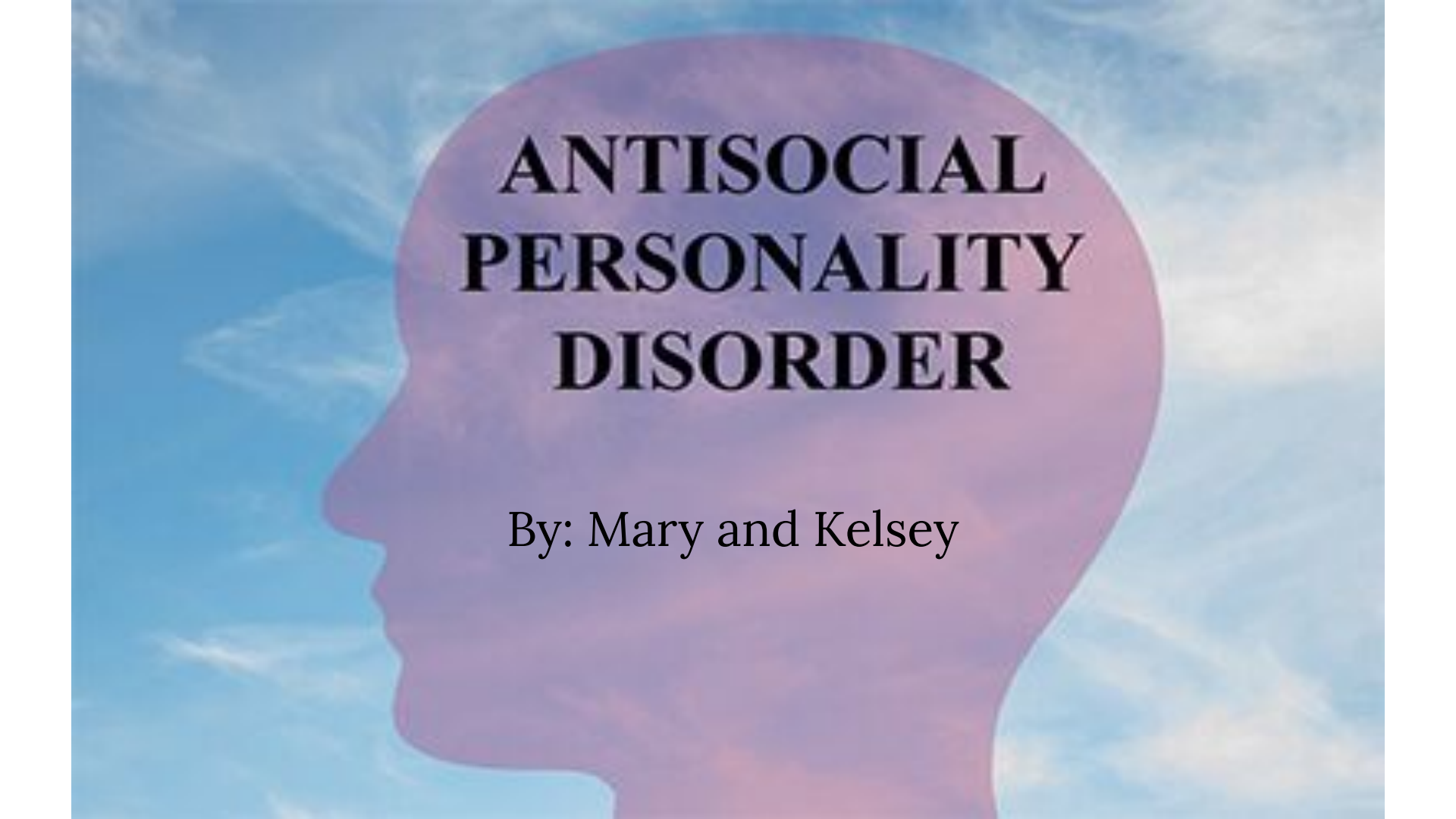




ANTISOCIAL PERSONALITY DISORDER

By: Mary and Kelsey

What is Antisocial Disorder?

- Also known as Sociopathic disorder
- Person may show no regard for right or wrong
- Person may ignore rights or feelings of others
- Person may show no sign of remorse
- Person may show callous or indifference

(Mayo Clinic, 2019)

Diagnosis of Antisocial Personality Disorder

- Unlikely to believe they need help
- Most seek help from primary provider due to symptoms of depression, angry outbursts, and/or substance abuse issue
- Key factors of diagnosis come from how one associates with friends or family. Family or friends can provide vital information
- PCP can make referral to mental health professionals for further evaluation

(Mayo Clinic, 2019)

Diagnosis continued...

- A psychological evaluation reviewing thoughts, feelings, relationships and social behaviors are helpful in making a diagnosis
- Personal and past medical history are needed to rule out other medical conditions
- DSM-5 and the ICD-10 are the questionnaires used to aid in diagnosing (see photos)

(Mayo Clinic, 2019)

DSM-5—Antisocial Personality Disorder (301.7)

- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
 - 1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are ground for arrest.
 - 2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
 - 3. Impulsivity or failure to plan ahead.
 - 4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
 - 5. Reckless disregard for safety of self or others.
 - 6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
 - 7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another.
- B. The individual is at least age 18 years.
- C. There is 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.

(Munch et al., 2020)

CAPS item	ICD-10	ICD-11
B1. Recurrent, intrusive, distressing recollections, including images, thoughts, or perceptions of the event	X	(X)*
B2. Recurrent, distressing dreams of the event	X	X
B3. Acting or feeling as if the traumatic event were recurring (dissociative flashback episodes)	X	X
B4. Intense psychological distress at exposure to internal or external reminders of the event	X	
B5. Physiological reactivity on exposure to internal or external reminders of the event	X	
C1. Efforts to avoid thoughts, feelings, or conversations associated with the event	X	X
C2. Efforts to avoid activities, places, or people associated with the event	X	X
C3. Inability to recall an important aspect of the event	X	
C4. Markedly diminished interest or participation in significant activities		
C5. Feeling of detachment or estrangement from others		
C6. Restricted range of affect (e.g. unable to have loving feelings)		
C7. Sense of foreshortened future		
D1. Difficulty falling or staying asleep	X	
D2. Irritability or outbursts of anger	X	
D3. Difficulty concentrating	X	
D4. Hypervigilance	X	X
D5. Exaggerated startle response	X	X

*Following previous recommendations (Brewin, 2013), we used six disorder-defining

(Researchgate, 2022)

- The prevalence of antisocial personality disorder (ASPD) is 1%-4% in the general population.
- ASPD prevalence in the prison population is as significant as 60%.
- ASPD manifests in many different forms of maladaptive behaviors, including suicide, self-harm, aggression, criminal behavior, and substance misuse.
- ASPD is associated with higher risks of chronic illnesses, sleep disorders, and health care utilization.

Prevalence of ASPD

(Helle et al., 2019)

Risk Factors of ASPD

- Developmental delay in their moral maturity and cognitive development
- Diagnosis of childhood conduct disorder
- Family history of ASPD or other personality disorders or mental health disorders
- Being subjected to abuse or neglect during childhood
- Unstable, violent, or chaotic family life during childhood
- Men are at greater risk than women

(Mayo Clinic, 2019)

Theorists: J.C. Pricard, Millon, and Everly

(Sargin et al., 2017)

- Theorist J.C. Prichard first described ASPD as psychopathy disorder.
- Later, theorists Millon and Everly found ASPD individuals to be interpersonally aggressive, abusive and cruel.
- ASPD individuals learn to rely on themselves and distrust others in fear of being rejection by peers.
- It is also theorized that ASPD individuals only feel secure when their thoughts and feelings are validated. Without validation
——their security is threatened.



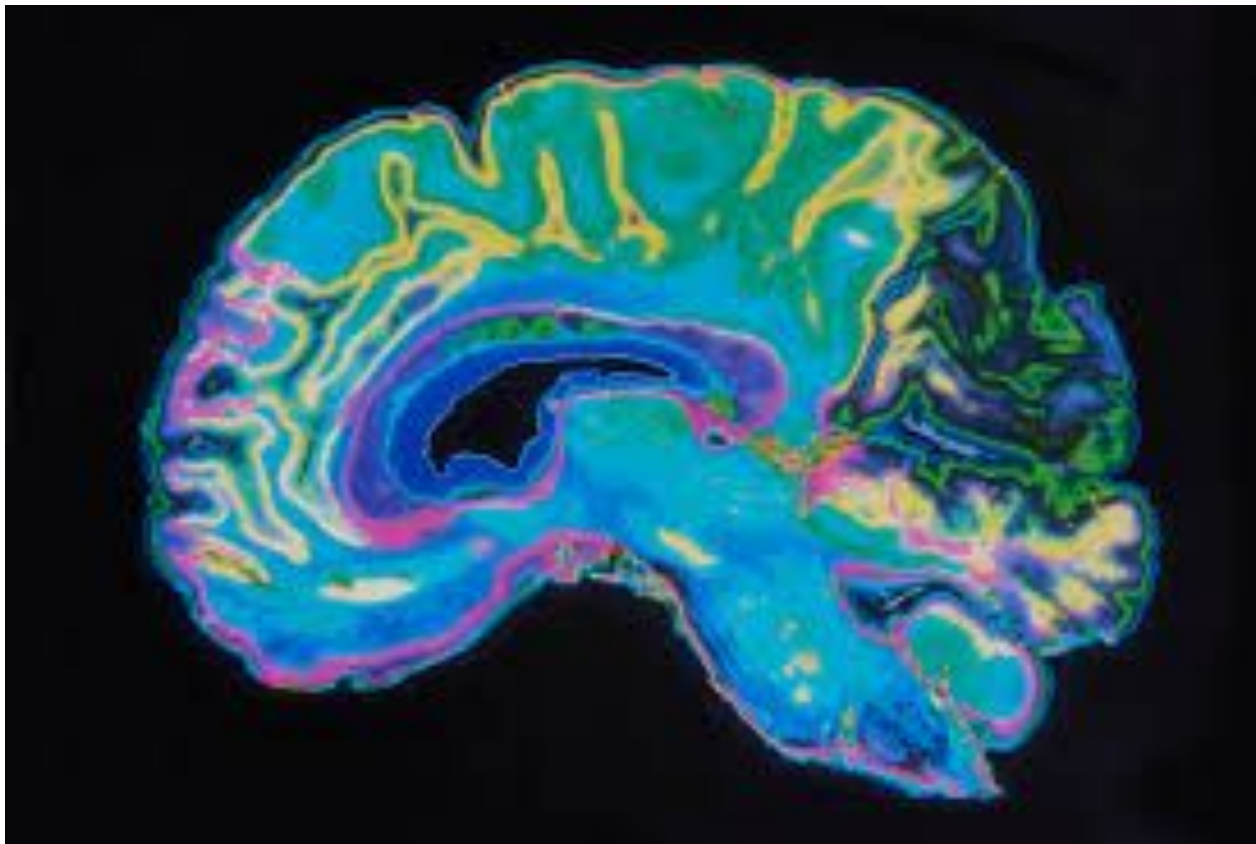
Treatment of ASPD

(van den Bosch et al., 2018)

- Treatments for ASPD is scarce, and there is no empirically-supported treatment.
- It has been found that hospital admission can be contraindicated in patients with ASPD
- Interventions focus on co-occurring disorders
- Recommended interventions for ASPD include impulsivity, interpersonal
———problems, and antisocial behavior.

Other Treatment Options

- Mentalization Based Therapy
- Cognitive Behavioral Therapy
- Schema Focused Therapy



<https://www.youtube.com/watch?v=6ROYhODI42E>

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