

Antisocial personality disorder: causes, effects, treatment



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Antisocial Personality Disorder

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Antisocial Personality Disorder

Personality disorders affect many people in society, but are understood by few. Personality disorders are defined as a deeply ingrained, maladaptive and specific problem behavior or pattern. Such problem patterns typically manifest themselves by early adolescence and have an impairing impact on the person's functioning in life with a particular emphasis on the impact that such disorders have on their relationships and quality of life (Comer, 2014).

There are a total of ten personality disorders that have been categorized into three distinct clusters. Disorders under the first cluster (cluster A) are said to be odd personality disorders because they cause people to exhibit behaviors that can be seen as "odd" or "eccentric". Disorders listed under the second cluster (cluster B) are said to be dramatic personality disorders because they cause people to exhibit overly dramatic, emotional, or aggressive behaviors. Disorders listed under the final cluster (cluster C) are said to be anxious personality disorders because they cause people to behave in overly anxious or fearful ways (Comer, 2014).

All ten of the personality disorders can be devastating, but the dramatic personality disorders are marked by behaviors that are overly dramatic, emotional, and/or aggressive. The dramatic personality disorders are more commonly diagnosed than any other personality disorder. However, the antisocial personality and borderline personality disorders have gained more attention from researchers because the actions of those diagnosed tend to

effect more people (Comer, 2014). The remainder of this discussion will cover the Antisocial Personality Disorder in detail. The disorder will be defined along with the most common symptom configurations, which will lead to a discussion about the historical and current etiological causes of the disorder. The final portion of the discussion will cover treatment modalities.

Definition of Disorder & Symptom Configuration

Antisocial personality disorder is defined as exhibiting a pervasive pattern of behavior where someone disregards and violates the rights of others (APA 2013). This disorder can only be diagnosed if the patient/client exhibits behaviors that satisfy certain criterion. The criterion used to diagnose this disorder is as follows:

1. Diagnostic

Criterion

used to

Diagnose

Antisocial

Personality

Disorder

2. A pervading

pattern of

disregard

and

violation of

the rights of
others. This
behavior
must have
been
occurring
since fifteen
years of age
accompanied
by three
or more of
the
following:

3. Failing to
conform to
social
norms in
relation to
lawful
behaviors.

This is
indicated by
repeated
patterns of
performing

acts that
could lead
to being
arrested.

4. Deceitfulness

as defined
by lying,
use of
aliases, or
the conning
of others for
personal
benefit such
as for profit
or pleasure.

5. Impulsivity

otherwise
known as
an inability
to plan
ahead.

6. Irritability or

aggressiveness
otherwise

known as
engaging in
repeated
physical
altercations
or assaults.

7. Exhibiting a
reckless
disregard
for the
safety of
the people
around
them.

8. A consistent
pattern of
irresponsibl
e behaviors
in regards
to
sustaining
consistent
behavior at
work or
financial

obligations.

9. A lack of
remorse
otherwise
known as
being
indifferent
to or
rationalizing
(or
minimalizin
g) hurting,
mistreating,
or stealing
from a
fellow
human
being.

10. The
individual
must be at
least
eighteen
years of

age.

11. Evidence of a conduct disorder that onset prior to age fifteen.

12. The pattern of antisocial personality behaviors cannot be exclusive to schizophrenia or bipolar disorder.

Source: (APA, 2013)

The essential feature of Antisocial Personality Disorder is exhibiting a complete disregard for the rights of others that lead to a violation of the aforementioned rights (APA, 2013). People with Antisocial personality disorder are very deceitful and manipulative. They will go to extravagant

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lengths in order to control others or get them to do what it is they want them to do. These people also exhibit an inability to plan ahead and a lack a moral conscience. Simply put, these people do not feel remorse if their actions cause any harm or discomfort to other people. They tend to rationalize their behaviors by saying, “ They were stupid for doing that, so they deserved what they got” or something similar (Comer, 2014). People with this disorder may also exhibit consistent irresponsible behaviors such as failing to obtain and keep employment, paying child support, paying off debts, or even appropriately caring for themselves or others (including their own children or spouses). It’s important to note that these behaviors must not be confused with the antisocial behaviors exclusive to schizophrenia or bipolar disorder (APA, 2014).

It’s also common for people who suffer from this disorder to be more likely to exhibit criminal behavior than others. In fact, a study found that at least thirty percent of incarcerated individuals exhibit symptoms consistent with Antisocial Personality Disorder (Comer, 2014). They are also much more likely to abuse alcohol or other controlled substances. In fact, people with Antisocial Personality Disorder are much more likely to participate in risky behaviors than the average population (Comer, 2014)

Antisocial Personality Disorder: A Case Example

It can be hard to imagine what this disorder would look like in the real world. Imagine a twenty-two year old man named Jacob. Jacob is currently serving a five year sentence in a minimum security penitentiary for assault and felony larceny. Jacob has a long disciplinary record both inside and outside of the

prison. Since he's been incarcerated he's been involved in numerous physical altercations and is known to be irritable and prone to exhibiting aggressive behavior when it's not appropriate. He's also been cited for possessing drugs and alcohol inside the prison (Black, 1999; Comer, 2014; Oliviera-Souz et al., 2008).

Jacob is being referred to the prison psychologist because of his most recent offense. In the past month he has been found guilty of an assault during which he beat a fellow inmate with a lunch tray. When the psychologist asked Jacob why he reacted that way he said, " He shouldn't have been in my way. He got what he deserved." Jacob didn't exhibit any guilt or remorse for what he had done. Following this discussion Jacob told the psychologist about his actions as a teenager. Jacob admitted to being involved in criminal activities and consuming alcohol while underage. He also admitted to breaking into places and selling controlled substances. He went on to talk about how he used to hurt animals. When asked if he felt bad about it he responded that he didn't and viewed it as more of a game than anything else (Black, 1999; Comer, 2014; Oliviera-Souz et al., 2008).

Over the next few months, the psychologist notices that Jacob often acts without thinking of the consequences and treats his criminality as a game of wit. He's also highly irresponsible and lacks a moral conscience as indicated by his past and present crimes. The psychologist concludes that Jacob is exhibiting behaviors consistent with Antisocial Personality Disorder and refers to him to the prison's treatment program (Black, 1999; Comer, 2014; Oliviera-Souz et al., 2008).

Causes of Antisocial Personality Disorder

General Information about Causes

There doesn't seem to be a single cause of Antisocial Personality Disorder. In fact, there seem to be many different possibilities presented from many different angles, especially in relations to genetics and certain environmental factors. For the sake of time, this discussion will focus on the behavioral/cognitive and biological perspectives on this disorder. However, it seems important to note that lower socioeconomic status has been correlated with the development of this disorder (APA, 2013).

Common Biological Perspectives

Genetics plays an important role in the development of Antisocial Personality Disorder. People who had parents who were diagnosed with Antisocial Personality Disorder are much more likely to develop the disorder themselves (APA, 2013). Researchers have also found serotonin levels to be correlated with Antisocial Personality Disorder (Black, 2014). However, this finding really isn't that surprising when one considers that significantly lower serotonin levels have been found in regards to other psychological disorders such as depression (Comer, 2014).

Behavior/Cognitive Causes of Antisocial Personality Disorder

There are many possible behavioral causes of Antisocial Personality disorder. However, behavioral researchers believe that there is a correlation between antisocial personality behaviors and modeling. Simply put, these researchers believe that children can learn antisocial behaviors from their parents
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(Comer, 2014). After all, children learn from watching the people around them and then imitating that behavior (as indicated by Bandura's Social Learning Theory). Furthermore, researchers have also found a correlation between antisocial behaviors and people who had lived in violent households. It has been found that children who lived in households where violence and aggression was a common occurrence are more likely to exhibit antisocial behaviors than children who didn't grow up in violent and/aggressive households. Children who lived with parents who abused alcohol and/or controlled substances have also been found to be more likely to exhibit antisocial behaviors (Black, 2014). It's also important to note that child abuse has been correlated with the development of antisocial personality disorder. Simply put, children who are abused are much more likely to exhibit antisocial behaviors than children who weren't abused (Black, 2014). This research indicates that parental modeling and disturbed or volatile environments could be connected with the development of Antisocial Personality Disorder.

Cognitive theorists point to society's individualism and egocentrism as a possible cause. People with Antisocial Personality Disorder have attitudes that continually trivialize the needs of others (Elwood et al., 2004). There is an argument among cognitive researchers that these attitudes are much more prevalent in society than people believe them to be (Comer, 2014).

Differential Diagnosis Considerations for Antisocial Personality Disorder

Personality Traits

People with Antisocial Personality Disorder exhibit very specific personality traits. These personality traits serve to help them achieve their ends at whatever cost as they are only concerned with their own wants/needs. People with this disorder have been known to exhibit a complete lack of empathy (APA, 2013). They may also be callous and cynical. People with this disorder may also have an inflated or arrogant self appraisal along with being cocky and opinionated. These people tend to have a superficial charm that draws people and can appear to be very intelligent and informed to others (APA, 2013)

Ages and Populations Effected

In order to be diagnosed with Antisocial Personality Disorder one must be at least eighteen years of age, however, antisocial behaviors consistent with conduct disorders must be present prior to fifteen years of age. Antisocial behaviors consistent with conduct disorders include aggression towards people or animals, theft, deceitfulness, destruction of property, or rule violations (APA, 2013). These behaviors violate the social norms of adolescence's aged fifteen and under and as such a history of such behaviors is required to diagnose someone with Antisocial Personality Disorder. This disorder typically develops by late adolescence or early adulthood. One interesting phenomena related to this disorder is that the symptoms usually even out by forty years of age. That would mean that this disorder begins to develop in one's adolescence, peak in their mid-twenties and thirties, and decrease in intensity by age forty. It's also important to note that men are much more likely to be diagnosed with this disorder than women (APA, 2013).

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Dual Diagnosis Patterns

Diagnosing Antisocial Personality Disorder can be very tricky under the best circumstances. A diagnosis is only given to someone who is at least eighteen years of age and has a history of behaviors indicative of conduct disorders. In the event that an adult doesn't meet the criteria to be diagnosed with Antisocial Personality Disorder they may be diagnosed with a conduct disorder (APA, 2013).

Diagnosing this disorder is made even more difficult when substance abuse is involved. In these cases, a diagnosis is only given if there is a history of antisocial behaviors in the client/patient's adolescence and childhood. If both the substance abuse and the antisocial personality behaviors existed together in childhood then it's necessary to evaluate the client/patient for both substance abuse disorder and antisocial personality disorder (APA, 2013).

Clinicians should also keep in mind that the features of Antisocial Personality Disorder are similar to that of Schizophrenia and Bipolar Disorder. This diagnosis can only be given if the antisocial behaviors aren't exclusive to either schizophrenia or bipolar disorder. To that end, the criterion for this disorder can be easily confused with other disorders, so it's important to pay close attention to the patient's history (or lack thereof) of antisocial behaviors (APA, 2013).

Treatment Modalities for Antisocial Personality Disorder

Treating personality disorders can be very difficult to do. In relation to Antisocial Personality Disorder the available treatments range from being completely ineffective to only moderately effective, this doesn't result in an overly positive prognosis (Comer, 2014). There are currently three treatments available for this disorder. One form of treatment is medications. Certain therapies have also been shown to be somewhat effective in treating this disorder, specifically cognitive-behavior therapy (CBT) and psychotherapy (Comer, 2014).

Using medications to treat any psychological disorder is a trial and error process at best. Using psychotropic drugs to treat Antisocial Personality Disorder is no different. At this point, the Food and Drug Administration (ADA) has not approved any drug to be used to treat this disorder specifically (Mayo Clinic, 2013). However, psychiatrists have found that some drugs can help alleviate the symptoms of this disorder. These drugs tend to be the atypical (newer) antipsychotic drugs. These drugs have been found to be moderately effective in some clients/patients (Comer, 2014).

Psychotherapy, otherwise known as talk therapy can also be used to help treat this disorder; however, this treatment approach isn't effective in all situation and patients/clients. In fact, this treatment approach will only be effective if the patient/client realizes and/or admits that they contribute to their own problems. This type of therapy can be administered in a clinical one-on-one setting or in a group setting (Mayo Clinic, 2013).

Cognitive-Behavior Therapy (CBT) has been shown to be moderately effective in the treatment of Antisocial Personality Disorder (Hoermann,

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Zupannick, & Dombeck, 2014). Cognitive/behavior theorists argue that the only way to change dysfunctional behavior is to change the dysfunctional thought behind it. After all, according to cognitive-behavior theories one's cognitions lead to their behaviors be them good or bad. CBT not only focuses on changing dysfunctional thoughts, but it also seeks to challenge the dysfunctional core beliefs underlying their dysfunctional thought patterns (Hoermann, Zupannick, & Dombeck, 2014). CBT therapists work with people on accurately interpreting the world around them and then changing or redirecting dysfunctional thought patterns (Hoermann, Zupannick, & Dombeck, 2014). For people with Antisocial Personality Disorder, CBT would involve trying to help these patients/clients develop impulse control and a moral conscience (Comer, 2014).

The problem with treating this disorder is that the people who have it aren't very likely to seek treatment out for themselves because they don't see their behavior as a problem (Comer, 2014). In fact, most people with this disorder that are in treatment originally went to see a mental health professional for a different reason entirely. There are also a large number of people with this disorder who don't receive treatment until forced to by the criminal justice system as a part of their probation/parole or incarceration programs (Comer, 2014).

Antisocial Personality Disorder Construct

Antisocial Personality Disorder is one of the most commonly researched personality disorders, but there is still much to be discovered (Comer, 2014). For instance, the DSM-V states that the symptoms of this disorder tend to

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level out by forty years of age (APA, 2013). Why does that occur? Do certain neurochemicals, such as serotonin behave differently by age forty?

The DSM-V also states that the criminality present in those with this disorder can sometimes be confused with “ normal” criminal behavior (criminal behavior not associated with this disorder specifically). Other than the criterion listed, what criterion can clinicians use to help differentiate the two? This may be my own point of view only, but the criterion used to diagnose this disorder seems convoluted and easily confused with the criterion for other mental disorders (APA, 2013).

Conclusion

Antisocial Personality Disorder is a very serious personality disorder that can have devastating consequences for those who have it. This disorder makes it hard to do basic things, such as form and maintain healthy relationships and stay within the boundaries of both society and the law (APA, 2014).

Unfortunately, most people don't realize that it's a problem until they are either incarcerated or forced into treatment by judges. Even then most people don't consider it to be a problem and the disorder in general is made difficult to treat because of the personality traits and attitudes of the people who have it (Comer, 2014). What is clear is that more research needs to be done in the hope that further research can uncover a more suitable treatment method that will greatly increase the quality of life for people who have this disorder.

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