

## Antisocial Personality Disorder (ASPD) and Opioid Use Disorder (OUD): Challenges and Experiences

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### Goals and Objectives

Review background information on ASPD

Discuss DSM-5 criteria of ASPD

Distinguish ASPD from Psychopathy

Highlight treatment challenges in working with this population

Provide a personal framework for approaching individuals with ASPD and OUD Antisocial Personality Disorder

DSM 5 criteria:

A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years. Pattern is corroborated by evidence of at least 3 out of 7 criteria. (criterion A)

Must be 18 yr old to receive a diagnosis of ASPD (criterion B)

Evidence of conduct disorder before age 15 (Criterion C)

Symptoms do not occur exclusively during the course of schizophrenia or bipolar disorder (criterion D)

The Criteria

Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.

Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.

Impulsivity or failure to plan ahead.

Irritability and aggressiveness, as indicated by repeated physical fights or assaults.

Reckless disregard for safety of self or others.

Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.

Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

Criteria continued

Conduct Disorder

Conduct Disorder is defined by behaviors that fall under 4 categories, consistent with a pattern of violating rules and societal norms and present before age 15.

- Aggression to people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violation of rules

Patients with serious mental illness such as MDD, Bipolar or Schizophrenia and co-occurring ASPD diagnosis are much more likely to use illicit substances and use them more frequently, especially amphetamines and opiates.

Vital to remember that substance use disorder and ASPD have many behaviors in common  
Co-morbid conditions

For example selling illicit drugs, lying and deceiving others

or stealing to obtain

money for drugs)

Essential to ascertain whether these behaviors were present prior to the substance use. The natural progression of ASPD

ASPD is a chronic and pervasive condition starting in childhood and extending throughout adulthood.

Those with ASPD are more likely to die prematurely from violent causes such as suicide, homicide, traumatic injuries or accidents

Less women are diagnosed with ASPD, likely due to diagnostic focus on the expected violent behaviors and less on the affective presentations

ASPD is most severe between the ages of 24-44 after which it appears to lessen especially as it pertains to violence.

Strong generic correlation, even higher in relatives of women with ASPD

Both adopted and biological children of parents with ASPD have an increased risk of developing antisocial personality disorder, somatic symptom disorder, and substance use disorders.

Not every child with conduct disorder will develop into an adult with ASPD, however exhibiting these behaviors before the age of 10, comorbid ADHD and exposure to neglect/abuse themselves is more likely to lead to ASPD. ASPD vs. Psychopathy

Psychopathy is not a DSM diagnosis

Not everyone with ASPD will share core features of psychopathy

HARE Psychopathy Checklist

Psychopathy Checklist Revised (PCL-R) PCL-R

<https://qph.fs.quoracdn.net/main-qimg-fa17e304ca220b70b71c9144262287f1>

Treatment Challenges

Evidence-based treatment is lacking

Countertransference can run high

Co-occurrence is common and high risk Paucity of Evidence Based Treatment

No evidence-based treatment to date that has proven to be effective for ASPD

No published studies comparing treatments

Study Trends:

Mentalization Based Therapy (MBT)

Cognitive Behavioral Therapy (CBT)

Contingency Management Countertransference

Establishing and maintaining a working relationship

Therapeutic alliance

Empathizing with patients

How?

Correcting misperceptions about the personality disorder

DBT Research Experiment Co-Occurring ASPD and SUD

Estimated 50-60% of individuals with a substance use disorder (SUD) also have a personality disorder

ASPD has a lifetime prevalence of 60% among IV drug users

Individuals with SUD and ASPD experience:?

Higher suicide risk

Poorer treatment outcomes My Own Framework

Goal setting

Shared Goals

Clear Expectations

Treatment Contrast

Consequences

Discuss prior to issues arising

Comorbidities

Self-Care References

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Psychosocial Interventions

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Topic

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Motivational Interviewing

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