ASPD: A Disorder Without a Cure

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Antisocial personality disorder, or ASPD, is one of ten personality disorders outlined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5). As a condition accepted as having no known cure, there are often far-reaching and serious effects experienced by those diagnosed with the disorder and throughout society. Here I will summarize ASPD explaining what the disorder is, the diagnostic criteria, what type of assessment tools are used in the diagnostic process, the trajectory of the disorder over a lifespan, treatment options, and some sociocultural components to be considered.

Personality disorders are broadly defined as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (DSM-5, 2013, p.645) Moving from a broad definition to more distinct criteria, the ten personality disorders are sorted by similar characteristics into three separate clusters, either A, B, or C. Cluster A includes schizoid and paranoid disorders that present with odd or eccentric behaviors. Disorders in Cluster B are joined by behavior that is emotional, dramatic, and erratic and those in Cluster C are characterized by anxious behaviors and fearful-thinking. Antisocial personality disorder belongs to Cluster B.

Though the clustering system has some limitations, it has utility in the diagnostic process. Like other disorders grouped under Cluster B, people with this disorder have difficulties regulating emotions and controlling impulses. Beyond those shared attributes, the DSM-5 has more targeted criteria to diagnose ASPD specifically. The most prominent feature of ASPD is a persistent disregard for the lives and rights of others beginning at fifteen years old. ASPD traits

and behaviors are seen in those younger than fifteen but would likely be diagnosed earlier on as a conduct disorder.

Besides a lack of empathy and a disregard for others, three or more criteria under Section A must be met which include: a reckless disregard for the self or others, impulsiveness and failures to make accommodations for the future, irritability or tendencies towards physical aggression, deception and manipulation of others for personal pleasure or gain, failure to conform to social norms and follow laws, irresponsibility such as the inability to maintain employment or honor financial obligations, and a lack of empathy or remorse often showing indifference or the rationalization of pains caused to others. The person must also, B: Be at least 18 years old, C: Showed signs of conduct disorder before age fifteen, and D: The antisocial behavior does not occur exclusively during the course of bipolar or schizophrenia disorder. (DSM-5, p.659)

Typically, an assessment for ASPD begins with a thorough psychiatric examination. The process usually includes interviewing, testing, and a look into the patient's family, medical, and behavioral history. Structured interviews and self-report inventories are the most widely used tools in diagnosis. Though there is no one approved modality or instrument to test for ASPD, several tools like the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD) + Screening Personality Questionnaire (SCID-5-SPQ), The SPECTRA: Indices of Psychopathology, Personality Assessment Inventory (PAI), and the MMPI-II can be useful for screening for antisocial tendencies and the likely comorbidity with other disorders.

ASPD is considered a chronic, lifelong condition. Though the disorder cannot be diagnosed in those under 18, antisocial behaviors emerge in most people with the condition before the age of 8 with 80% showing symptoms by 11. The presence of conduct disorder in

children is a solid indicator for ASPD in adulthood with 25% of girls and 40% of boys meeting ASPD criteria as adults (Black, 2015). As children, the behaviors associated with conduct disorder are near identical to ASPD. If antisocial behaviors persist into adulthood, there will be difficulties likely with substance abuse, forming and maintaining healthy relationships, staying employed and housed, and avoiding issues with law enforcement. Research involving incarcerated individuals shows the prevalence of ASPD among the prison population to be as high as 80% (Edens et al., 2014). In the overall population, rates are much lower with men diagnosed at 2-5% and women accounting for 0.5-1% of nationwide cases. Longitudinal studies suggest that moderating factors such as age, marriage, parenting, and socialization contribute to a lessening of symptoms that arises at around age 40, but for many, most of the problems associated with ASPD will persist unchanged the entire lifetime (Black, 2015).

Treatment for ASPD consists mostly of symptom management which can prove incredibly difficult for the person with the disorder and those treating them. Many affected with ASPD do not comprehend that they need treatment, refuse, and often cannot meaningfully participate in the treatment process. Though there is no proven psychological treatment for ASPD, certain forms of therapy such as Dialetical Behavior Therapy (DBT), Schema Therapy (ST), and Contingency Management (CM) show promising results (Gibbon S. et al., 2020). There are also no specific pharmacological treatments accepted to target ASPD but certain medications like antidepressants, mood stabilizers, and antipsychotics that are used primarily to treat coexisting conditions might provide some relief (Black, 2017). Those who treat ASPD patients should be prepared for resistance and non-compliance. Some with milder symptoms fare better with treatment but difficulties are still expected.

ASPD is a condition that weighs heavily on society. From high populations in an already overcrowded criminal justice system, to an intense strain on limited mental health resources, ongoing interpersonal issues that can negatively affect many, to pervasive issues with homelessness, high levels of poverty and unemployment, and trauma experienced by victims of crimes and callousness perpetrated by the ASPD individual, it is apparent that the disorder suffers more than just the person who is diagnosed.

Contributing biological factors such as a high heritability, negative gene-environment interactions, deficits in brain functioning combined with or exacerbated by social factors that include disadvantages in upbringing like abuse, dysfunctional home life, and poverty lead to complexities that make prevention and treatment difficult. Incidences of undesired behavior stemming from increased peer pressure and decreased parental supervision during the teen years when antisocial behaviors peak can worsen the future prognosis for those with a low ability or desire to resist negative influences and can lead teens with childhood conduct disorder into an adult ASPD diagnosis (Monahan et al., 2009). Identifying youth with high-risk factors may prevent the advancement of conduct disorder into adult ASPD but there is still more research to be done (Junewicz & Billick, 2021).

Historically, African American males have been diagnosed with conduct disorder and antisocial behaviors at higher rates than other races, especially Whites, even though studies have shown that there is no significant difference in core psychopathic traits between the two (Skeems et al., 2004). Another study determined that African American adolescent males are not as protected from antisocial behaviors in the same ways as White males of the same age are. With higher rates of incarceration and a statistically larger population in the penal system meeting criteria for ASPD, protective factors like greater school resources allowing for better

relationships with teachers and counselors, supportive parenting, and less bias in disciplinary action found among certain White populations can make a difference between growing out of youthful antisocial behaviors or advancing them into a chronic disorder (Tyrell, 2018). Discrepancies among sex have been found as well with males being diagnosed at much higher rates than females though women report higher incidences of adverse childhood experiences thought to contribute to antisocial tendencies (Alegria et al., 2013).

Though ASPD affects society at large, current interventions and attempts to treat the disorder will persist. The realm of personality disorders including ASPD is highly researched so as more neuropsychological information becomes available more advanced measures to control the prevalence of this serious condition will emerge and hopefully reach a wide implementation which will benefit humanity as a whole.

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