Antisocial personality disorder

Managing the healthcare relationship

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Antisocial personality disorder traits often have a significant impact on a patient's relationships with healthcare providers and can hinder the ability of primary care physicians to effectively and safely manage the individual's physical and mental health needs.

The *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (*DSM*-5) defines personality disorder in general terms 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'.[1] In the case of antisocial personality disorder, the pervasive personality pattern seen is characterised by a disregard for, and violation of, the rights of others.

Individuals with antisocial personality disorder often act in an irresponsible, reckless, deceitful and exploitative manner. This type of behaviour pattern often leads to interpersonal, occupational and legal difficulties resulting in distress to self and others. Early onset of these difficulties contributes to disruption of normal development such as attaining an education, social adjustment and finding employment and stable housing. In addition, it is estimated that 47% of individuals with antisocial personality disorder in the community have significant contact with the criminal justice system.[2]

Potential for the management of the features of antisocial personality disorder in primary care is limited but awareness of the presence of the disorder can aid practitioners in their approach to individuals with antisocial personality disorder, who also require assessment and management of comorbid physical and mental health conditions. These individuals have higher rates of such comorbidities and poorer outcomes when comorbidities are present.[3,4]

MedicineToday 2015; 16(8): 14-18

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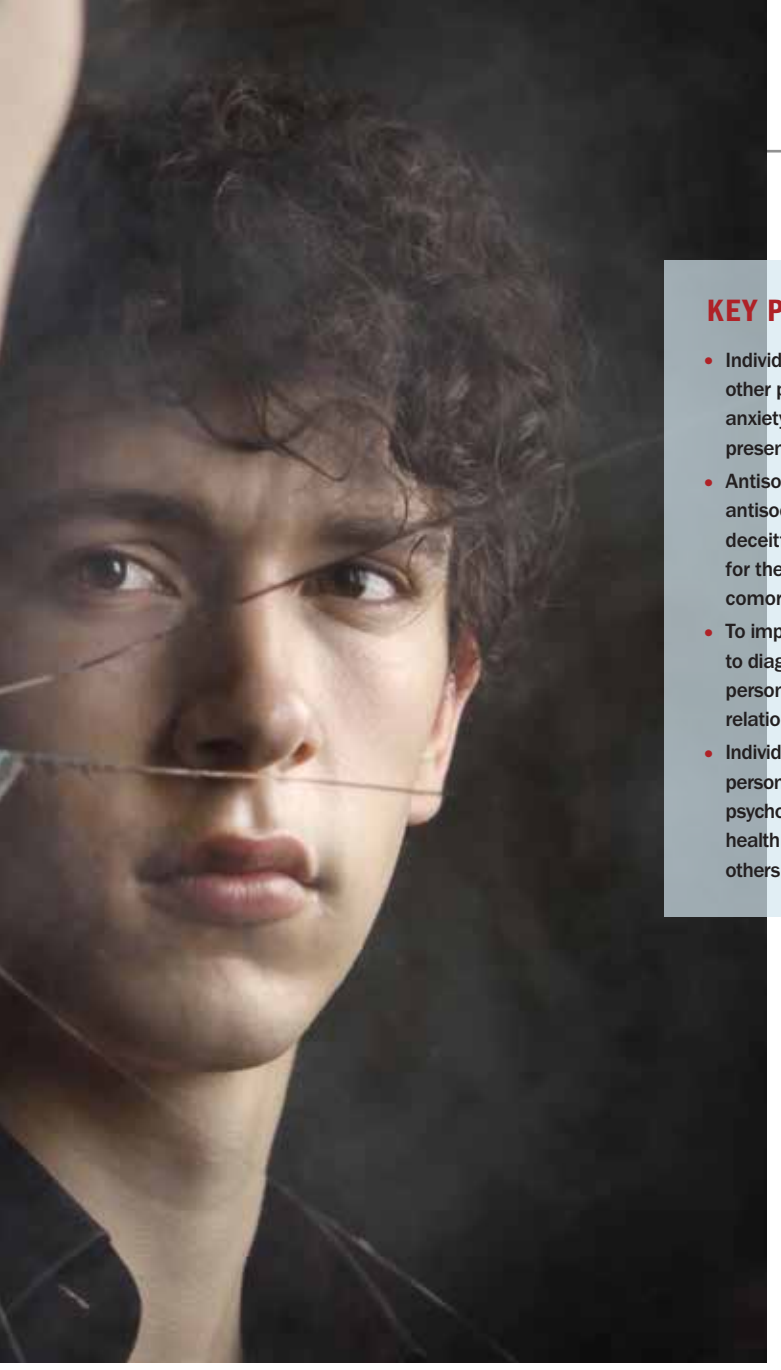

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KEY POINTS

- Individuals with antisocial personality disorder often present in the context of other primary physical and mental health conditions (including depression, anxiety, substance misuse and impulse control disorders); they rarely, if ever, present with the disorder as their primary complaint.
- Antisocial personality disorder is characterised by an enduring pattern of antisociality – that is, irresponsible and exploitative behaviour, recklessness, deceitfulness and other complex behaviours that lead to negative outcomes for the individual and others. These patients also have high rates of comorbidities of physical and mental ill health.
- To improve health outcomes, it is important to consider common challenges to diagnosis and treatment associated with the presence of antisocial personality disorder and to develop ways to manage the therapeutic relationship safely and effectively.
- Individuals who appear to have better insight into their dysfunctional personality traits may benefit from referral to a mental health clinician for psychological interventions. Individuals with significant comorbid mental ill health or antisocial features that raise significant risks of harm to self and others may also require specialist referral.

A small subset of individuals with antisocial personality disorder may present as glib and superficially charming, lacking in empathy and behaving in a callous and manipulative manner towards others. They may appear self-centred, arrogant and display disregard for the feelings, rights and suffering of others. This behavioural and affective pattern is indicative of a personality construct labelled 'psychopathy'. It is estimated that antisocial personality disorder is present in about 3% of men and 1% of women in the community (diagnosis is much more commonly made in men than women); less than 1% of the general population would be identified as exhibiting features of psychopathy.[5]

Antisocial personality disorder often presents a significant challenge to the safe and effective management of therapeutic relationships, including those in a primary healthcare setting. This article will provide an overview of the key elements of assessing individuals with antisocial personality disorder, common comorbidities to consider, potential challenges in assessment and management, and advice on ways to safely approach therapeutic relationships with these patients.

Assessment

A diagnosis of antisocial personality disorder requires examination for evidence of lifelong patterns of antisocial behaviour and personality features. Obtaining such a history is often complicated by the individual's lack of insight, tendency to either deny difficulties or blame others and inability to maintain relationships, including those with healthcare professionals.[6] An individual with antisocial personality disorder may not be known to a health professional for long enough to observe a pattern of dysfunctional behaviour over time. Identification of antisocial personality disorder in the primary care setting can therefore be difficult, and in most cases the primary presenting concern of the individual will be related to something other than antisocial personality disorder.[7]

When antisocial personality traits become apparent throughout a period of therapeutic contact, it is helpful to refer to the *DSM*-5 diagnostic criteria for antisocial personality disorder (Box 1). It is important to remember that a diagnosis of any personality disorder requires that the dysfunctional personality traits result in significant distress and/or a significant negative impact on several areas of functioning, including family life, work or study, and interpersonal relationships. Obtaining information from collateral sources is especially important in making a diagnosis of antisocial personality disorder, particularly given the limitations of relying on accounts provided by the individual.

Some strategies to use when assessing patients with antisocial personality disorder are listed in Box 2.

1. *DSM*-5 DIAGNOSTIC CRITERIA FOR ANTISOCIAL PERSONALITY DISORDER[1]

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 behaviours, as indicated by repeatedly performing acts that are grounds 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 behaviour or honour financial obligations.
   7. Lack of remorse, as indicated by being indifferent to or rationalising 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 behaviour is not exclusively during the course of schizophrenia or bipolar disorder.

Common comorbid conditions

Individuals with antisocial personality disorder often either exhibit traits or meet criteria for other personality disorders such as narcissistic, borderline or histrionic personality disorders.[1] Many individuals with antisocial personality disorder also present with mood disorders (e.g. depression, dysthymia or bipolar disorder), anxiety disorders, substance misuse disorders, somatisation disorders or impulse control disorders (e.g. gambling).[3,8,9] These are likely to be the more common reasons for presenting to a GP, and require assessment and management in their own right.

Physical ill health and injury is also more common among patients with antisocial personality disorder and is often a precipitant to seeking healthcare input. Although physical causes of symptoms are common, so is somatisation, and both need to be considered. The presentation of both physical and psychological conditions is likely to be complicated by the presence of the comorbid antisocial personality disorder. Individuals with antisocial personality disorder may provide a poor history of their symptoms, be reluctant to comply with physical examination or investigations and fail to take advice regarding management of their condition. Also, their compliance with treatment and follow up may be poor, and they may be more likely to neglect deterioration or engage in risky behaviour, which will worsen their prognosis. Therefore, where appropriate, it is important to take antisocial personality disorder into consideration when treating other health conditions.

2. ANTISOCIAL PERSONALITY DISORDER: TIPS FOR ASSESSING PATIENTS

In the primary healthcare setting, the following strategies may be useful in assessing patients with antisocial personality disorder.

- Be aware that direct questioning focused on the diagnostic features of the disorder may not be fruitful (although it can be). Consider the implications of your observations and do not rely solely on the account provided by the individual.
- Look for indicators of a possible underlying antisocial personality disorder in less subjective historical information provided by the patient or others; for example, a history of criminal offences, a poor employment record, an inability to sustain interpersonal relationships or risk-taking behaviour.
- Use collateral information to aid diagnosis; for example, the individual may behave in a different manner with the administrative staff in your practice, may have seen another GP before coming to see you, may have ongoing input from statutory authorities or may consent to information being sought from a family member.
- Pay attention to how the patient describes their relationship with family at home or with people within their social circle and/or at work, as well as observe the individual's behaviour with family members if present.
- Observe the patient's behaviour during the appointments and their response patterns to your medical decisions; for example, their reaction when the request for a particular medication is declined.
- Use self-reflection if a negative reaction to the patient (transference) occurs during or after the appointment because it may provide clues to the presence of an underlying personality disorder.

Potential challenges to treatment

Several challenges may arise when treating a patient with antisocial personality disorder. It is important to consider the possibility of these difficulties when seeing these patients in general practice.

- Patients with antisocial personality disorder pose an elevated risk to themselves and/or others due to higher levels of aggression and impulsivity. They also have a disregard for safety of self and others, which increases the potential for domestic violence and aggression towards other patients and staff in the primary healthcare setting, risks that are likely to be elevated further by substance use.
- These patients are more likely to have impaired parenting behaviours, including being abusive and/or neglectful to their children.[10]
- Complex behaviours such as lying and manipulation, violating boundaries (e.g. seeking contact with staff out of practice hours),[2] flattery with the intention of manipulation, malingering and providing inconsistent accounts of personal history are common in patients with antisocial personality disorder.

3. MENTAL HEALTH TREATMENT OPTIONS TO ADDRESS ISSUES ASSOCIATED WITH ANTISOCIAL PERSONALITY DISORDER

- Group-based cognitive and behavioural therapy interventions
- Mentalisation-based therapy[11,12]
- Emotion-regulation skills training (including anger management)
- Problem-solving skills training
- Family therapy and multisystemic therapy
- Social problem skills training
- Dialectical behavioural therapy

- Misuse of prescribed medication as well as potentially using illegal substances and alcohol while taking prescribed medication (raising the potential for harmful medication interactions) is a possibility in these patients.
- Sexual health risks are increased in individuals with antisocial personality disorder due to an increased prevalence of promiscuity, impulsive behaviour and disregard for their own and others' health.
- Patients with antisocial personality disorder often disengage from therapeutic relationships and are noncompliant with treatment attempts.

Managing the therapeutic relationship

Although it is difficult to address antisocial personality disorder directly in a primary healthcare setting, there are several strategies that may help GPs manage the potential complexities of the therapeutic relationship.

When assessing the risk of the patients to themselves and others, historical factors that contributed to previous violent behaviour (i.e. what was happening the last time the patient engaged in violence) should be considered. Also, current substance use and misuse patterns, and any additional current stressors that may increase the risk of violence should be taken into account. Environmental stressors and how they can impact on the individual's behaviour should be considered, and potential strategies to manage these stressors should be put together.

It is recommended that a safety plan be developed for the clinician and other staff members in the specific context of seeing the patient with antisocial personality disorder in a GP setting. The plan may include informing another staff member when seeing the patient alone, seeing the patient with another staff member present, refusing to see the patient if they are intoxicated and discontinuing the appointment if risk escalates. It is advisable to discuss this plan with the patient to reinforce transparency and boundaries in the professional relationship.

Practitioners should attempt to work collaboratively with the patient, providing several options and potential outcomes. If the patient is open to discussion, potential coping skills that they

could learn to assist them in improving their behavioural and affective difficulties can be raised. It is important to ensure that documentation of appointments is accurate and up to date.

Collateral information from the patient's family and carers and other healthcare professionals should be obtained. Patient consent is essential, as is consideration of the patient's rights to privacy and confidentiality.

A transparent communication style, including reinforcing verbal instructions using written material, with a nonjudgemental and empathetic manner should be used, while also being consistent and reliable. Positive, rewarding and strength-focused approaches achieve better patient responses and engagement. Disruption to the therapeutic relationship through unnecessary transfer of care between practitioners may result in exacerbation of difficulties.

Clear boundaries should be developed with the patient and reinforced clearly if potential violations occur. The patient should be encouraged to speak about any concerns they may have in an adaptive manner, using an appropriate tone. If the patient experiences difficulties controlling their emotions and behaviour, it may be helpful to discuss clear limits for their behaviour during the appointments.[6]

Supervision and/or peer support should be sought when needed. Mental health clinicians in the community who may be able to provide advice and/or assistance in managing an individual with antisocial personality disorder should be identified. Communication with the key staff members in the service or practice regarding the patient of concern is important to increase awareness for potential manipulative and risk behaviours; achieving consistency in approaches across all staff interactions is vital.

Other agencies who may be potentially involved with the patient (e.g. criminal justice agencies, family and community services, drug and alcohol services, housing) should be liaised with and referral to other appropriate agencies if not yet involved should be considered. Simple problem-solving skills (e.g. in addressing financial issues, housing applications, employment, education, etc.) should be supported.

When needed, the patient with antisocial personality disorder should be referred to specialist mental health services for assessment and management of significant comorbid mental health conditions and where risks to self or others are of particular concern.

Treatment approaches

Beyond mental health treatment approaches for comorbid conditions, there is limited evidence to support specific effective treatment for patients with antisocial personality disorder. However, several psychologically focused mental health interventions are available that may help the patient alter some of the destructive behaviour patterns, learn to manage emotions more effectively, improve problem-solving skills and address deficits in social skills.

In deciding whether to refer a patient to a mental health clinician, a specialist service or a forensic mental health service, it is important to consider whether the patient is able to recognise that the difficulties being experienced are a result of their personality traits. The patient's level of insight and motivation to change will influence the likely outcome of interventions. Some of the common mental health treatment options currently available to address issues associated with antisocial personality disorder are listed in Box 3.[11,12]

Additionally, it is important to consider the potential impact of an individual's behaviour on those close to them, such as family members. The possibility of offering recommendations regarding the support systems available to family members to help them safely manage the relationship with the patient should be considered.

Conclusion

An individual with antisocial personality disorder often presents in the context of other primary health concerns when attending general practice. However, their complex personality traits can have a serious impact on the therapeutic relationship and treatment outcomes. It is important to consider the individual's presentation in view of their difficulties, increase awareness of potential challenges and develop an appropriate management plan to address the individual's primary concern as well as the difficulties associated with antisocial personality disorder.

Although there is currently no standard treatment approach for patients with antisocial personality disorder, it is important to consider referring these patients to a mental health clinician if they are amenable to it or if the risks to self or others resulting from their mental health difficulties require input. Overall, the quality of the therapeutic relationship can have a significant impact on the treatment engagement and compliance of individuals presenting with antisocial personality disorder, and therefore their health outcomes. MT

References

A list of references is included in the website version (www.medicinetoday.com.au) and the iPad app version of this article.

COMPETING INTERESTS: None.

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