

ANTISOCIAL PERSONALITY DISORDER

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What is Antisocial personality disorder?

Antisocial personality disorder is a psychiatric condition in which a person manipulates, exploits, or violates the rights of others. This behavior is often criminal.

The history of the origins of ASPD are closely related to the history of psychopathy

Prevalence (epidemiology)

- ASPS in the general population is about 3% in males and 1% in females
- 3% to 30% in psychiatric outpatients, and even higher in the prison population or alcohol and drug abuse treatment programs.

(Hare 1983) suggests a link between ASPD and AOD abuse and dependence.

Personality Disorders

- Personality Disorders (PD) are rigid, inflexible, maladaptive behavior patterns of sufficient severity to cause significant impairment in functioning or internal distress.
- PD are enduring and persistent styles of behavior and thought, rather than rare and unusual events in someone's life.

Personality Disorders are grouped into clusters A, B, or C

- Cluster A: Paranoid PD; Schizoid PD; and Schizotypal PD
- Cluster B: Antisocial PD; Borderline PD; Histrionic PD; and Narcissistic PD
- Cluster C: Avoidant PD; Dependent PD; and Obsessive PD

Symptoms

- Breaks the law repeatedly
- Lies, Steals, and fights often
- Disregards the safety of self or others
- Does not show any guilt, there is a lack of remorse, or empathy
- Superficial Charm
- Lack of realistic long term goals
- Poor behavior control, expressions of irritability, annoyance, impatience, threats, aggression, verbal abuse, inadequate control of behavior and temper.

Symptoms Cont.

- Narcissism, elevated self-appraisal, extreme entitlement
- Persistent agitation or depression (dysphoria)
- Tendency to violate the rights and boundaries of others
- Inability to tolerate boredom
- Irresponsibility, disregard for social rules, obligations and norms
- Difficulties with authority figures

Differential Diagnosis: Associated and Overlapping Conditions

- Anxiety disorders
- Depressive disorder
- Substance-related disorders
- Somatization disorder
- Pathological gambling
- Borderline personality disorder
- Histrionic personality disorders
- Narcissistic personality disorder

What Counselors should know about substance abuse and ASPD

- Much of substance abuse treatment is targeted to those with ASPD, and substance abuse treatment alone has been effective for these disorders.
- Many people w/ substance use disorders are not sociopathic except as a result of their addiction.
- Most people diagnosed w/ ASPD are not true psychopaths.
- Many people w/ ASPD are poly-drug users.
- Many people w/ ASPD may be excited and thrive in the face of illegal activity and danger

Diagnostic Features of ASPD

- Pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence. This pattern has also been referred to as psychopathy, socioapathy, or dissocial personality disorder. For this diagnosis to be given, the individual must be at least 18 yrs of age (Criterion B) and must have had some symptoms of conduct disorder before age 15 (Criterion C).

Diagnostic Criteria for ASPD

A. There is a pervasive pattern occurring since age 15, as indicated by three (or more) of the following:

- : Failure to conform to social norms (unlawful behavior)
- : Deceitfulness, lying , conning for personal profit.
- : Impulsivity or failure to plan ahead.
- : Irritability and Aggressiveness
- : Reckless disregard for the safety of self and other
- : Constant irresponsibility
- : Lack of remorse

Diagnostic criteria for ASPD cont.

- B. The individual is at least 18 years old.
- C. There is evidence of conduct disorder with onset before age 15.
- D. The occurrence of ASB is not exclusively during the course of a Schizophrenia or a Manic Episode.

Treatment

- Clients w/this ASPD are usually hard to engage in individual treatment and are best managed through strict limits w/clear consequences.
- It is also important to minimize the interaction with other officials such as parole officers and the like, this enforces the limits of treatment and prevents the client from blaming one agency to another.

Treatment cont.

- People w/ ASPD are best managed in treatment that addresses both their substance abuse and their ASPD.
- It is important to differentiate between true ASPD and Substance-related ASB. This can be done by looking at how the person relates to others throughout his/her life. Persons w/ ASPD will have evidence of ASPD preceding substance use or enforced abstinence.
- Those w/ substance-related ASPD are more likely to have major depression.
- Treatment is still unclear and very little is known.