Welcome, your facilitator will be:
Jessica O’Brien, LCSW, CASAC, CPTM
- Training and Professional Development Content Manager for NAADAC
- NAADAC, the Association for Addiction Professionals
- www.naadac.org
- jobrien@naadac.org

www.naadac.org/webinars
Presented By:
Malcolm Horn, PhD, LCSW, MAC, SAP
Anti-Social Personality Disorder: Etiology Through Treatment Interventions

Agenda

- Overview of ASPD Diagnostic criteria
- Assessment tools
- Etiology of the behavior
- Skills to use

Basic Definitions:

- Narcissist: inflated sense of own importance; need for admiration; lack of empathy for others; unable to see or accept personal faults.
- Psychopath: all of the APD traits but not limited to criminal; manipulative, insincere. Lack of guilt; think the white collar criminals (Madoff, Enron) Many psychopaths never get to prison.
- Sociopath: low/no conscious, most professionals feel this is learned, not genetic; many of the same traits as psychopaths.
- Antisocial: external criminal behavior; failure to conform to social norms; impulsivity & failure to plan ahead; irritability; reckless disregard for safety of others; lack of remorse.
Personality Traits
- Vanity
- Temper outbursts
- Boredom
- Seductiveness
- Devastation in the face of criticism
- Wanting to be too intimate or distant
- Failures of empathy
- Needing to be special or unique
- Cruelty, infidelity
- Working too hard/too little
- Wanting acceptance but fearing rejection
- Resenting others’ control
- Being critical of authorities
- “Inability to adjust your behavior based upon the situation you are in”

Fox, 2015

Psychopaths
- All of the APD traits but not limited to criminal tax
- Manipulative, insincere
- Lack of guilt; think the white-collar criminals
- May be seen in several different professions (lawyers, doctors, CEOs, politicians)
- Many psychopaths never get to prison

Antisocial
- External criminal behaviors but they may not be caught...
- Failure to conform to social norms
- Impulsivity & failure to plan ahead
- Irritability, reckless disregard for safety of others
- Lack of remorse.
- “ASPD is psychopathy with added emotion. Psychopathy is an emotionless void.”
  (Dutton, 2012)

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Working with Antisocial Personality: Etiology Through Treatment Interventions

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### ASP: Diagnostic Criteria:

1. 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:
   - 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 coming others for personal profit or pleasure
   - Impulsivity or failure to plan ahead
   - Impulsivity 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

### ASP Sociopathy Psychopathy

<table>
<thead>
<tr>
<th>Sociopathy</th>
<th>Psychopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetually breaching and disregard for the rights of others</td>
<td>Sociably affable</td>
</tr>
<tr>
<td>Limited social and social engagement abilities</td>
<td>Violent predisposition to violence</td>
</tr>
<tr>
<td>Impulsive or opportunistic or criminal behavior</td>
<td>Can be erratic and sometimes prone to violence (situational)</td>
</tr>
<tr>
<td>Impulsive or opportunistic violence</td>
<td>Violence can be erratic and sometimes prone to violence</td>
</tr>
<tr>
<td>Excessive risk taking</td>
<td>May appear to empathize with close family/friends, may feel guilty if hurt those close to them</td>
</tr>
<tr>
<td>Unlikely to harm family member or friends on purpose</td>
<td>Potentially to hurt family/friends without feeling guilty</td>
</tr>
</tbody>
</table>

Fox, 2015

What research shows:

- EEG responses of psycho & non-psychopaths:
  - “normal” brains identify emotionally charged words (i.e., cancer, rape) quicker than non-emotionally charged words but psychopath EEGs showed no difference with emotional words
  - Language is only word-deep—it does not evoke the emotional responses that most of us would have
  - This leads to how they are “calm, cool and collected”
  - Particularity when focused on a rewarding goal, psychopaths are able to “screw out” things that are irrelevant to getting their goal
  - This can be an advantage.....what professions might it be an advantage to not be as “in touch” with your emotions?
  - Fearlessness, focus, lack of empathy, mental toughness.....
  - “Functional psychopathy”

Dutton, 2012

Excessive risk taking

- May appear to empathize with close family/friends, may feel guilty if hurt those close to them
- Potentially to hurt family/friends without feeling guilty

### ASP: Diagnostic Criteria:

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APAC, 2013
Criteria
- B: The individual is at least age 18 years.
- C: There is evidence of conduct disorder with onset before age 15 years.
- The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.
- Four categories of behaviors:
  - Aggression to people and animals
  - Destruction to property
  - Deceitfulness or theft
  - Serious violation of rules

Examples of the behavior:
- Failure to conform to social norms: destroy property, behavior that repeatedly leads to arrest; harassment, stealing, illegal occupations. They may or may not have a criminal record.
- Deceitfulness: lying, manipulation, malinger, use of an alias; always to gain power (vs. attention).
- Impulsivity: no consideration for consequences to self or others; sudden changes in jobs/home/relationship.
- Recklessness and aggressiveness: as indicated by repeated physical fights or assaults.
- Reckless disregard: speeding, driving under the influence, high risk sexual behavior, neglect children; may be irresponsible as parents (have to fend for themselves, rely on neighbors for caretaking).
- Consistent irresponsibility: unemployed, financial irresponsibility.

Additional Components of a Diagnosis
- Callous, cynical, contemptuous of others
- May be arrogant, narcissistic (may feel that some work is “beneath” them)
- Lack of insight to how their behavior leads to negative consequences or how their behavior is affecting their future.
- Superficially charming, charismatic
- Lack of empathy
- May be exploitative in sexual or other relationships
- Comorbid with SUD, depressive disorders, anxiety disorders
- May be unable to tolerate boredom, dysphoria (general unhappiness/dissatisfaction in life)
Components of a Diagnosis

- Enduring patterns of perceiving, related to, and thinking about the environment and oneself
- Remains consistent over time and across different situations
- May not seem problematic to the individual (ego-syntonic)
- May become less evident with age
- Lack of expressed anxiety or fear
- With SUD...in active SUD, meets nearly all ASP criteria
- Must have collateral
- Other personality disorders can be dx prior to age 18 is persistent for 1 year; ASP cannot be dx before 18

APA, 2013

Additional Components of a Diagnosis

- Family connection: more common in 1st degree relatives (nature vs nurture?)
- More common in males however, in families with these disorders, women are more likely to develop somatic symptom disorder
- Could also be because women tend to be less aggressive and aggressiveness is part of the ASP criteria
- Adoption studies indicate genetic and environmental factors
- Associated with low-socioeconomic status (may be protective and survival based)

APA, 2013

Core Structures of Personality

- Surface Structure (life of the party, does not respond to friends, demanding, need for control)
- Core Structure (abandonment, emptiness)
- List your behaviors that give a sense of satisfaction (they are not good/bad, just bx. Then list what makes you do them)
- Core issues are defended—when we poke at them we risk making the client vulnerable—this can put us at risk

Fox, 2015
Differential Dx for PD

<table>
<thead>
<tr>
<th>ASP</th>
<th>Narcissistic</th>
<th>Histrionic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tough-minded</td>
<td>Tough-minded</td>
<td>Impulsive</td>
</tr>
<tr>
<td>Glib, superficial</td>
<td>Glib, superficial</td>
<td>Superficial</td>
</tr>
<tr>
<td>Explosive</td>
<td>Explosive</td>
<td>Exaggerated emotions</td>
</tr>
<tr>
<td>Lack empathy</td>
<td>Lack empathy</td>
<td></td>
</tr>
<tr>
<td>Impulsive</td>
<td>Needy of admiration from others</td>
<td></td>
</tr>
<tr>
<td>Aggressive</td>
<td>Envy</td>
<td></td>
</tr>
<tr>
<td>Decadent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seek excitement; reckless</td>
<td>Seek excitement; reckless</td>
<td></td>
</tr>
<tr>
<td>Seductive</td>
<td>Seductive</td>
<td></td>
</tr>
<tr>
<td>Manipulative to gain power/profit</td>
<td>Manipulative to gain attention</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Robert Hare: Psychopathy Checklist-R (PCL-R)

- Rating scale of 20 items on a 3-point scale
- Assesses lifestyle, pathological lying, conning, manipulating, lack of remorse, impulsivity, irresponsibility, superficial charm
- Scores are used to predict criminal re-offense and rehabilitation likelihood

"If I wasn't studying psychopaths in prison, I'd do it at the stock exchange."
-Dr. Robert Hare
Dr. Robert Hare: Psychopathy Checklist-R (PCL-R)

- Dr. Hare sees psychopathy as a syndrome and is distinct from DSM antisocial personality disorder.
- Disorder vs. trait.
- Limited prosocial behaviors and emotions.
- 1% of the population.
- Estimated 80% of prison population meets criteria for ASP but only 20% of those meet Hare’s criteria for psychopath.
- This 20% accounts for half of most serious crimes.
- Most of psychopaths are not incarcerated.
- 20 items rated on a 3-point scale.

ACME

- Designed to assess a person’s ability to recognize the emotional states of another.
- The tool was initially designed in an effort to better assess empathy, particularly as it is related to antisocial activities such as bullying and criminal behavior.
- The 54 items are answered on a 5-point scale of 1-5 with 5 being “Strongly Agree” and 1 being “Strongly Disagree.”
- There are 10 items that are reverse-scored.
- High score of 180: closer to 180 means more empathy.

Other Tools:

Psychopathic Personality Inventory (PPI):
- One of the more comprehensive tools.
- 8 independent traits.
- Based on the work of Hare and Cleckley.
- 4-point Likert.

Levenson Self-Report Scale:
- “Success is based on survival of the fittest. I am not concerned with losers.”
- Likert scale of Agree to Disagree.
- https://openpsychometrics.org/tests/LSRP.php
Two Courses of Treatment:

**Client has Insight:**
- 1) Expand insight
- 2) MET/CBT to sustain change
- 3) Skills building

**Client does not have insight:**
- 1) Work to address lack of insight through MET, thinking errors
- 2) If no insight attained, then “treatment” becomes about harm reduction
- 3) Behavior management

A good question.....

If you didn’t have to hold yourself accountable, empathize with others, feel guilt or remorse, would you change?

When our beliefs are irrational,
Our thought patterns are irrational,
And our behavior is “irrational”

"People don’t react emotionally, or behaviorally to the events they encounter, rather people cause their own reactions in the way they interpret or evaluate the events they experience."  
Albert Ellis

"...today I believe that I am acting in accordance with the will of the Almighty Creator."

Albert Einstein

11/4/2020

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Change Requires Safety....what if you don’t know what safe feels like?

- Sense of necessity for change (insight)
- Willingness or readiness to change (which means being uncomfortable & vulnerable)
- Awareness of the problem
- Confrontation of the problem
- Effort towards change
- Hope for change
- Support for change

Collaboration Checklist

- Are they motivated for change?
- Do they see value in change?
- Can they see your perspective?
- History of using cruelty to gain power?
- External motivation?
- Do they trust you?
- Take responsibility for own behavior and outcomes?
- Respect others’ boundaries?

Causes of Pathology

- Only 3 ways to view these disorders:
  - Born that way
  - Not born that way—environment did it
  - Born that way and the environment made it worse.
The Causes of Pathology

- 2 possible antecedents of ASPD are Conduct and Oppositional Defiant Disorders
- 90% of children dx with CD had a dx of ODD [Loeber et al., 1993]
- There is no one pathway to ASPD, only research-backed trends
- Thinking point: Is this a “personality disorder” or a thought processing disorder?

Causes of Pathology

- The “ultimate attachment disorder”
- They are “stuck” in an underdeveloped age & emotional deficits…acting like a child
- Sociologists believe that low/no conscious persons is largely due to negative and emotionally toxic environment & childhood—thus the name “sociopath”—it is a “social” disease

Causes of Pathology

- Uncompleted developmental tasks lead to complex defense mechanisms: irresponsibility, impulsivity, thrill-seeking, poor decision-making, undeveloped value and moral structure
- They are “stuck” in an underdeveloped age & emotional deficits…acting like a child
- The absence of needs being met leads to emotional deficits which leads to disorders

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Causes of Pathology

- Probably etiological experiences:
  - Sexual abuse
  - Physical abuse
  - Emotional abuse
  - Neglect
  - Being bullied
  - Bullying others
  - Deliberate self-harm
  - Prolonged periods of misery

Malcolm’s take—life events and the emotional responses

Various protective and risk factors: likely combination of environmental and genetic factors

Risk/Protective Factors

Risk Factors (Lenzenweger, 2010)
- Family history of PD or MH
- Abuse in childhood (physical, sexual, verbal)
- Loss of parents (divorce, death)
- Unstable or chaotic family life
- Dx conduct disorder
- Low socioeconomic status

Protective Factors (linked to secure attachment)
- Able to read well
- Ability to find benefit in difficult situations (resilience)
- Positive social support
- Strong peer relationships
- Spiritual/religious connection
- Not often aggressive
- Well liked by others
- Good grades
- Acceptable emotional expression
- Greater sharing

A little neuroscience...

- The orbital frontal cortex (regulates input of emotions in decision making) in psychopaths
- If the frontal lobe looks different... how does that change how we work with the individual?
Working with Antisocial Personality: Etiology Through Treatment Interventions

Techniques
- Find their strength
- Non-threatening
- Non-judgmental
- Active listening
- Don’t worry about getting them to like you; don’t focus on building rapport
- Do not worry about getting the truth; do not focus on fact-finding
- Ask yourself what the goal is; stick to it
- Being silent and nondirective is seen as a weakness
- DBT
- MET
- SFBT

Techniques for Change
- Admire negative traits and behaviors… reframe it into a strength and skill
- Redirect/reframe the skill in a positive manner
- Find out the values of the client and help them align their behaviors with them
- Praise: “It takes courage to confront these issues.” “You are very resilient to have survived that.”

Techniques for Change
- Leave your ego at the door
- Empathize even when it hurts to do so...
- Establish empathy prior to confronting
- Courtesy and permission: ask permission to confront or give feedback
- Roll with resistance
- Set boundaries
Techniques for Change

- Use scaling to help them identify & see change or lack thereof.
- Behavioral can help them feel more in control.
- Ask hypothetical or testing, set clear, simple questions.
- Help them to see their process of change if they are doing right.
- Role play gets them out of the client role.

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How we create resistance...

- When we confront (and spend a lot of time doing so) a client's "preferred" way of viewing reality, we create resistance.
- If we accept their "preferred" view and offer reframing or other options, they will likely see us as allies.
- "Therapeutic rapport" will look very different with this population.

Questions to build trust and relationship

- People are trustworthy when:
- People can show they are trustworthy by:
- You know you can connect with someone else when:
- People show they are worthy of being connected with by:
- People care when:
- You can show someone you care by:
- People show how they feel about themselves by:
- You show how you feel about yourself when:
- People can be counted on when:
- You show you can be counted on by:

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What is the primary & secondary gain?

- Primary Gain: "a benefit that involves the lessening of emotional conflict and release from anxiety or other uncomfortable experiences."
- Secondary Gain: "An indirect benefit gained by NOT solving the problem, typically through being ill or incapacitated. Such gains may include monetary benefits, personal attention, escape from unpleasant situations, or manipulation of others."

Fox, 2015

Secondary Gain Behaviors (a.k.a. defense mechanisms):

- Being violent, aggressive, verbally abusive
- Repeated unresolved complaints
- Making multiple complaints at once
- Psychosomatic complaints ("everything hurts")
- Complaining, never being satisfied
- Being manipulative, lying
- High anxiety
- Being angry at the doctor
- Being uncooperative
- Being demanding, breaking boundaries, exploiting the therapist

Fox, 2015

Working with Secondary Gains:

Ask the client:
- How do you benefit from this?
- What is the unmet need?
- Is there another way to meet that need?

Ask yourself:
- Do they have insight into the bx?
- How do they see the bx meeting a need?
- Does this fit their historical bx?
- Are there ways to limit the secondary gain?
To keep in mind….

- Personality Disorders are classified on the same axis as mental retardation… both are mental disorders. PDs impact the affected personality. DD impacts the cognition.

- Would you ask a developmentally disabled person to be “fixed”?

- People that have problems can have hope that they can solve them, even if they are fundamentally flawed and unchangeable.

Keep yourself safe

- Sit closest to the door
- Alert other staff about possible problems
- Make sure there are others nearby to help if need be (avoid after hours or weekend sessions)
- Have a safety plan (do you have a panic button?)
- Avoid power struggles
- Screen clients
- What are the personal items visible in your office? Where do you park?
- What is on the internet about you?
- Monitor social media

Fabulous resources!!
Thank you!

Malcolm Horn, Ph.D., LCSW, MAC, SAP
Director of Mental Health Services
mhorn@rimrock.org

References:

NAR Associates. Solutions for the “treatment resistant” client.

Thank You!

Malcolm Horn, Ph.D., LCSW, MAC, SAP
Email: mhorn@rimrock.org
www.rimrock.org/staff/malcolm-horn/
Working with Antisocial Personality: Etiology Through Treatment Interventions

UPCOMING WEBINARS

November 7, 2020
Molding Counterconditioning (Shaming) Treatment as an Effective CBT for SUD
By: Erick Davis, MD, MPH, MBA

November 5, 2020
Chasing Intensity: Stimulants, Sex, and the Search for Connection
By: David Fawcett, PhD, LCSW

November 19, 2020
Adolescents with Co-Occurring Disorders Already in our Care
By: Michael Fox, MA, LPC-C, LCDC-II

November 20, 2020
Utilizing Counterconditioning (Aversion) Treatment as an Effective CBT for SUD
By: Erick Davis, MD, MPH, MBA

November 18, 2020
Always Daring Distraction: ADHD and Substance Use Disorders
By: Cheri DeMoss, LCPC, NCADC-II, MAC, NCRS

November 6, 2020
Social Media and Ethical Dilemmas

November 5, 2020
Chasing Intensity: Stimulants, Sex, and the Search for Connection
By: David Fawcett, PhD, LCSW

November 18, 2020
Always Daring Distraction: ADHD and Substance Use Disorders
By: Cheri DeMoss, LCPC, NCADC-II, MAC, NCRS

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Thank you for joining!

NAADAC
61 Canal Center Plaza, Suite 501
Alexandria, VA 22314
Toll-Free: 800.548.0497
Fax: 703.741.7698
Email: naadac@naadac.org
Website: www.naadac.org

www.naadac.org/join

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