

Antisocial Personality Disorder (ASPD)

ASPD is a pattern of pervasive behavior of disregarding and violating the rights of others starting from childhood, early adolescence, and progressing to adulthood (APA, 2013). The diagnosis is made when the individual meets the set diagnostic criteria. In criteria A, the individual presents with three or more of the following symptoms to signify a violation of other people's rights from the age of 15 years. Making impulsive decisions or failure to plan for the future, deceitfulness evidenced by recurrent lying habits or conning people for personal gain or pleasure, failure to follow the social norms and rules that may lead to arrests or problems with the police, irritability and aggression with assaults or physical fights, persistent irresponsible behavior, disregards personal and other people's safety and has no remorse by rationalizing stealing or hurting others. In criteria B, the symptoms occur by 18 years of age. Criteria C, if the onset of symptoms was before 15 years, evidence of conduct disorder. Lastly, antisocial behavior does not occur during an episode of schizophrenia or bipolar disorder.

Therapeutic Approach and Modality

Cognitive Behavioral Therapy (CBT) is an appropriate therapeutic approach for patients with ASPD. CBT is a psychotherapeutic mode of treatment that aims to change people's behavior, feelings, and emotions by realigning their maladaptive thoughts (Carpena et al., 2023). The therapist trains the client to identify cognitive patterns or thoughts linked with specific reactions and behavior. In turn, the patient undergoes training and coaching to readjust the distorted thoughts to reinforce positive behavioral reactions. Carpena et al. (2023) highlight that CBT is a proposed treatment approach for patients with antisocial behavior. Carpena et al. (2023) report that combined therapy of CBT and uncontrolled cash transfers was associated with improved antisocial behavior. Similarly, Chen et al. (2021) report that a study showed that the use of CBT in patients

with ASPD was associated with a reduction in verbal or physical aggression but the improvement was not distinct from that of treatment as usual. The treatment modality I would use is individual CBT. Individual therapy is an appropriate treatment modality as the patients have challenges interacting and forming relationships with other people. Therefore, the clinician tailors the mode of assessment to the patient's specific needs.

Sharing The Diagnosis

In psychiatry, a therapeutic relationship is the outcome of patient and client interaction during a psychiatric assessment and management. Faith et al. (2022) report that a good therapeutic relationship is formed by the respectful, trustworthy, and collaborative interaction that ensues when therapists and clients interact. To avoid destroying the therapeutic relationship when sharing the diagnosis of ASPD with the patient, I would use a sensitive and empathetic tone, in non-judgmental mode. The duty of the clinician is to inform the patient and caregivers about the diagnosis using simple understandable language and emphasize the disorder does not define the patient's character and reassure that with intervention this will improve. The manner I would use when sharing the diagnosis would vary with the type of context. For example, in an individual session, I would ensure the patient understands the diagnosis, and when breaking the news focus on the personal behaviors and problems the patient has and reassure the patient of the potential for change and improvement. In a family session, I would emphasize the impact social and family support has on behavior change. Chen et al. (2021) report that creating productive interactions between guardians, parents, and children is a way of ensuring that antisocial behavior reduces. Moreover, focus on how the illness has affected the family structure and relationship. Lastly, in a group session, I would address the common challenges faced by the group members and encourage them to work as a team, share their experiences, and support each other.

Supporting Sources

The paper has been compiled with scholarly articles that have been published within the last five years and with recent medical information. Moreover, the lead authors in the scholarly articles are renowned health professionals and experts in their areas of study and practice.

References

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