



# The Joker: An introduction to Forensic Schema Therapy

Dr Lars Bang Madsen

Forensic + Clinical Psychologist

Accredited Advanced Schema Therapist & Supervisor

# Forensic Schema Therapy

- Relatively new innovation pioneered by David Bernstein and colleagues in the Netherlands in the mid to late 2000's
- Introduced the so-called forensic schema modes:
  - the **bully & attack**;
  - the **self-aggrandizer**;
  - the **predator**; and,
  - the **conning-manipulator**
- Working with severe personality disorder and helping make sense of offences that often can appear inexplicable
- Bernstein's recent RCT - Bernstein DP et al (2021). Schema therapy for violent PD offenders: a randomized clinical trial. **Psychological Medicine** 1–15.

# Superheros & Supervillains

- Batman watch parents gunned down in an alley, became an orphan, and grew up in the immense privilege
- **Unresolved trauma** of parent's death that **haunted him and shaped him** to become the ice-cool unstoppable vigilante that is Batman







# Superheros & Supervillians

- Spiderman loses both his parents at an early age and is raised by his uncle and aunt. Living in the rough part of town **Peter Parker struggles with poverty, physical illness, and bullying**
- His **transformational trauma** however is the **death of his beloved uncle** by a petty thief that he chose not to apprehend





# Superheros & Supervillains

- Bane, for instance, the only villain to have broken Batman, was sentenced to imprisonment from his birth for the crimes committed by his father.
- **Bane grew up in a hell** where he had to fight on a regular basis to survive. Later, he was **treated like a lab rat** and was **discarded** when considered a failure.
- A man who was **born without love and affection**, Bane has only known rage since his birth.



# Modes, Schemas, & Childhoods

- Superhero and Supervillain stories tell the story of modes...
- 'Modes' formed in response to trauma... are a type of superpower to survive an overwhelming set of circumstances.. Which do work (at least in the moment anyway)
- FTS is all about the modes





# Forensic Contexts

- Patients are typically **mandated** to attend treatment
- **Goals and Objectives** of the treatment will typically relate to criminogenic issues and concerns (ie., reducing risk of violence etc.)
- **Little control, coercive environments,** consequences for noncompliance, poor engagement, lack of progress
- Correctional contexts can be dangerous, exploitative and not supportive of progress / 'healthy adult' behaviour



# Typical childhoods

- **High stress family context**
  - Single mother / blended families / foster care
  - Parental psychological problems, mental illness, drug and alcohol problems
  - Parental criminality
  - Poverty
- **Exposure** to, and a victim of, physical, emotional and sexual abuse
- Early behaviour problems & mental health diagnoses (e.g. ADHD, Conduct Disorder, ODD)
- Poor educational attainment, learning disability, school exclusion due to behaviour problems





Typical  
Childhood  
themes

'It's a **dog-eat-dog world**' - vulnerability is weakness and weakness is exploited...

Live fast die young ..

'To be safe I **you need to be feared**'

'End justifies means'

'**Violence is necessary and unavoidable** in some circumstances'

Mistrust everyone

# Forensic Patients (NOMS, 2015)

- PDs are thought to exist in about 5-10% of the general population, in about 20-30% of general practice patients, in 30-40% of psychiatric patients, and **60-70% of prisoners** and **about 50% of offenders managed by providers of probation services**
- **Antisocial PD** is the most prevalent specific personality disorder in most forensic settings, followed by **Borderline** and **Narcissistic PD**
- Psychopathy is thought to exist at clinically significant levels in between 0.75 and 1% of the population (so, about the same as schizophrenia) and in about **10-15% of the male prison population**.



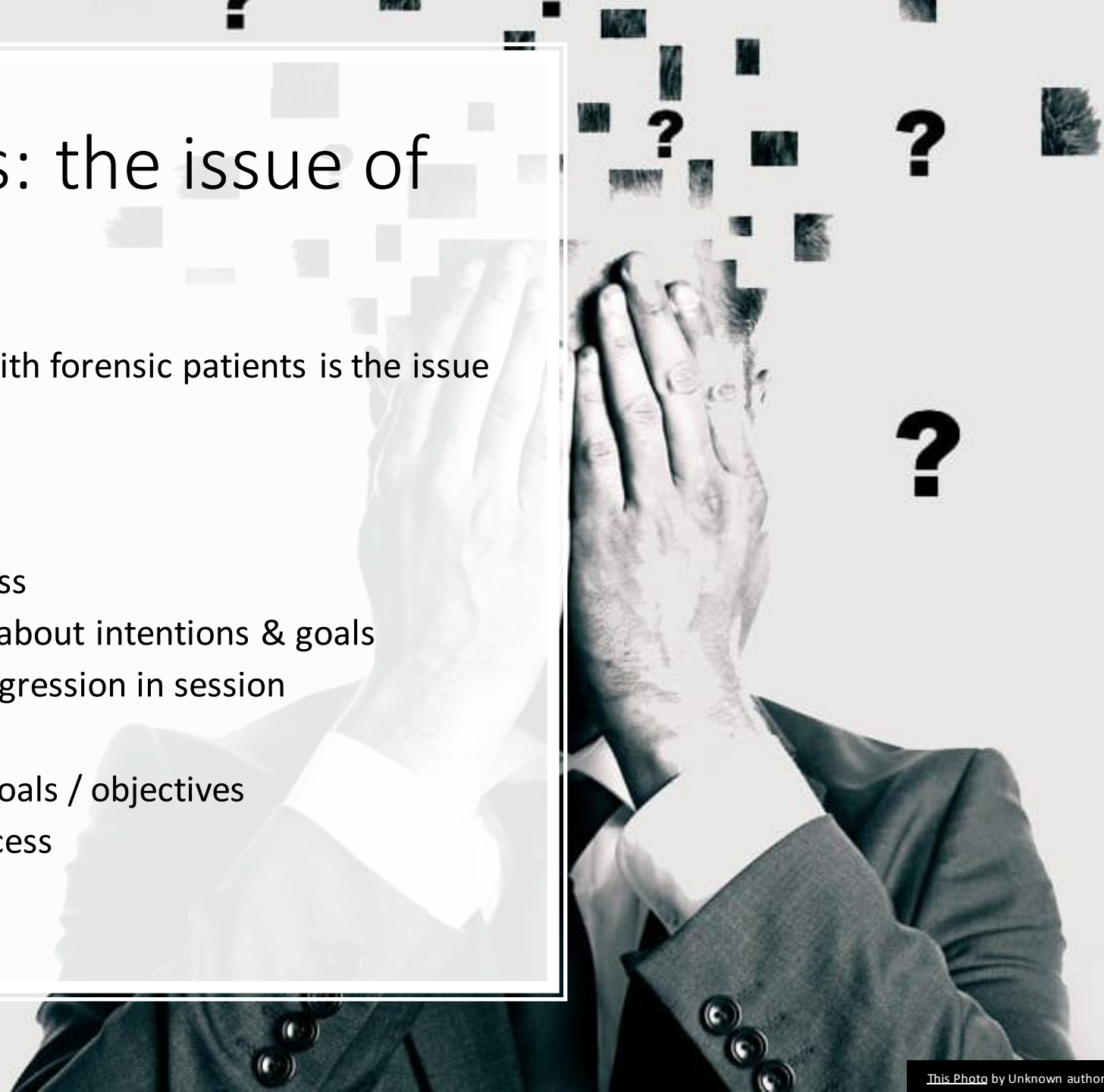
# Forensic rehabilitation: Risk-Needs-Responsivity Model (RNR)

- The **RNR model** is a widely used framework guiding treatment of offending populations. The model is based on extensive research into the factors which predict recidivism – these are the key dynamic (i.e. changeable) risk factors that are most strongly related to recidivism
- Proposes that **intervention with offenders works best** when:
  - **Risk:** Targets high-risk offenders
  - **Needs:** Targets the characteristics that are changeable and related to risk
  - **Responsivity:** Uses methods and techniques that are accessible to the patient (i.e., accounting for personality, intellectual functioning, mental health problems etc.)



# Forensic Patients: the issue of responsivity

- One of the biggest challenges with forensic patients is the issue of **responsivity**
- Forensic patients typically:
  - Mistrust you and the process
  - Exploitative and deceptive about intentions & goals
  - Interpersonal hostility & aggression in session
  - Impulsivity
  - Resistance to therapeutic goals / objectives
  - Attempt to control the process
  - Detachment



# Forensic Schema Therapy (FST) (Bernstein, et. al., 2019)

- Places a much greater emphasis on the modes & conceptualises the 'responsivity' challenges often experienced as evidence of the patient's maladaptive coping modes, specifically the overcompensating modes
- These maladaptive coping modes typically have emerged in childhood in challenging circumstances, and served to help the patient feel safe, get their needs met, and generally survive in the world
- Bernstein et. al. (2007) identified forensic coping modes: Bully & Attack, Coning Manipulator, Predator, and Self Aggrandizer

What might an overcompensating mode look like in therapy?







# The Bully & Attack Mode

(Bernstein, et.al., 2007, 2019)

## Key Signs

Presents in intimidating, threatening & aggressive manner –both verbally & non-verbally

Objective of behaviours is to *put someone in their place, to make them feel unsafe or scared*

Different type of anger to angry child or angry protector

**Function:** Sometimes to overcompensate for feelings vulnerability, powerlessness, etc

**Typical feelings:** Scared, threatened, unsafe



# The Self Aggrandizer Mode

(Bernstein, et.al., 2007, 2019)

## Key Signs:

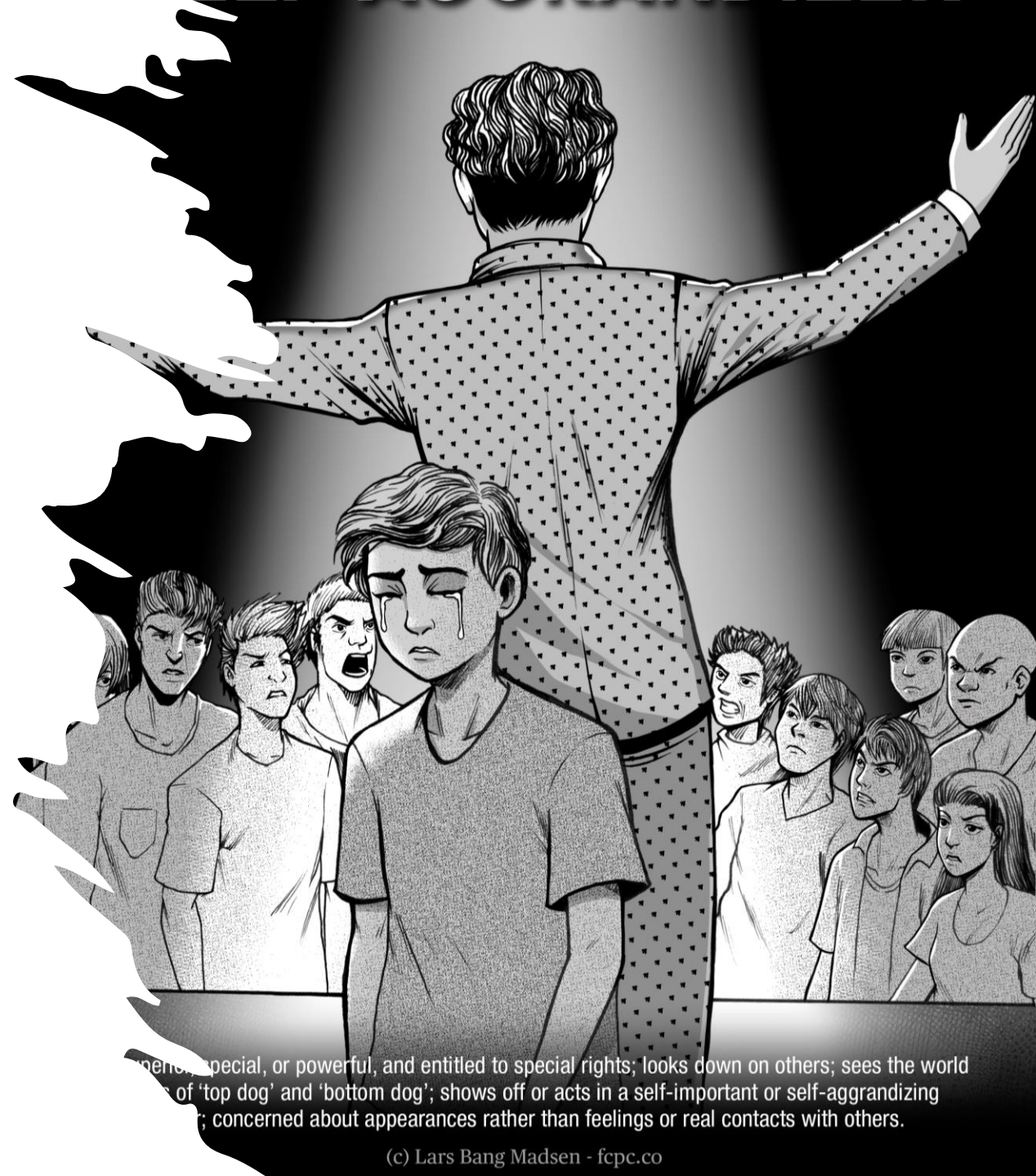
Likes to present self in a good light – tells stories about his specialness, superiority, normal rules don't apply to me

Experienced by others as arrogant, likes to talk about self

Puts others down, including the therapist

**Function:** Sometimes to compensate for feeling defectiveness, shame, worthlessness

**Typical feelings:** Annoyed, put-down / belittled, anxious to impress



...special, or powerful, and entitled to special rights; looks down on others; sees the world in terms of 'top dog' and 'bottom dog'; shows off or acts in a self-important or self-aggrandizing way; concerned about appearances rather than feelings or real contacts with others.

# THE CONNING MAN



## The conning manipulator mode (Bernstein, et.al., 2007, 2019)

### Key Signs:

Uses indirect methods to get what he wants. May present as a perfect patient, flatter the therapist and the therapy. May make up stories to garner sympathy

May try to get favours, be owed something or encourage the therapist to violate boundaries in one way or another to have something over them

Lies

**Typical Feelings:** Confused, things don't add up, manipulated



# The Predator (Bernstein, et.al., 2007, 2019)

## Key signs

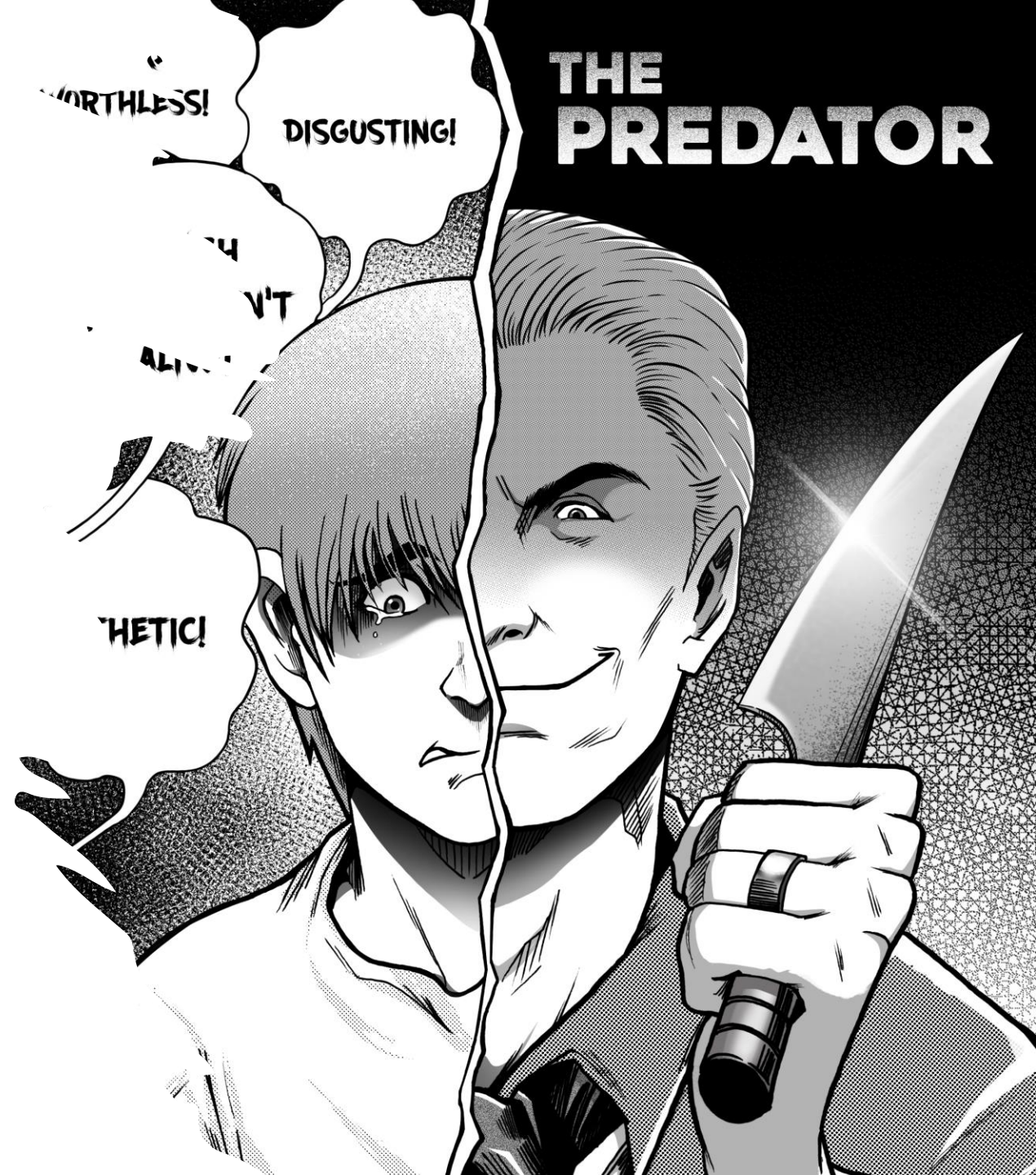
In this mode the patient is cold and detached and determined (THINK Jason from Friday 13th or Michael Myers in Halloween).

Violence is cold and calculating. Different than bully & attack where the motivation to intimidate and threaten, the predator is orientated to achieving a goal or objective.

Instrumental violence

Debt collect / hit man 'just business'

**Typical feelings:** Scared, things aren't right, unsafe, the other person is unreachable



# Sources of Forensic Modes

A modeled strategy that has practical utility in a dangerous environment

*"My earliest memory was seeing my mother be raped by my dad... I was then also abused... when I went to the boy's homes, the older kids would get me, that happened, until I was the oldest and non-one could get me. I started raping the younger ones and it felt good to have control and power. In prison, rape became a strategy for control and power, not just pleasure although I enjoyed raping guys. I also knew that it scared the shit out of anyone who challenged me... You come for me, and I will get you eventually no matter what. I controlled everything." - Ray.*

Prominent Modes: **Predator / Bully & Attack / Self Aggrandizer Modes**

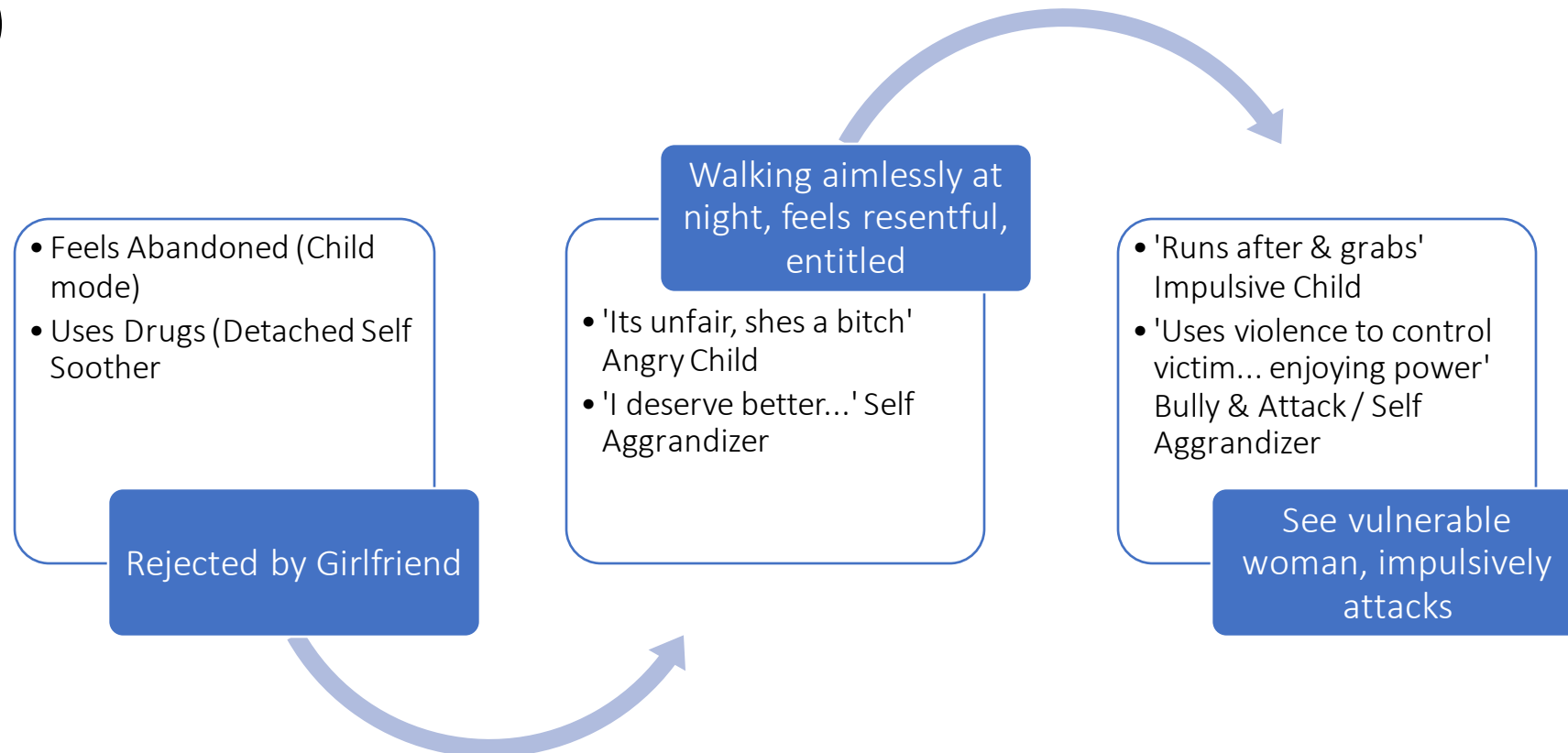
# Sources of Forensic modes

- A learned strategy that
- *"I am smarter than most of the guys in here. I know I can manipulate them easily and get them to give me things or do things for me without violence. I just pick a vulnerable one and tell them that a gang or someone dangerous is going to get them, but I can help them. I can protect them .... it'll cost you though, and I name my price... money, drugs, clothes, sex, anything really... it's easy" - Steve*
- Prominent mode: **Conning Manipulator**



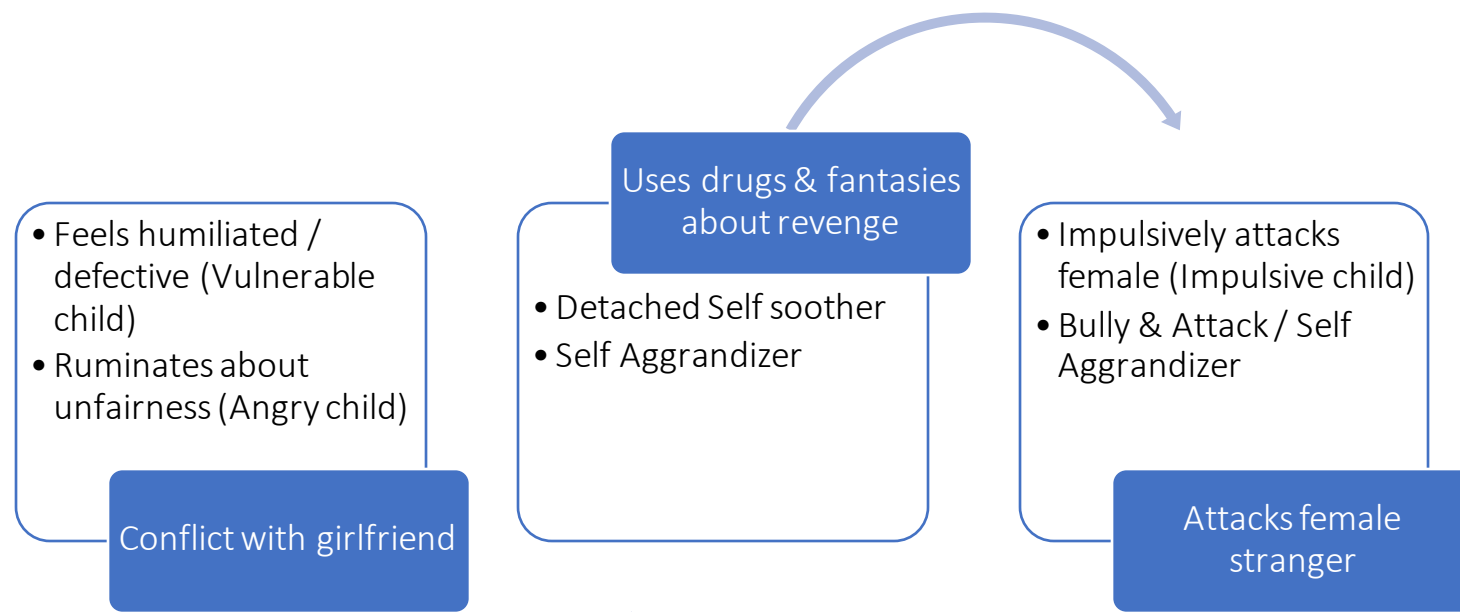
# Offending & Modes

- FST understands offending as an unfolding sequence of modes, usually initiated by a vulnerable / child mode (Keulen-De-Vox et al., 2014)

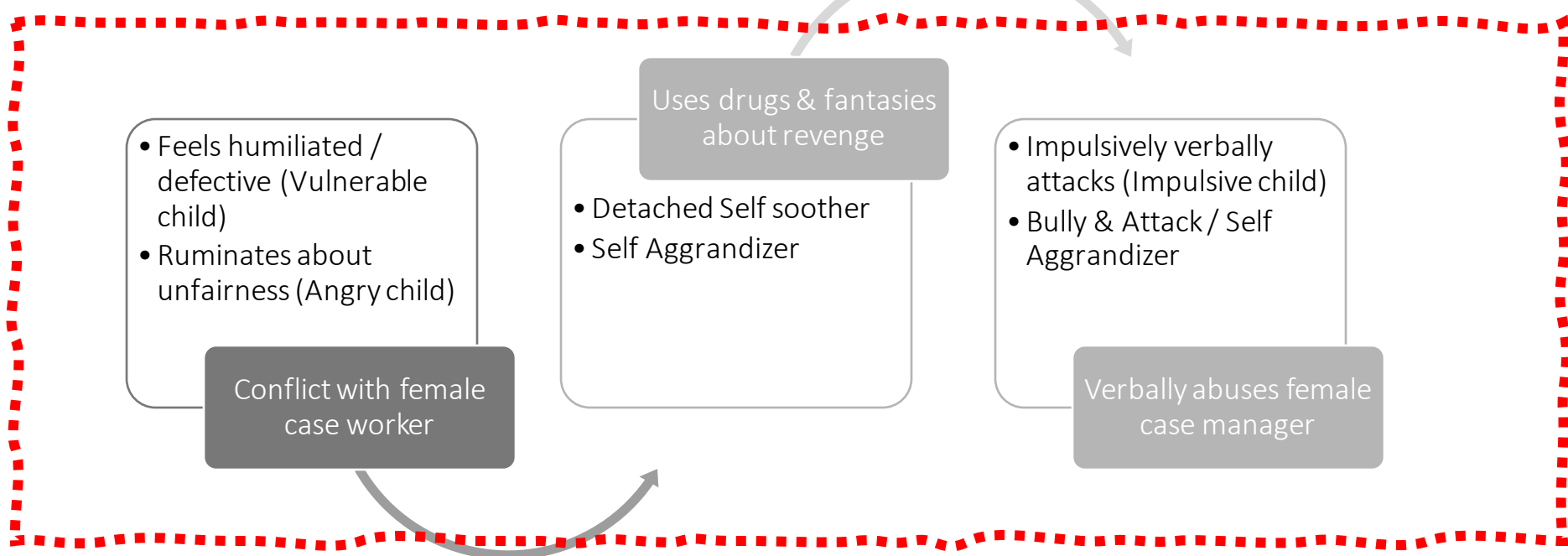


# Presence of specific modes as Risk Factors

- Structured risk assessment can only say so much, and the challenges with is identifying when someone is most at risk
- Typically determined by examining changeable characteristics
- The presence or absences and the degree of activation of a 'known offending sequence' provides relevant information about the level of risk that an individual may actually represent.

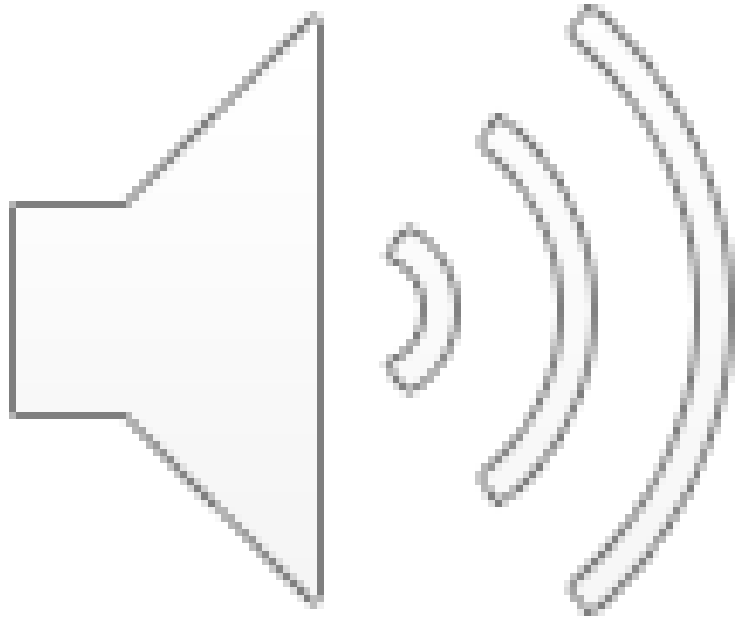


## OFFENCE PARALLELING BEHAVIOURS





# Discussing forensic modes ....



# Forensic Schema Therapy

- Places a greater emphasis on the modes rather than the schemas
- Early on attention is paid to the therapeutic relationship, treatment ruptures, challenges are expected ...
- Forensic patients rarely present vulnerability in the session, these modes are usually behind a wall of maladaptive / OC modes
- One of the most important goals in FST is to eventually reach these vulnerable sides to reprocess traumatic experiences, and provide for core emotional needs





# The Joker

- Background & context that this similar to most of the difficulties that they have experience
- Trajectory is familiar to most forensic patients and the themes are the same - Impoverished early history, exposure to violence, emotional abuse, neglect
- Mental health problems, diagnoses, poverty, struggle, isolation and disconnection
- Reflecting schemas within:
  - Disconnection and rejection
  - Impaired autonomy and performance
  - Other directedness







Play (k)



0:01 / 3:43

Scroll for details  
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# The Joker

- Powerlessness, bullying in the workplace, humiliation and rejection...
- Modes: Vulnerable Child (humiliated / lonely / abused); Detached self soother (fantasies of connection and relationships); compliant surrenderer
- Transformational trauma:
  - Loses job
  - Is rejected by what his father figure
  - Finds out that he is adopted, and that he suffered severe physical abuse at the hands of his mentally ill mother
  - Is incidentally attacked on a train



[Wall Street #1] Are you nuts? Did you see how close we were dancing!? She was in love, bro.

0:04



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Emergence of the maladaptive  
overcompensating modes...

Modes: Bully & Attack, Predator,  
**Nihilistic Self Aggrandizer\*\***



MYTH GYAAN

What do you get when you cross a mentally ill loner with a society that abandons him and treats him like trash? **You get what you f\*\*king deserve!**

- ARTHUR FLECK AKA JOKER

# Case conceptualisation

- Victor (43 years) referred due to risk assessment outcome and impending parole application
- Convicted of Double Murder plus History of Violent Crimes
- Diagnosed - **Antisocial Personality Disorder with Narcissistic & Borderline** traits plus unspecified **Paraphilic Disorder**
- Substance Misuse Disorder, in remission in confined context
- Psychopathy Checklist Revised (PCL-R) 25 (Hare, 2003)
- Risk of Sexual Violence Protocol (RSVP) = high risk



# Case Study Example

- Grew up in foster home with large number of other children
- Foster parents **emotionally & physically** abusive (mistrust & abuse, emotional deprivation)
- From a young age felt different in a negative way (failure / defectiveness), was excluded by peers
- Drug, alcohol abuse early on
- Sexual preoccupation – porn use, 'peeping tom'
- Stalking, risk taking & violence used to get needs met

## Victor

### Temperament:

Bold, daring

### Childhood experiences

Was placed into foster at birth

Grew up in a big family

Foster Parents were emotionally and physically abusive

Atmosphere at home was one of fear 'walking on egg-shells'

Little warmth, connection and attunement

From young age was allowed to wander around neighborhood by himself

Exposure to antisocial older peers / drug and alcohol abuse

Unmet needs: Lack of safety, protection, empathy, nurturing and attunement,  
provide no help with coping with problems

### **Schemas:**

Defectiveness and Shame: **I am a freak, and I don't belong**

Mistrust and Abuse: **People hurt and exploit you**

Emotional deprivation: **Don't expect anything from anyone** – love, understanding, guidance

Social Isolation: **I am outcast**

Abandonment: **People always leave** and I will be alone

Subjugation: **You must yield to others or you will be punished**

### **Bully & Attack**

I'll take what I want – no one can stop  
I'll willing to go to extreme levels of  
violence to prove my point – using  
intimidation and threats

### **Self-Aggrandizer**

I will have power and control of others  
I **stalk** people and could take them at any  
time – I have that over people  
Takes things from others because he knows  
he can and they will not stop him

### **Predator**

I will **destroy** people – stalks people

### **Punitive Mode:**

You are pathetic, weak  
You're toxic to everyone,  
You will never have a relationship or  
sexual fulfillment  
You are defective and disgusting

### **Avoidant Modes**

Detached Self Soother / Self  
Stimulator  
Takes drugs and uses sex to  
feel nothing  
Watches 'mindless' tv / eats

### **Detached Protector**

Feels nothing cut off from  
feelings

### **Little Victor**

Anxious, lonely, feels  
scared, hopeless and sad

### **Angry & Impulsive Child**

Feel angry about being  
treated poorly

Yells, throws things , does  
things on an impulse –  
quits a job, gets into a  
fight, etc



# Case example: Victor

- Function of offending
  - **Overcompensation** for a sense of powerlessness, defectiveness, exclusion and failure:
    - "The peeping tom behaviours made me feel relevant, powerful and capable. It was important that they did not know I was there "
    - "The feeling of power of having something over someone else and I could do anything to them, and they could not stop, was powerful. It made me feel like a type of god"

# 1. Attachment Phrase: Key Characteristics

- Key goal to motivate & engage patient
- Provide **psychoeducation** regarding modes & schemas
- **Identify** the modes that are relevant in the therapeutic process (develop mode map)
- Have orientation to patient's unmet emotional needs (**limited reparenting**)
- Use **empathic confrontation** with maladaptive coping modes
- Progress achieved when patient is:
  - Increasingly involved in the therapeutic process
  - Is aware of modes -> less active in session

## 2. Reprocessing Phrase: Key Characteristics

- Use of **experiential techniques**, such as imagery, re-scripting, etc.
- **Access traumatic early memories** linked to formation of schemas/modes
- Explore **pros & cons** of coping modes (cognitive)
- Identity & **challenge cognitive distortions** (cognitive)
- Identify health adult mode characteristics & behaviours



### 3. Reintegration Phrase: Key Characteristics

- Focus on **behaviour change** and **relapse prevention** (Chakhssi, et. Al. 2014)
- Chain analyses used to **identity triggers & escalating mode sequences** that reflect the patients offending pathway --> aim to break the chain
- **Behavioural rehearsal** – trying out new behaviours in circumstances that triggers schemas
- Risk behaviours or set-backs seen as opportunity to learn
- Session frequency reduced and eventually terminated

# Evidence base for Forensic Schema Therapy

## ***RCT:***

Bernstein DP et al (2021). Schema therapy for violent PD offenders: a randomized clinical trial. **Psychological Medicine** 1–15.

Bernstein, D. P., Nijman, H. L., Karos, K., Keulen-de Vos, M., de Vogel, V., & Lucker, T. P. (2012). Schema therapy for forensic patients with personality disorders: Design and preliminary findings of a multicenter randomized clinical trial in the Netherlands. **International Journal of Forensic Mental Health**, 11(4), 312–324.

## ***Published single case Studies:***

Chakhssi, F., Kersten, T., de Ruiter, C., & Bernstein, D. P. (2014). **Treating the untreatable: A single case study of a psychopathic inpatient treated with schema therapy.** *Psychotherapy (Chicago, Ill.)*, 51(3), 447–461.

## ***To be published single-case Study:***

Madsen, L. & Bernstein, D.P. (2022). Untangling sexual murder: A Forensic Schema Therapy Case Conceptualisation of a child murderer. Book Chapter to be published.

# Schema therapy for violent PD offenders: a randomized clinical trial (Bernstein, et al., 2021)

- Compared ST to treatment-as-usual (TAU) at eight high-security forensic hospitals in the Netherlands (n = 103)
- Patients in **both conditions showed moderate to large improvements** in outcomes.
- **ST was superior to TAU on both primary outcomes** – rehabilitation (i.e., attaining supervised and unsupervised leave) and PD symptoms
- Findings **support the effectiveness of ST** for rehabilitating violent offenders with PDs



# Forensic Schema Therapy - Key Points

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- Emerged mid-2000's with adaption of ST mode concepts to forensic patients and contexts
- Forensic contexts have higher prevalence of ASPD, NPD, BPD & Psychopathy – consequently emotional states including aggression, dishonesty, ruthlessness, etc.
- Adaptations – focus on modes, rolling with the challenges of poorly motivated patients, focus on offending / risk factors
- Forensic contexts present unique challenges for therapist, patient & the therapy



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Advanced Accredited Schema Therapist & Supervisor

- [lars@psychclinic.com.au](mailto:lars@psychclinic.com.au)
- [www.psychclinic.com.au](http://www.psychclinic.com.au)  
/ [www.fcpc.co](http://www.fcpc.co)