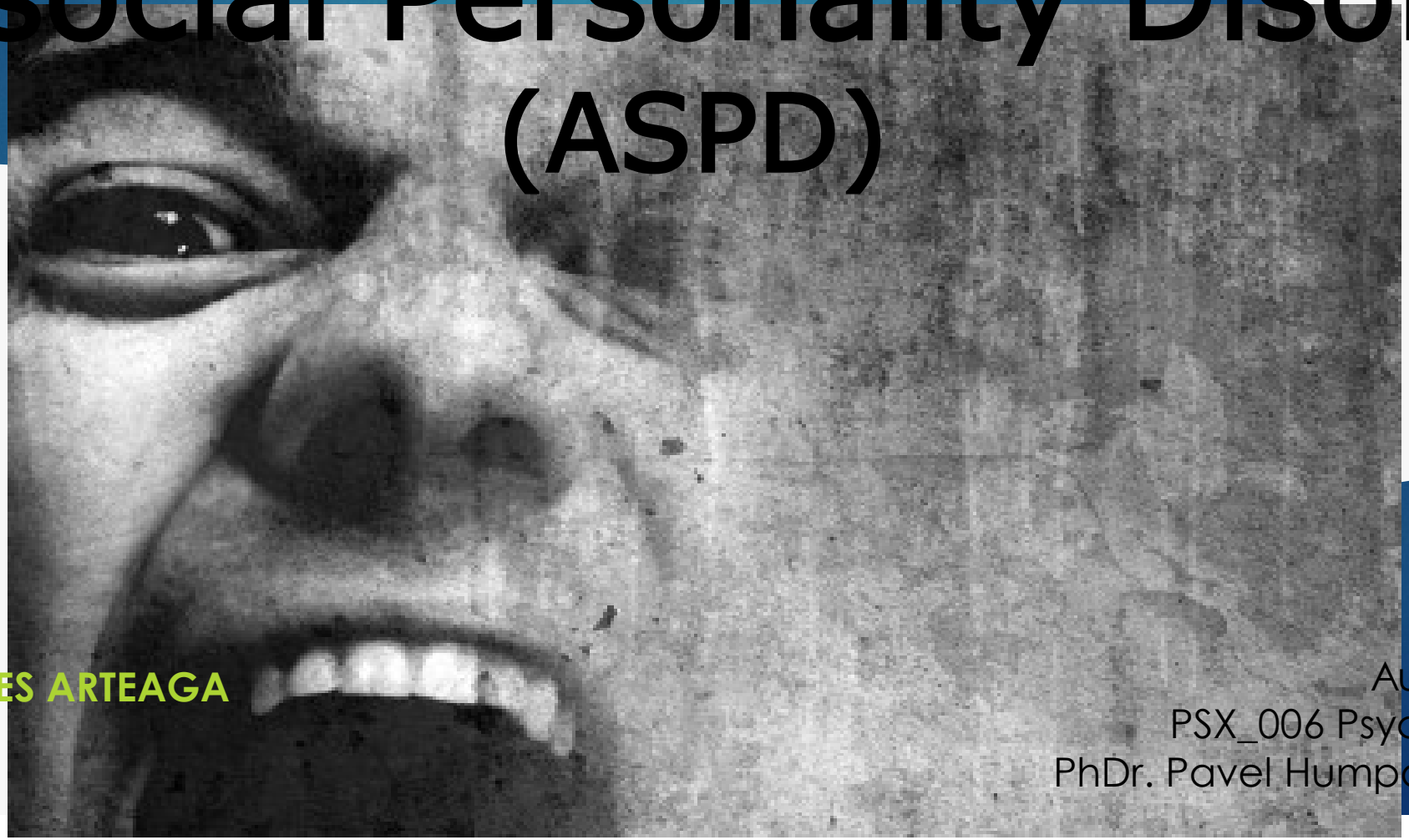
Antisocial Personality Disorder (ASPD)



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PSX_006 Psychotherapy
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Definition

Antisocial Personality Disorder (ASPD)

Dissocial personality disorder (DPD)

Individuals who habitually violate the rights of others without remorse.

- Habitual criminals → behaviours which could lead them to be arrested and prosecuted.
- Manipulation
- Hurt others in non-criminal but non-moral.

Confusing term

- Antisocial ≠ loner
- **Antisocial** = against society
- psychopathy = sociopathy ?

CRITERIA

DSM-5 (American Psychiatric Association, 2013)

- **Antisocial Personality Disorder** (301.7)

A. Disregard for and violation of the rights of others. Since 15 years old. Indicated by 3 or more:

1) Failure to conform to social norm
2) Deceitfulness
3) Impulsivity or failure to plan ahead
4) Irritability and aggressiveness
5) Reckless disregard for safety of self or others
6) Consistent irresponsibility
7) Lack of remorse

B. The individual is at least age 18 years.

C. Evidence of conduct disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

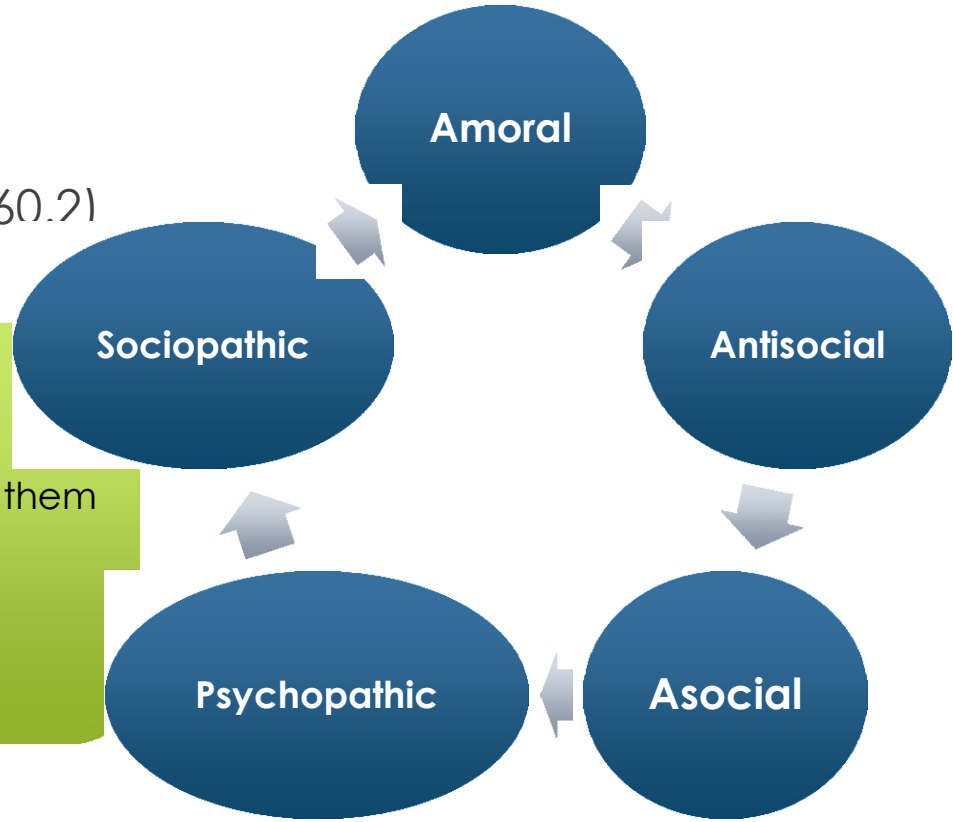
CRITERIA

ICD-10 (World Health Organization, 1992)

- **Dissocial personality disorder** (F60.2)

At least 3 of the following:

1. Callous unconcern for the feelings of others
2. Irresponsibility and disregard for social norms and obligations
3. Incapacity to maintain enduring relationships, but no difficulty in establishing them
4. Low tolerance to frustration and low threshold for discharge of aggression
5. Incapacity to experience guilt or to profit from experience
6. Blame others or offer plausible rationalizations for their behaviour



Associated feature → persistent irritability

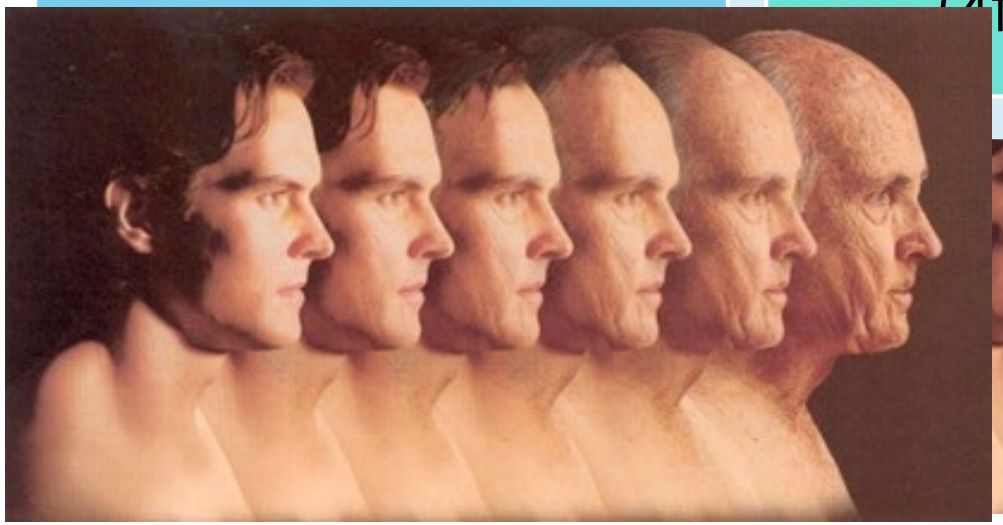
A clockwork orange

'Is it better for a man to have chosen evil than to have good imposed upon him?'

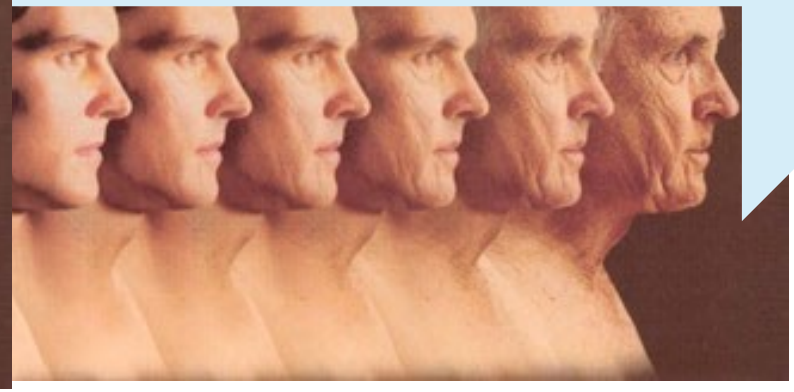
https://www.youtube.com/watch?v=MatuFuEm38c

Development and Course

Chronic course



Less evident or remit with age (4th decade)



Likely, decrease in the full spectrum of antisocial behaviours and substance abuse

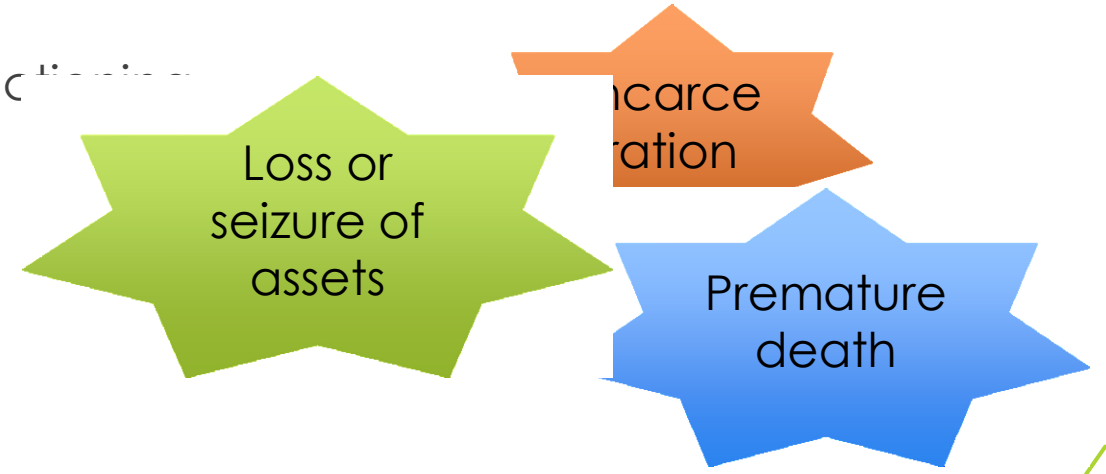
Especially, criminal behaviour

Impact on functioning

- Strong impacts on most areas of func[illegible]

Study of Goldstein, Dawson, Smith, & Grant (2012)

Higher rates in divorce, separation, unemployment, financial dependency on state relief sources, homelessness, anxiety, depression and suicide.

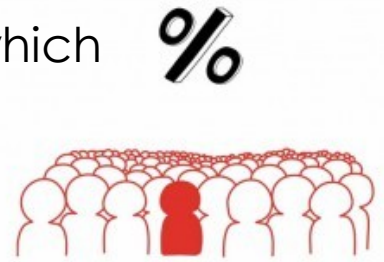


Furthermore, antisocials usually cause great harm to those around them, including through financial exploitation, theft, emotional abuse, assault, sexual assault, homicide and so on.

- Family
- Friends
- Neighbours
- Colleagues
- Complete strangers

Prevalence

- Annual prevalence between 0.2% and 3.3% (American Psychiatric Association, 2013)
- Highest prevalence of ASPD (>70%) → males with alcohol and substance abuse
- Males > Females. ¿Are females underdiagnosed? Emphasis in aggressive items
- Higher prevalence in samples affected by adverse socioeconomic (i.e., poverty) or sociocultural (i.e., migration) factors. Diagnosis can be misapplied in settings in which apparently antisocial behaviour may be part of a protective survival strategy.



Diagnostic

According to the DSM-5, ASPD can't be diagnosed before age 18. If diagnostic criteria are met before 18, the appropriate diagnosis would be **Conduct Disorder.**

Comorbidity

(American Psychiatric Association, 2013)

- Substance use disorder
- Schizophrenia
- Bipolar disorder

Narcissistic personality disorder	Histrionic personality disorder

Comorbidity

- **ASPD** ≠ Criminal behaviour undertaken for gain

The presence of comorbid disorders can impact the **characterization** and **treatment** of (Widiger, 2006)

- Antisocial personality
- Psychopathy

> - Most of prisoners with psychopathy meet the criteria for ASPD.
> - Less than half of ASPD meet the criteria for psychopathy (Hare, 2003)

- **ASPD** = Psychopathy ? → ≠ personality pathology, behaviour characteristics, etiology and, especially, the affective and interpersonal features.
- Anxiety in **ASPD** but not in Psychopathy (Goodwin and Hamilton, 2003; Verona et al., 2001)

Interactions between **Antisocial personality** or **Psychopathy** and Comorbid disorders may lead to personality types that do not fit in completely in current theories.

Etiology

Heritability
(Glenn and Raine, 2014; Viding and McCrory, 2012)

Between 40% and 80%

No clear associations between single genes and antisocial aggressive behaviours across studies (Vassos et al., 2014)

Rs-Fmri study (resting state functional Magnetic Resonance Imaging) (Tang, Jiang, Liao, Wang, & Luo, 2013)

Uncoupled connections in areas of the **frontal** and **parietal** lobes (associated with self control and regulation, attention and conflict solving). It can account for the chronic low arousal, high impulsivity, lack of conscience, callousness, and decision-making problem.

Risk Factors (DSM-5)

First degree biological relative with ASPD

- Also risk for *somatic symptom disorder* and *substance use disorders*
- Adoption studies indicate that both genetic and environmental factors contribute (>genetic)

History

19th century

Psychiatrists who began to attribute that behavior to deviant mental functioning

20th century

Different opinions made evident the complex nature of this disorder

21st century.

Introduction of DSM and ICD

Progressively emphasis on observable behavioral criteria for the diagnosis

- DSM: discardes the possibility of multiple types of antisocial individuals

- ICD: acknowledges the existence of antisocial personality types but doesn't provide enough guidelines to differentiate them

Failing to consider the differences between antisocials has a major impact on treatments, as therapeutic interventions are more likely to succeed if they match the patient's needs (Andrews et al., 1990).

Treatment

Still no really effective treatment programs

DSM-5 does not specify treatment options

Kept from committing crime by the criminal justice system but incarceration may not deter these individuals

Very difficult to treat as to be next to untreatable, especially high levels of psychopathy (e.g., Harris and Rice, 2006)

They hardly ever search for help (egosyntonic)

Apart from the harm to themselves and others, severe financial consequences that affect society (e.g. $400 billion financial damage in USA)

Medication

- Pharmachological treatment has been used to treat, especially, the aggressive behaviours of antisocial individuals.
- Still no direct evidence that pharmacotherapy is a viable approach for treating them.

Hirose (2001): *Risperidone* (antipsychotic) → reduction in aggressive

Walker et al. (2003): *Quetiapine* (antipsychotic) to highly aggressive individuals with psychopathy & ASPD diagnosis → Reduction in aggression, impulsivity & irritability

Sheard et al. (1976): *Lithium* in incarcerated offenders → positive impact on the reduction of violent behavior during detention.

Barratt et al. (1997): *Phenytoin* (antiepileptic) → effective way for treating aggressive behaviour in incarcerated populations

Medication

Mattes (2012):
Oxcarbazepine (modern antiepileptic) → suitable for treating aggression in offender populations.

Glenn and Raine (2014):
Selective serotonin reuptake inhibitors → increase glucose metabolism in the orbitofrontal cortex (potential method for improving functioning in criminals deficient region).
NO STUDIES IN ANTISOCIAL OR PSYCHOPATIC INDIV.

Drug abuse or non-compliance with treatment guidelines make impossible the widespread use of these medicaments.

Cognitive Behavioural Therapy (CBT)

Emotions, cognitions and behaviours are connected. Maladaptive tendencies are tackled through treatment of unwanted behaviors and/or disturbed thought processes

No or very limited treatment efficacy, especially in individuals with high levels of psychopathy.

Hitchcock (1995):

- 20 psychopathic offenders
- 20 non-psychopathic inmates

Little effect in either sample

Group or Individual CBT

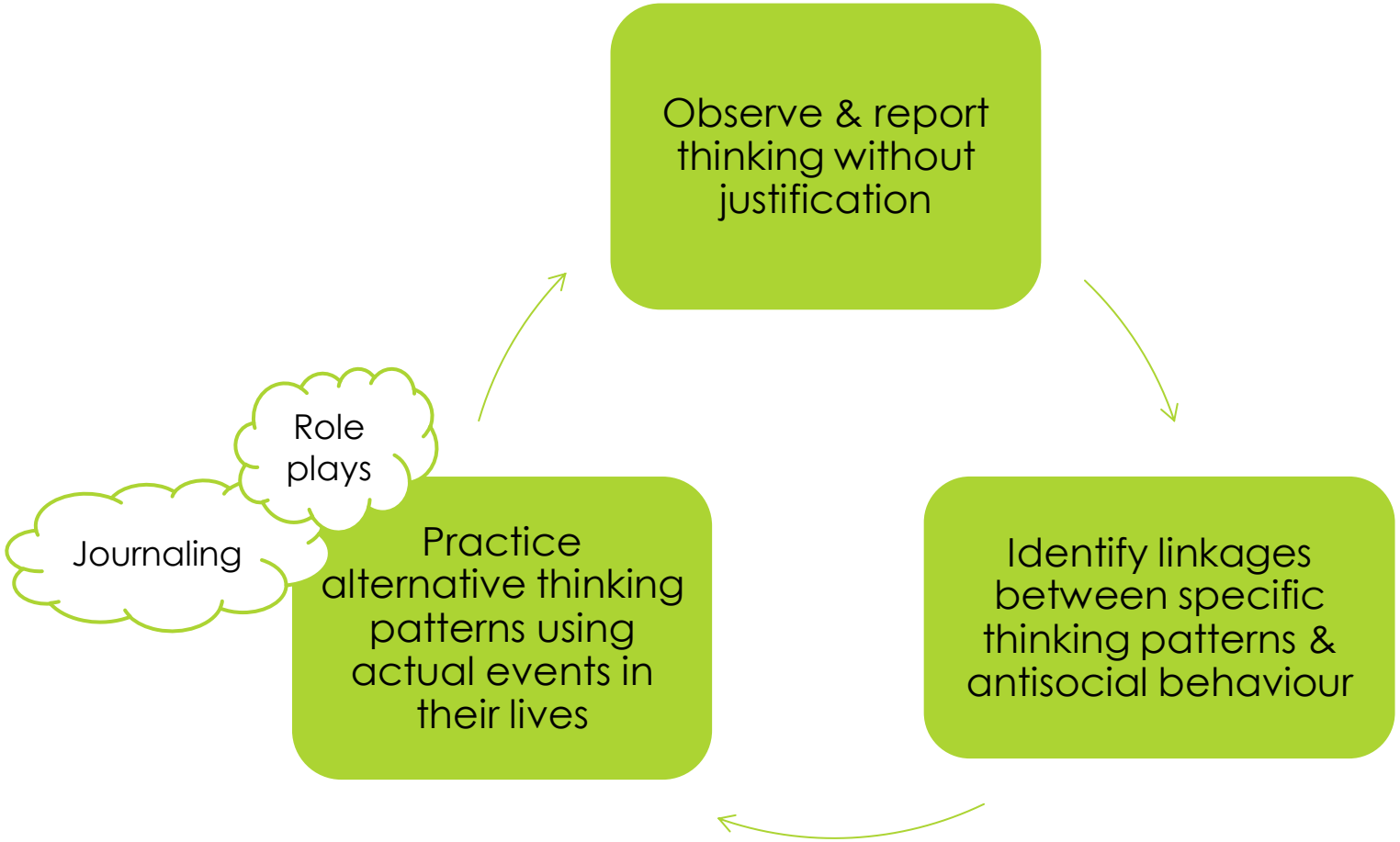
Hughes et al. (1997):
Psychopathy correlated negatively with improvements in forensic patients

Olver et al. (2013); Seto and Barbaree (1999):
Offenders high levels of psychopathy more likely to reoffend despite showing improvements

Olver and Wong (2009):
Sexual offenders high levels of psychopathy more likely to quit the program & recidivate than L.L. of psychopathy

Cognitive Self Change (CSC)

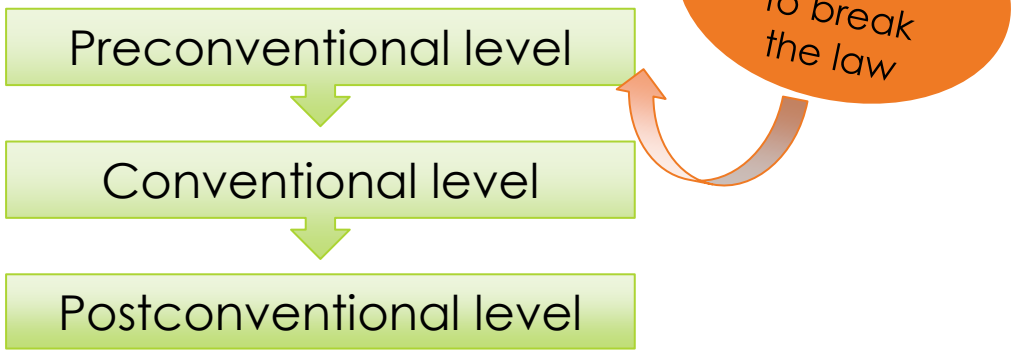
- Specific form of CBT. It brings thinking habits and patterns under the conscious and deliberate control.
- Success at modifying the behaviour of violent offenders, both antisocial and otherwise (Barbour, 2013). Recidivism rate diminishes.
- Groups meet twice a week for 3 hours during the period that they are imprisoned.



Moral reconation therapy (MRT)

- It slightly decreases the risk of further offending (Ferguson and Wormith, 2013).
- Generally implemented in a group format. Correctional or outpatient settings.

Kohlberg's (1976) theory of moral development



In groups of 10 to 15 offenders, each one is given a workbook with exercises and lessons.

Focusing areas: confrontation of beliefs, attitudes & behaviors, assessment of current relationships, reinforcement of positive behavior & habits, positive identity formation, development of frustration tolerance, and development of higher stages of moral reasoning.

12-16 sessions (usually 2 per week). 1-2 hours each.

MRT seeks to **move** offenders from a **lower**, hedonistic level of moral reasoning (pleasure vs. pain) to a **higher** level where social rules and others become important.

Milieu therapy

- It uses therapeutic communities to effect behavior change.
- It clusters integrative forms of the CBT approach.
- Techniques that support self-examination, the development of accountability and the enhancement of interpersonal engagement.

Effective in ASPD
(Messina et al., 1999)

Lower rates of recidivism, less drugs use and completion of program in individuals with substance abuse with and without ASPD

Non-effective in Psychopathy
(Rice et al., 1992)

Efficacy evaluation 10.5 years after theraphy:
- Participants with psychopathy → higher rate of violent recividism.
- Offenders without psychopathy → lower rate of reoffense.

Contingency Management

- It seems to have positive effects in antisocial populations with comorbid substance use disorders.

Based on the principles of instrumental learning

Use of negative and positive reinforcers to modify behavior

Silverman et al. (1998):

Reinforce cocaine abstinence in methadone abusers with and without ASPD.

Likelihood of abstinence was increased in the treatment conditions.

Comparison and combination CBT & CM

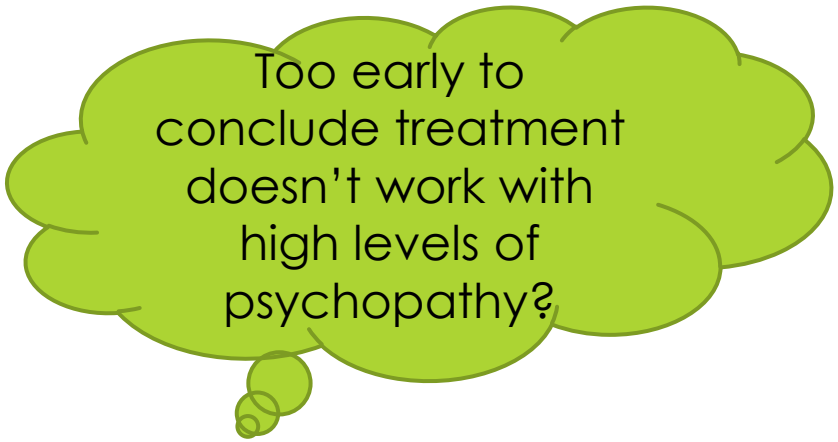
Messina et al. (2003):

Study in substance abusers with and without ASPD.

- ASPD group treatment responsivity: CM>CBT CM>CBT&CM
- ASPD participants higher reduction in the use of cocaine (T. responsivity)
- Group without ASPD did not show reduced use of cocaine in this period.

Brief Conclussion

- In general, there is evidence that psychological and behavioural interventions are effective for antisocial individuals.
- Individuals with ASPD seem resistant to some forms of CBT, but are more responsive to behavioural interventions that focus on reward and contingency learning.
- On the contrary, psychopathic individuals seem to be unresponsive to individual, group, and community CBT.

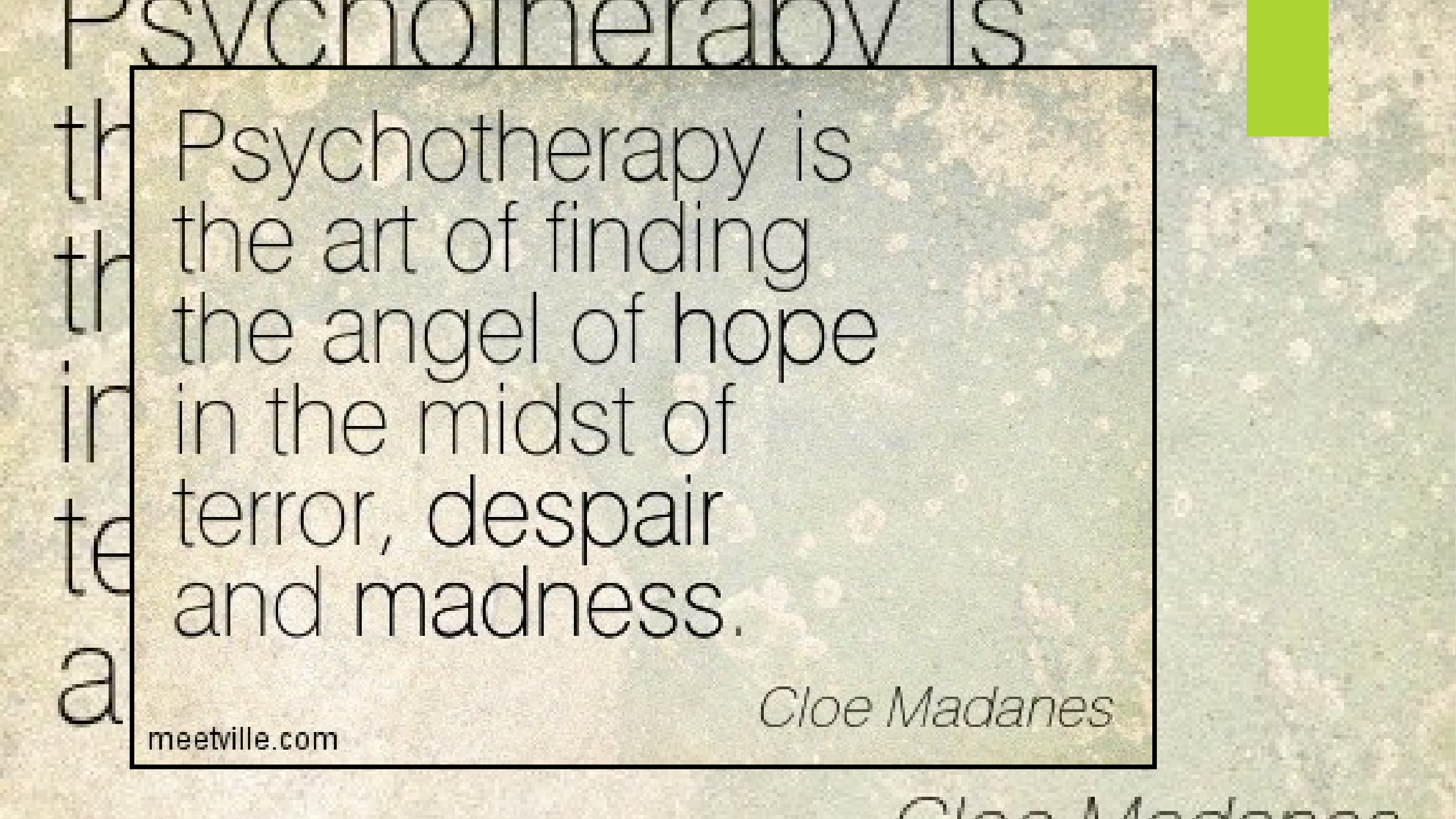


Flawed designs, relatively small sample sizes, inappropriate characterization of the target populations,... (D'silva et al., 2004; Harris and Rice, 2006).

Other approaches

❖Attempt to redefine psychopathology using multimodal latent variables. Search for:
- multimodal neuroimaging,
- cognitive endophenotypes
- computional psychiatry.

- **Goal:** re-characterize antisocial personality and psychopathy using statistical regularities in biology and cognition
- **How?** Using large databases which include many types of biological and cognitive measures obtained in these populations
- The classification of the individual provides a specific body of candidate target areas for treatment (Brazil et al., 2016).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Psychotherapy is
the art of finding
the angel of hope
in the midst of
terror, despair
and madness.
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