

# Challenging Assumptions: Trauma-Informed Approaches for Suicide Prevention in Psychopathy

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## OVERVIEW

- Psychopathy is a multidimensional personality condition often characterized by patterns of grandiose sense of self-worth, impaired empathy, lack of remorse, and superficial charm.
- Research findings indicate empirical support for two subtypes of psychopathic traits identified as primary psychopathy and secondary psychopathy.
- Primary psychopathy is categorized by innate personality traits including manipulateness, social assertiveness, and emotional detachment, and is believed to have strong genetic underpinnings.
- Secondary psychopathy features similar callous behaviors to primary psychopathy, but is accompanied by higher levels of impulsivity, anxiety, and emotional reactivity.
- Secondary psychopathy manifests primarily from environmental conditions that often include trauma or abuse.
- Research supports more nuanced relationships between psychopathy traits and suicidality.

## RISK FACTORS AND PSYCHOPATHY

- Secondary psychopathy is positively correlated with self-injurious thoughts and behaviors.
- Secondary psychopathy is associated with suicidal ideation and intentionality, influenced by the effects of emotional and behavioral dysregulation.
- In a study of juvenile offenders, results found those higher on the psychopathy scale were at a much higher risk of suicidal ideation than those with lower levels of psychopathy.
- While secondary psychopathy has proved to be a predictor of suicidal ideation, physiological anxiety and depression were significant factors in the moderation of this process.
- The use of painful or provocative behaviors to mitigate the experiences of emotion dysregulation serves as a greater risk toward suicidal capability.

## RISK FACTORS FOR SUICIDALITY

- Fearlessness
- Perceived burdensomeness
- Thwarted belonging
- Emotion dysregulation

## SUICIDE RISK ASSESSMENTS

- Assessments involving the current emotional and mental status of clients should be conducted as a safety measure.
- Screen for dark triad traits and understand how these traits may contribute to the development of suicidal thoughts and behaviors in clients (machiavellianism, narcissism, and psychopathy).
- Screen for co-morbid disorders as risk factors for suicidality.
- Factors such as emotion dysregulation, history of suicide attempts, and depressive symptomology are vital for effective treatment.

PRIMARY PSYCHOPATHY	SECONDARY PSYCHOPATHY
Interpersonal-affective deficits (e.g. grandiose, detached, fearlessness, callousness, lack of empathy)	Impulsive-antisocial behaviors (e.g. irresponsible, disinhibition, criminal versatility)
Arises primarily from genetic and neurobiological influences	Arises primarily from environmental influences
Associated with dominant and deceptive interpersonal styles	Associated with hostile, aggressive, and parasitic interpersonal styles
Decreased reactions to distressing stimuli and negative emotionality	Increased negative emotions such as anxiety, distress, and depression
Often display confidence, extroversion, and social dominance	Often display emotion dysregulation, impaired self-control, and higher levels internalized psychopathology

## INTERVENTIONS

- Counselors should focus therapeutic techniques on addressing risky behaviors and emotion dysregulation with clients.
- Therapeutic approaches should be geared toward coping strategies as well as emotional and behavioral regulation skills.
- Focus should be placed on addressing common risk factors for suicide as well as supporting clients in acute stages of suicidality.

## EXAMPLE TREATMENT MODALITY:

### Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

- CBT-SP has been effective in the reduction of suicidal ideation and attempts, improved emotion regulation, and enhancing the use of coping skills.
- Trauma-informed principles can be applied by helping clients recognize how previous trauma affects current suicidal thoughts, emphasizing personal safety, and making connections between previous trauma and existing cognitive distortions around suicide.

## DISCUSSION AND RECOMMENDATIONS

- Counselors risk missing significant signs of suicide risk in individuals who exhibit psychopathic traits due to preconceived notions.
- These assumptions - that people with psychopathy are protected against suicidality due to traits such as being overtly manipulative, incapable of feeling emotion, or incapable of self-harm - can minimize serious indications of suicidal thoughts and behaviors.
- This bias in clinical assessment poses a significant danger, as it may prevent individuals with psychopathy from receiving potentially life-saving interventions and support.
- Clinical mental health counselors and counselors in training need to be aware of this information, as to avoid the potential for abandoning this population in relation to suicide risk assessment and prevention.
- Psychopathy assessments should be updated to indicate primary or secondary psychopathy and further prompt assessment for depressive symptoms and suicide risk.
- Suicide risk assessments should be updated to screen for secondary psychopathy traits as well as the presence of anxiety and depression in clients.
- There is a significant gap in counseling research dedicated to suicidal ideation and prevention as it pertains to people exhibiting psychopathy traits.
- Not only should research focus on suicidal ideation and prevention with this population, but it is also important to look at evidenced-based suicide interventions that are effective with this population in particular.
- Research should also highlight the protective aspects of psychopathy that are often left out of the literature.
- The language surrounding this disorder needs restructuring to remove stigmatic and biased terminology that may cause harm to this population.



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