



Antisocial Personality Disorder

A.S.P.D



WHAT IS ANTISOCIAL PERSONALITY DISORDER?

Antisocial Personality Disorder is defined in the Diagnostic and statistical manual of mental disorder 5 as a person who shows 'patterns of disregard for and the violation of others' (DMS-V, 2013). It is described as 'dramatic, emotional and erratic' which is cluster B of the personality disorders and in the axis 2 of the DSM-VI which indicates it is a an incurable disorder.

However, personality disorders are very common, it is estimated within the UK that 1 in 20 people are living with a personality disorder from one of the three clusters.
(Mental Health Foundation, n.d)

Signs that a person may be living with a personality disorder usually starts during a persons childhood and continues into adult life.

It is estimated by the Prison Reform Trust that 62% of male and 57% of female sentenced prisoners have a personality disorder.
(Prison Reform Trust, n.d)

TRAITS AND SYMPTOMS OF A.S.P.D

- Manipulation of others.
- Show no guilt, remorse or empathy towards others.
- Often angry or violent.
- Consistent liar.
- Engage in Criminal behaviour E.G theft or vandalism.
- Forming and maintaining relationships.
- Do not recognise the consequences of their behaviour.

CAUSES

In some cases it could be a number of contributing factors, although research is still needed as the main causes are still unknown.
(Mental Health Foundation, n.d)

- **Environmental and social factors could be a traumatic upbringing including- child abuse, sexual abuse, violence or neglect during childhood.**
- **Genetics/biological factors could also be a contributing factor and research suggesting this is growing considerably** (cornet et al, 2014).

DIAGNOSIS

The process for diagnosing Anti Social Personality Disorder can often be a lengthy process; a person has to go through extensive psychological assessment usually carried out by a psychiatrist or a mental health team. An individual can only be diagnosed over the age of 18, on an individual who has shown consistent symptoms in their younger life. Their antisocial behaviour must be demonstrated day to day, to rule out any other disorder that may causing it.

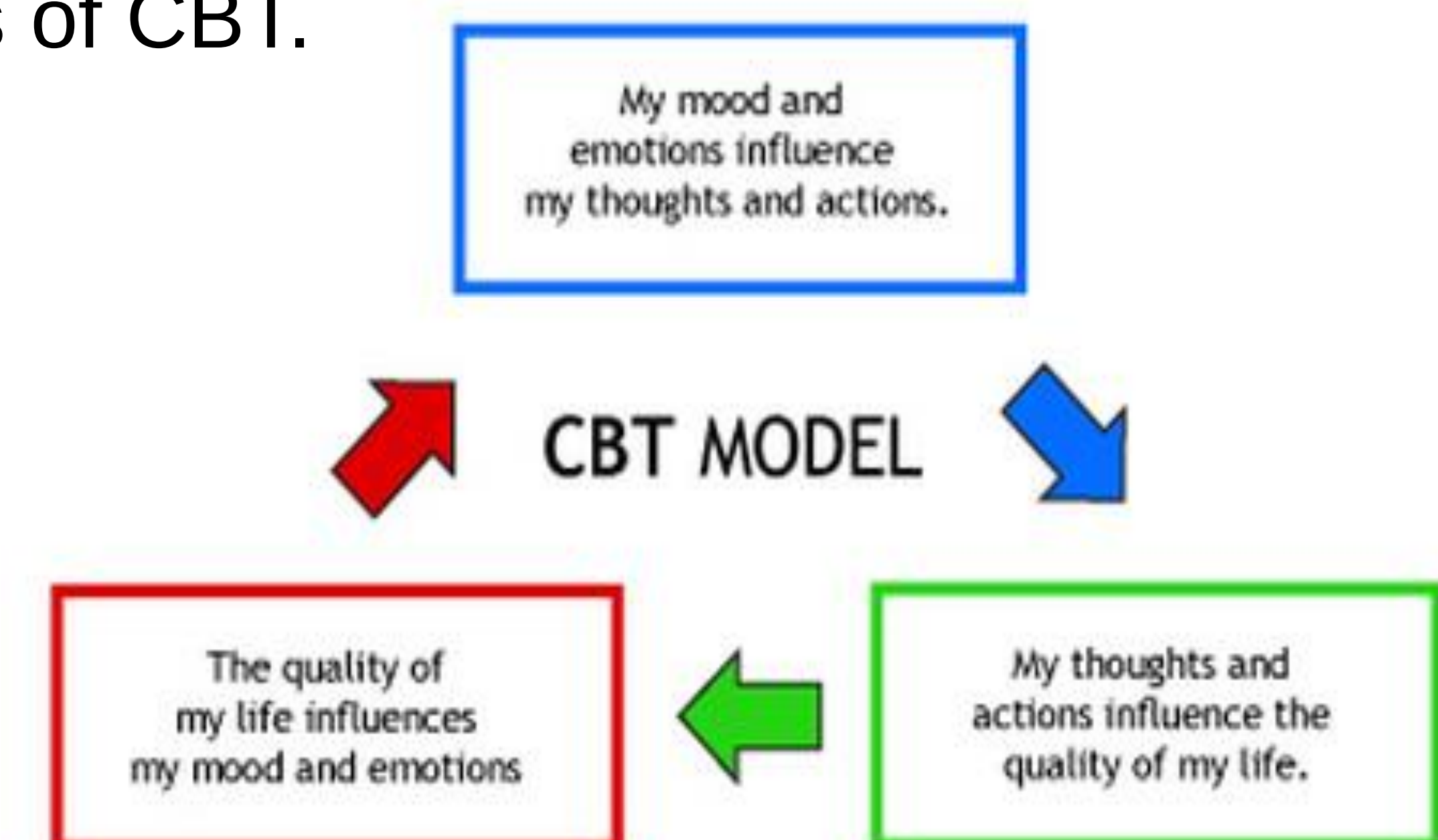
Although evidence and studies suggest that A.S.P.D decreases over time, usually by the time a person reaches the age of 50,
(Royal College of Psychiatrists, 2018) **this could suggest that A.S.P.D. is not a disorder, but simply how a person is made genetically.**
(Claringbull, 2011)

COGNITIVE BEHAVIOR THERAPY

CBT is a psychotherapy approach. It is one therapeutic intervention with a highest research record into its effectiveness, which gives CBT the evidence base it requires (Lyford, C. 2016).

Although research surrounding A.S.P.D is very limited as little research has been done surrounding the effectiveness of treatments (Cornet et al, 2014) A.S.P.D can be well managed with the right form of treatments for the individual (Mental Health Foundation, 2018). Based on the limited research which has been carried out on C.B.T and the effects for A.S.P.D it has demonstrated some effectiveness in terms of symptoms within people who are living with A.S.P.D.

Cognitive Behaviour Therapy (CBT) is a talking therapy aimed to challenge maladaptive thoughts and feelings. It uses both behaviour therapy and cognitive therapy to create the foundations of CBT.
(Mind, 2017)



whilst CBT is still the main focus treatment within the NHS (NHS, 2015), NHS also states that there is not one single approach that suits everyone, and treatment should be tailored to the person (NHS, 2017).

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