therapy, cognitive behavioral treatment (CBT) programs, eclectic, pharmacotherapy, and electroconvulsive shock therapy (ECT) (Cleckley & Beard, 1942; Corsini, 1958 as cited in Salekin, 2002). The results showed that the success rate of psychoanalytic therapy was found to be 59%, the success rate of cognitive behavioral therapy was 62%, for eclectic therapy it was 82% and 22% success rate for electroconvulsive shock therapy (ECT). Lastly, the success rate was 25% for therapeutic communities and overall individual treatment was better than group treatment (Salekin, 2002). However, most studies lacked a reliable operationalization of psychopathy, had small sample sizes, and frequently employed antiquated therapeutic modalities. They also had given attention to altering psychopathic personality traits rather than lowering risk of crime. Later on, Salekin and his colleagues (2010) considered these limitations and carried out a meta-analysis to develop Salekin’s first study (2002). Salekin et al. (2010) found that treatment benefits tended to be moderate, and that groups of children and adolescents usually benefitted more. However, not all programs were equally successful, or evidence based.

In a meta-analysis, which was evaluating the efficacy of PCL-R, it was found that In comparison to affective and interpersonal qualities (Factor 1), chronic antisocial lifestyle and behavioral features (Factor 2) are superior predictors of violent recidivism, (Yang, Wong, & Coid, 2010:740). Based on their findings, Wong and Hare (2005) suggested that the antisocial attitudes, cognitions, behaviors, and lifestyles connected to Factor 2 traits should be the main emphasis of psychopathy

therapy. Instead of seeking to alter the interpersonal and emotional features (Factor 1) of psychopathy, they advised adopting role modeling and reinforcement of new prosocial abilities as techniques to decrease violence.

Therapeutic alliance is an important factor for the therapy process but when it comes to patients with psychopathic features it needs to be more studied. Researchers looked at the relationship between therapeutic alliance (TA) and psychopathy as determined by the Psychopathy Checklist-Revised (PCL-R) in a study on jailed sex offenders. The Working Alliance Inventory (WAI), a measure of therapeutic alliance, and the PCL-R scores did not appear to have any significant connections, according to the study's findings (Walton et al., 2016). Higher levels of psychopathy were related with lessening therapeutic improvement, according to research (Olver et al., 2013) looking at the association between psychopathy and therapeutic change in a program to address violence risk. As for the treatment of adult with psychopathic features, a study approved that scores on the PCL-R were marginally but significantly linked with physical violence and treatment dropout (Rogers et al., 1997). The results of another study involving 85 convicted criminals showed that juvenile measures of psychopathic traits were linked to institutional rule breaking, although results regarding treatment progress measurements were mixed (Spain et al., 2004).

In a study examining 302 sexual criminals who joined the sexual violence reduction treatment in Canada, the relationship between recidivism and violence components was examined (Sewall & Olver, 2019). In comparison to low-psychopathy men, rates of sexual offender treatment non-completion were significantly higher in high-psychopathy men (30%) (Sewall & Olver, 2019). All in all, treatment of psychopathic offenders is a hard topic, and the first step of the treatment should ensure that people adhere to therapy by providing a strong therapeutic relationship.

Research comparing two groups of teenage males with substantial psychopathy traits looked at the effects of an intensive treatment program on their recidivism rates. The first group was composed of persons with high psychopathy scores who experienced an intense treatment program, while the second group was a comparison group who completed a less rigorous "treatment-as-usual" program. In comparison to those who took part in the intensive treatment program, offenders in the juvenile correctional facility group were shown to be more than twice as likely to commit violent reoffending in the community over the course of a two-year follow-up period (Caldwell et al., 2006).

The goal of a 7-year prospective study was to evaluate the predictive efficacy of psychopathic traits in predicting general, criminal, and substance-related rearrests among women following their release from a correctional facility. The Psychopathy Checklist-Revised (PCL-R) and the Structured Clinical Interview for DSM-IV-TR Axis I Disorders were used to assess psychopathic characteristics and lifetime drug use disorders in 327 adult female prisoners. Higher scores on

PCL-R Factor 2, which evaluates antisocial/developmental psychopathic characteristics and lifestyle/behavior, were shown to be significantly associated with recurrent rearrests for general, criminal, and drug-related crimes after being released from the institution. Even after adjusting for other recidivism risk variables including age at release, prior adult prison terms, and drug misuse, this association persisted. According to the study's findings, women were more likely to have fresh arrests when they had higher PCL-R Factor 2 scores (Edwards et al., 2023).

In the light of these studies, we can interfere that treatment of psychopathy should include behavioral modification and more based on antisocial lifestyle/behavior changes. Since studies on psychopathy and recidivism have revealed that factor 2 is more predictive in Psychopathy Checklist-Revised (PCL-R).

Different Approaches to the Treatment of Psychopathy

There are several types of intervention for offender treatment (Polaschek & Daly, 2003). However, offenders with psychopathic features have a special condition considering the difficulties. People with high psychopathy score are highly associated with challenging client behavior and lower treatment readiness (Ogloff, Wong, & Greenwood, 1990:181). As in all intervention programs, it is important to choose the appropriate program for the rehabilitation of offenders, to determine the needs of the offenders and to declare the risk factors. Andrew and Bonta (2010) suggested a model which is called Risk, Need and Responsivity Model to form effective intervention programs. It implies that thorough evaluation of the target group is necessary in order to create intervention programs that are effective. To strengthen successful intervention programs and offer programs compatible with criminal traits, risk and need assessments are crucial. It incorporates three concepts, risk, need, and responsiveness, as its name would imply (Bonta and Andrews, 2007). According to the risk concept, criminal activity should be accurately assessed, and high-risk offenders should be identified (Bonta and Andrews, 2007). According to the need principle, determining criminogenic needs is crucial for the planning and distribution of therapy. Criminal needs refer to closely related activity that has changing risk elements. Last but not least, the responsivity principle states how the offenders are treated in the rehabilitation program. According to the responsiveness principle, the talents, strengths, learning preferences, and motivation of the offender should be adapted to the program in order to optimize the offender's adherence to it (Bonta and Andrews, 2007). It aims to increase the program's effectiveness by utilizing cognitive behavioral therapy. The responsiveness concept can be divided into two groups. The first one, general responsiveness, suggests modifying behavior through cognitive social learning strategies. The second one is called specific responsiveness, and it contends that rehabilitation efforts should take into account the offender's personality, bio-soci-

al (such as gender and race) traits, learning style, physical and mental capabilities, and motivation. To sum up, risk principle is about who should be treated, the responsivity principal deals with how to treat, and the need principal deals with what needs to be treated.

Consistent with RNR model, Wong and his colleagues (2012) proposed a dual-component model for treatment of psychopaths. This model's justification is based on the idea that the main goal of the therapy should be based on reduction of psychopathic offenders' likelihood of violence or other severe antisocial behavior (such as sexual violence). In this model component 1 targets the responsivity principle and component 2 targets the criminogenic needs (Wong et al., 2012).

Schema Therapy

Schema therapy was conceptualized by Young et al (2003), and its theoretical background comes from cognitive, behavioral, psychodynamic, and experiential approaches. It emphasizes on two main concepts which are early maladaptive schemas and coping responses (Young et al., 2003). Early maladaptive schemas include dysfunctional patterns or motifs related to an individual's self-perception and interactions with others. These tendencies emerge from unpleasant childhood events as well as the child's natural disposition. Early maladaptive schemas are related with unfulfilled or blocked essential emotional needs that present in every child, such as the desire for bonding, autonomy, emotional expression, spontaneity, play, and boundary setting.

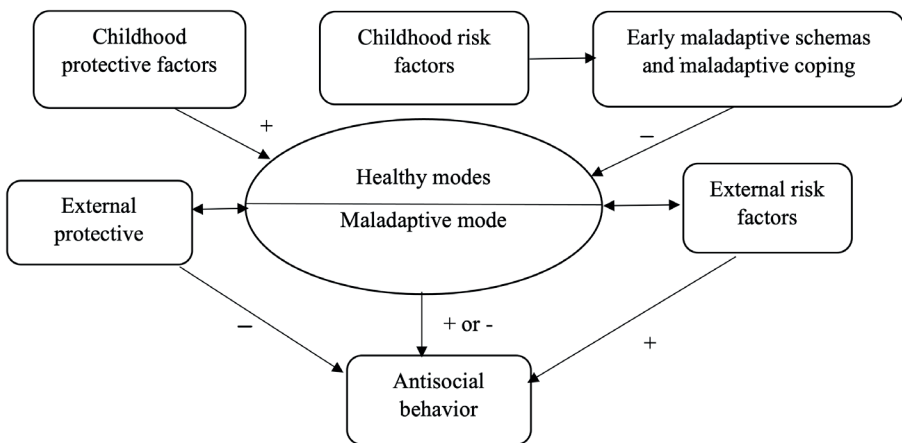
Bernstein and colleagues identified schema modes for forensic setting to encompass emotional states. Five modes were identified like self-aggrandizer, conning and manipulative, paranoid overcontroller, bully and attack, predator (Bernstein et al., 2007). The Self-Aggrandizer mode is defined by arrogance and dominance, the Conning and Manipulative mode by deception and manipulation, the Paranoid Overcontroller mode by hypervigilance, the Bully and Attack mode by threats, intimidation, or aggression, and the Predator mode by cold, instrumental aggression (Bernstein et al., 2007).

According to the forensic schema treatment paradigm, criminal conduct is explained as an unfolding series of schema modes, beginning with child modes triggered by particular stimuli and progressing to increasing modes ending in over compensatory modes during the execution of antisocial crimes. For instance, a patient was rejected by his/her romantic partner. The patient faced with feeling of frustration (Impulsive Child mode), patient faced with feeling inferior (Humiliated Child mode), inferior (Humiliated Child mode), frustration (Impulsive Child mode), angry (Angry Child mode). The patients switching to self-aggrandizer mode to cope with bad feeling, and he/she overcompensates feelings of sexual arousal and power dominate. in the predator mode the patient search for vulnerable victim and makes a friendship connection (Conning and Manipulator mode).

at the and if things don't go as planned, the patient violates the victim (Bully and Attack mode).

A framework for understanding and dealing with criminal and violent conduct is provided by the forensic ST model. Maladaptive schema modes are regarded as internal psychological elements that enhance the possibility of antisocial conduct in this paradigm put out by Bernstein and Nentjes (2015), whereas healthy modes are seen as internal protective aspects that reduce this likelihood. Early maladaptive schemas and maladaptive coping formed throughout childhood, affected by elements including genetic predisposition, child abuse, neglect, and abandonment, as well as exposure to family or community violence, activate these schema modes. The growth of healthy modes of transportation, however, also benefits from protective variables including genetic predisposition, supportive families and communities, and economic opportunity.

Figure 1: Explanatory ST model for criminal and violent behavior



Note. Retrieved from Bernstein and Nentjes (2015). Bernstein, D. P., & Nentjes, L. (2015). Schema therapy for forensic patients with personality disorders. Utrecht, the Netherlands: Kwaliteit Forensische Zorg.

A study of 124 personality disordered offenders examined the relationship between psychopathy and early maladaptive schemas. According to the result, mistrust/abuse and insufficient self-control schemas are correlated with antisocial and lifestyle facets of the psychopathy checklist (PCL-R) (PCL-R; Hare & Ver Tommen, 1991; Chakhssi et al., 2014). Another study revealed that criminal behavior was typically preceded by emotional weakness, particularly the vulnerable child mode and feelings of loneliness, represented by the lonely child mode. Additionally, the detached self-soothing mode showed that intoxicated states existed (Chakhssi et al., 2013). The increasing pattern of events that led up to the crime,

which was characterized by anger and impulsivity, functioned as a metaphor for the angry and impulsive child mode. These modalities were prevalent during the actions leading up to the crime and intensified there. Criminal behavior was described by over compensatory modes as instrumental violence (Predator mode) and intimidation (Bully and Attack mode). Notably, there was no sign of emotional vulnerability during the crimes (Bernstein et al., 2019).

A newly published study by Bernstein et al (2023) included 103 patients with several personality disorder (antisocial, narcissistic, borderline, or paranoid PDs, or Cluster B) from eight high-security forensic hospitals in the Netherlands. Data were collected from patients treated with treatment-as-usual (TAU) and schema therapy (ST) for three years. As a result, patients in both conditions showed improvement and schema therapy was superior to TAU with a little difference (Bernstein et al., 2023).

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) was initially created to meet the requirements of females with borderline personality disorder (BPD) who were often suicidal or at risk of suicide (Linehan, 1993). Especially, it was created for chronically parasuicidal women with BPD by Linehan (1993). Additionally, this therapy has been shown to be successful in addressing symptoms in hard-to-treat groups, including self-harming behavior, interpersonal dysfunction, anger management, emotional lability, persistent sensations of emptiness, and cognitive problems. When dialectical behavioral therapy compared to treatment-as-usual, it showed significant decrease in anger, suicide, parasuicidal behaviors (Linehan, 1993). Additionally, the primary DBT therapist is in charge of treatment planning, keeping track of the patient's progress toward all DBT goals, assisting with the integration of various therapeutic modalities, and advising the patient on effective behavior.

The target features of the DBT for treatment is meet with the symptoms of offender population. 50% of the patients in the Colorado Mental Health Institute at Pueblo (CMHIP) was diagnosed with bipolar personality disorder or anti-social personality disorder. Also 40% of them was diagnosed with both BP and ASPD (McCann, et al., 2000). Also, a study measuring the prevalence of personality disorder in probation services showed that the prevalence rate of bipolar disorder was 19.8%. ASPD (91%), major depressive disorder (82%), drug abuse (73%), attention deficit hyperactivity disorder (ADHD) (70%), and alcohol dependence (64%) were the most prevalent current comorbid disorders among patients with BPD (Wetterborg et al., 2015). Thus, McCann et al argued that dialectical behavioral therapy is suitable for forensic setting. The primary reason for this is the prevalence of personality disorders among offenders. Secondly, dialectical behavioral therapy is a comprehensive form of cognitive behavioral therapy which is successful in treatment of distorted cognition in offender population. A meta-a-

analysis revealed the effectiveness of group therapy and CBT in treating anger management, anxiety, disciplinary actions, and in boosting interpersonal functioning, self-esteem (Morgan & Flora, 2002). Another review showed that CBT is effective in terms of two approaches which one is treating moral reasoning and other one is treating criminogenic thoughts and attitudes (Mackenzie & Hickman, 2001). Finally, a review study argued that implementation of the DBT is a new concept and there is controversy in it. When it was applied to certain need (suicide, self-harm...) it was found effective (Lisa et al., 2004).

Functional Behavioral Analysis

Function analysis can be defined as “the identification of significant, manageable, causal functional relationships applicable to a predetermined set of target behaviors for a specific client” (Haynes & O’Brien, 1990). Two main underlying principles of functional analysis are operant conditioning (voluntary behavior changed by positive or negative consequences) (Skinner, 1938, as cited in Sampl et al., 2008) and classical conditioning (involuntary activity caused by a stimulus) (Pavlov, 1927, as cited in Sampl et al., 2008). Functional analysis can improve the effectiveness of treatment and the crucial next step in functional analysis is identifying the antecedent stimulus. For instance, frame of the behaviors and consequences must be identified. START NOW is developed due to functional behavioral analysis for correctional facilities to treat offenders. It profits by functional behavioral analysis in terms of its group based coping skill training program (Sampl & Trestman, 2007). The founders of the START NOW are professionals from National Institute of Justice (NIJ). The aim of the program is to provide a situationally and cognitively appropriate broad-ranged, manual-guided treatment for behaviorally disordered offenders (i.e., those who have demonstrated a pattern of impulsive behaviors sufficiently frequent and intense to disrupt their own functioning and that of the surrounding community) (Sampl & Trestman, 2007).

Using the ABC method, START NOW participants learn how to evaluate and understand their own behavior. The group leaders go through functional analysis with the members and put it into practice, telling them that by recognizing ABC patterns, they can better understand their behavior and have greater control over it. The professionals show offenders to how they can handle in case of possible event they may face. Handouts in the START NOW participant workbook offer a range of scenarios. The ABC template is painted in permanent marker on a whiteboard, which also serves as the backdrop for the group’s examples (Sampl et al., 2008).

Functional behavioral analysis is recommended to apply to different type of offenders but there is dearth of studies due to its harsh sample. For example, classifying the functions of inpatient aggression (Howells & Ogloff, 2007), analysis of sexual offenders and paraphilias. Plaud (2007) addresses the specific applicati-

on of functional analysis ideas to the paraphilias. He considers learning theories, habituation, sensitization, classical and operant conditioning, and functional conceptualizations of various sexual illnesses in order to understand sexual behavior. The facilitators examine events occurring before, during, and after the crime to detect factors leading existence, improvement, and maintenance of problem behaviors. It is done to assess environmental, cognitive, physiological, and behavioral factors. Following the assessment, information is utilized to construct an intervention that adds new controlling factors or changes the original variables in order to change the target behaviors.

Restorative Justice

The fundamental philosophy of the restorative justice is meeting victims and offenders to let offender to release consequences of their actions (Zehr, 2015). Meeting the criminal with the victim will activate the empathy factor and enable the criminal to understand the bad consequences of his behavior. Because feelings of shame and remorse will be triggered, the offender is expected to stop his wrong behavior. However, due of their lack of empathy, psychopaths find it difficult to understand the perspectives of others.

A study examining the relationship between psychopathology, remorse and psychopathy among juvenile offenders used 97 in the study. And the results demonstrated that guilt was negatively associated to psychopathic characteristics while, shame was positively associated to behavioral features of psychopathy (Spice et al., 2015). Furthermore, the study discovered that shame was strongly associated with a variety of mental health concerns, whereas guilt was associated with negative sentiments of rage, despair, and anxiety. These findings confirm Hare's (2003) notion that psychopathy is characterized by a lack of regret. The findings also emphasize the importance of addressing feelings of shame and guilt in the treatment of juvenile offenders, implying that these emotions might be key intervention targets.

The research offered that these finding should be encouraged and reflected to restorative justice. Restorative justice, which focuses on accountability and making amends, is an approach that strongly emphasizes inducing feelings of guilt (Umbreit & Armour, 2010). However, it is important to note that the primary goal of restorative justice is to address the needs of victims rather than solely focusing on offenders (Braithwaite, 2002). It has been cautioned that restorative justice programs should not become overly offender-focused (Choi et al., 2012).

An alternative approach that could be beneficial is interventions that concentrate on developing awareness and understanding of guilt, such as those employed in Dialectical Behavior Therapy (DBT), mentioned above, (Linehan, 1993). These interventions could be particularly relevant for young individuals with high levels of psychopathic traits, considering the current findings indicating consis-

tent deficiencies in guilt across various areas for these individuals. Despite initial concerns regarding the effectiveness or potential harm of treating clients with psychopathic traits (Harris et al., 1994), emerging evidence suggests that even individuals with more deeply ingrained affective psychopathic traits may respond positively to therapy (Salekin et al., 2010).

On the other hand, a study aimed to measure consequences of restorative justice practices in psychopathic offenders and despite the cues that psychopaths are bad at taking perspective of others (Drayton et al., 2018) and restorative justice is not suitable for psychopaths, the study declared opposite view. In the study, the facilitators of restorative justice were asked to evaluate mediation process of psychopaths. 85.2% of the evaluators said that mediation meetings were beneficial both for victims and psychopaths whereas 55.6% of them said that it is not a good idea that meeting victims and psychopaths because in some meetings psychopaths manipulated the situations and claimed victims or enjoyed retelling the facts (Bisback, 2022).

Conclusion

In this brief and informative article, it has been explored that the wide range of psychiatric therapies designed for criminals who demonstrate psychopathic tendencies in this thorough review. Examination of several treatment modalities, such as Schema Therapy, Dialectical Behavior Therapy (DBT), Functional Behavior Analysis (FBA), and Restorative Justice, reveals a broad range of tactics intended to address the particular problems faced by people with psychopathy.

Psychopathy is found to be hard to treat in terms of three facets. The first one is adherence problem. People with psychopathic trait have difficult with adherence to therapy and rehabilitation process. This causes drop out, which is a second problem. Because of drop-out, the rehabilitation process interrupted. Lastly, since psychopathic traits are considered as traits, it is difficult to achieve behavioral changes. Nevertheless, different treatment methods have been evaluated in the literature and studies with positive effects have been found.

The findings of this research highlight the potential efficacy of various therapeutic approaches in reducing the negative psychopathological behaviors. For offenders who exhibit psychopathic qualities, schema therapy presents a possible means of resolving ingrained maladaptive schemas, building empathy, and creating improved interpersonal interactions. A very recent study has revealed that both schema therapy and treatment as usual have significant effect on treatment of psychopathy and also, schema therapy showed little superior effect than TAU (Bernstein, 2023).

The most important benefits of dialectical behavior therapy are that it is designed to treat hard-to-treat-group, and this provides a good match with psychopathy. However, DBT is designed for borderline personality disorder firstly so, it may

sometimes be incomplete in treating psychopathy.

When functional behavior analysis, which gives importance to examining behavior, is evaluated, pros and cons can be discussed. This treatment type is mostly based on behavioral analysis of offender's own misbehaviors. After the examination of behaviors, the change of problematic criminal behavior should occur. In this sense, there should be some disadvantages. Firstly, the examination and awareness of the problematic behavior may not be easy for every offender. For the functional behavior analysis, people should have intellectual ability to do this and also, should be open to behavioral change.

Additionally, by focusing on accountability, empathy, and reintegration, restorative justice programs foster a feeling of responsibility and connection within the person and the greater community. However, a restorative justice system could not be helpful for a group of psychopaths who lack empathy and a sense of remorse, as mentioned in the literature. Furthermore, restorative justice is a victim-oriented approach, so it does not target offenders (Choi et al., 2012).

Suggestion for Future Research and Practice

Practitioners treating criminals who demonstrate psychopathic tendencies must think about incorporating components of the examined treatments into their treatment plans. Schema Therapy, DBT, FBA, and Restorative Justice can be included into individualized treatment programs to address the unique needs and risk factors of each offender. Delivering comprehensive treatment requires close cooperation between experts from several fields, including psychologists, social workers, and correctional employees. Furthermore, to make sure that treatments are in line with the changing requirements of the patient during their rehabilitation process, treatment providers should regularly assess and modify them.

Risk-need-responsivity model is essential in this manner. Therapies developed according to the needs and risk factors of criminals are important in obtaining positive results. As mentioned in the literature, working alliance is important for positive therapy outcomes. In this way, it is aimed to reduce drop-out and complete the treatment (Walton et al., 2016).

There are several suggestions for the future studies. Firstly, investigating the long-term effectiveness of these therapies to assess their impact on recidivism rates and sustained behavioral change among individuals with psychopathic traits are vital. Secondly, neurobiological underpinnings of psychopathy should be explored to develop interventions that target specific neural mechanisms associated with this personality disorder. Cultural adaptations of the therapies should be examined to ensure they are effective and respectful of diverse populations. The potential benefit of early intervention and prevention strategies for individuals displaying early signs of psychopathic traits should be investigated. As, there is proven evidence about the great improvement on the treatment of children and

adolescence with psychopathic traits. Lastly, effectiveness of integrating multiple therapeutic approaches should be explored to create comprehensive treatment programs tailored to the unique needs of each offender.

In conclusion, despite the fact that psychopathy poses major difficulties for treating offenders, the approaches discussed in this paper provide hope and promise. We may work towards more successful interventions that not only reduce recidivism but also support the rehabilitation and reintegration of people with psychopathic tendencies into society by applying evidence-based therapies and continuing to deepen our understanding via rigorous research. For the benefit of people and the communities they return to, it is worthwhile to embark on the difficult process of rehabilitating psychopaths.

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