

# ANTISOCIAL PERSONALITY DISORDER

## DSM-IV

### 301.7 Antisocial personality disorder

“Sociopath” and “psychopath” are terms often used to describe the individual with antisocial personality. As deceit and manipulation are central features of the disorder, it is extremely difficult to treat. Imprisonment has been society’s major method for controlling the most dangerous behaviors.

## ETIOLOGICAL THEORIES

### Psychodynamics

Psychodynamically, this individual remains fixed in an earlier level of development. Because of parental rejection or indifference, needs for satisfaction and security remain unmet, and the ego is underdeveloped. Because of a lack of ego strength, behavior is id directed and results in the need for immediate gratification. An immature superego allows this individual to pursue gratification, regardless of means and without experiencing feelings of guilt.

### Biological

Genetic involvement has been implicated in studies that showed that individuals with antisocial personality, and their parents, showed excessive EEG abnormalities when these examinations were conducted on both groups. Some research suggests that a variant of the D<sub>4</sub> dopamine receptor gene (D<sub>4</sub>DR) appears more frequently in individuals who report high levels of “novelty seeking.” People scoring high on this characteristic are often judged to be excitable, quick-tempered, and seek out thrilling sensations/situations—features associated with antisocial personality disorder. However, no clear effect on personality has been demonstrated at this time. (Despite genetic or environmental factors, sociopaths choose their lifestyle; therefore, it is up to them to choose to change it.)

### Family Dynamics

Family functioning has been implicated as an important factor in determining whether or not an individual develops this disorder. The following circumstances may predispose to the disorder: absence of parental discipline (teaching/guidance), extreme poverty, removal from the home, growing up without parental figures of both sexes, erratic and inconsistent limit-setting, being “rescued” each time the person is in trouble (never having to suffer the consequences of own behavior), and maternal deprivation.

## CLIENT ASSESSMENT DATA BASE

### Circulation

**Heart Rate:** Slight increase may be demonstrated when anticipating stress (correlates with electrodermal responses indicating minimal anxiety)

### Ego Integrity

Lacks motivation for change, often not seeking therapy voluntarily (unless client can no longer tolerate the mess he or she has made of own life or is facing long-term imprisonment)

Absence of feelings of guilt/shame

Use of aliases

## Neurosensory

**Mental Status:** Personality appears charming, engaging, and is usually intelligent; demeanor is often a pretense intended to deceive or facilitate exploitation of others; manipulation is style of operating (e.g., needs and demands immediate gratification); low tolerance level results in feelings of frustration when desires are not immediately gratified

**Mood:** Adaptive to individual's intended goal, mood may range from charming and pleasant to intensely angry

**Affect:** Emotional reactions may be erratic and extreme, with lack of concern for other people's feelings

**Thought Processes:** Client is preoccupied with own interests and has grandiose expressions of own importance, poor insight/judgment, and impulsivity or failure to plan ahead

Signs of personal distress possibly evident (e.g., tension and poor tolerance for boredom)

Lacks emotional attachment to others—even parents

Displays preference for stimulation rather than isolation

## Safety

Experiences low level of autonomic arousal and responds to dangerous or painful stimuli with minimal anxiety

Reckless disregard for safety of self/others

May be homeless—living on the streets or from others' charity

## Sexuality

Early, aggressive, sexual acting-out behaviors

## Social Interactions

Occurs most frequently in lower socioeconomic populations

Family may be dysfunctional with little positive interaction; may be history of violence in the home

Displays chronic antisocial behavior incompatible with the value system of general society (e.g., lying, stealing, fighting, frequent conflicts with the law, conning others for personal profit or pleasure)

Repeatedly violates the rights of others without remorse (i.e., is indifferent to or rationalizes behavior [is thought to be without a conscience])

Rejects authority, has contempt for morality, does not learn from the past, and does not care about the future

Significant impairment in social, marital, and occupational/military functioning (generally has poor employment history, fails to honor financial obligations)

## Teaching/Learning

More prevalent in males (with onset in childhood) than females (with onset at puberty)

History/evidence of conduct disorder with onset before age 15 with antisocial behaviors occurring since age 15 and usually diminishing after age 30, when the individual seems to "mellow out"/get tired of situation

Alcohol/substance abuse

## DIAGNOSTIC STUDIES

**EEG:** Abnormally higher amounts of slow-wave activity, reflecting a possible deficit in inhibitory mechanisms, which may lessen impact of punishment.

**Aversive Stimuli:** Tends to be slower in learning to avoid shock, associated with a lower than normal level of physiological arousal; heightened ability to tune out aversive stimuli.

**Psychopathy Checklist:** Recently developed rating scale identifies 2 sets of characteristics (impulsiveness and instability; callousness, egocentricity, and limitation of capacity for anxiety) that are useful in predicting client outcome and likelihood of future violent crime activity.

**Drug Screen:** Determines substance use

## **NURSING PRIORITIES**

1. Limit aggressive behavior; promote socially acceptable responses.
2. Develop a trusting relationship.
3. Assist client to learn healthy ways to deal with anxiety.
4. Increase sense of self-worth.
5. Promote development of alternate, constructive methods of interacting with others.

## **DISCHARGE GOALS**

1. Self-control maintained.
2. Assertive behaviors used to gain desired responses.
3. A trusting relationship initiated.
4. Anxiety recognized and diminished/managed.
5. Client/family involved in ongoing therapy/support groups.
6. Plan in place to meet needs after discharge.

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### **NURSING DIAGNOSIS**

#### **Risk Factors May Include:**

#### **[Possible Indicators:]**

#### **Desired Outcomes/Evaluation Criteria— Client Will:**

### **VIOLENCE, risk for, directed at others**

Contempt for authority/rights of others (antisocial character)

Inability to tolerate frustration; need for immediate gratification; easy agitation

Vulnerable self-esteem; inability to verbalize feelings

Use of maladjusted coping mechanisms including substance use

Negative role modeling; suspiciousness of others

Body language (muscle tension, facial expression, rigid posture); increased motor activity, irritability, agitation

Hostile, threatening verbalizations (boasting of prior abuse of others); possession of destructive means

Becoming assaultive when angry; choice of aggression to meet needs; overt and aggressive acts

Substance abuse

Verbalize understanding of why behavior occurs, its consequences, and how it affects outcome(s).

Develop and use assertive/nonaggressive, socially acceptable behaviors to gratify needs and interact with others.

Demonstrate self-control as evidenced by relaxed posture and manner.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

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### **Independent**

Convey accepting attitude toward client. Work on development of trust. Be honest, keep all promises, and convey message that the behavior, not the client, is unacceptable.

Maintain low level of stimuli in client's environment (low lighting, few people, simple decor, low noise level).

Provide structured environment, set firm limits (e.g., consistent schedule, ward rules, expectations of the client for cooperating. Involve client in process and follow through with consequences).

Encourage verbalization of feelings and provide outlet for expression.

Help client identify the true object of his or her hostility (e.g., "You seem to be upset with . . .").

Note distortions of the truth, manipulation. Confront client with these behaviors in a calm but firm manner, pointing out discrepancies in statements and behaviors.

Monitor escalating behaviors (e.g., increased psychomotor activity, threats, attempts to intimidate). Isolate if observed to be losing control.

Be aware of prior history of violent behavior, seriousness of homicidal tendency, gestures, threats. (Use scale 1–10 and prioritize according to severity of threat, availability of means.)

Remove all dangerous objects from client's environment, as appropriate.

Remain calm and nonaggressive in communicating with client. Avoid responding to client's verbal hostility with anger.

Feelings of rejection are undoubtedly familiar to client. An attitude of acceptance promotes feelings of self-worth. Trust is the basis of a therapeutic relationship. **Note:** Major obstacles in working with this client lie in an inherent inability to form a trusting, open relationship with a therapist.

A stimulating environment may increase agitation and promote aggressive behavior.

Individuals with antisocial personality disorder often function better in a controlled setting. Structure discourages escalation of aggressive behaviors and facilitates therapeutic intervention by reducing the anxiety caused by ambiguity.

Increases client's self-awareness of feelings and stressors.

Because of weak ego development, client may be misusing the defense mechanism of displacement. Helping client recognize this in a nonthreatening manner may reveal unresolved issues so that they may be confronted.

Confronting unacceptable behaviors helps to increase client's awareness of own feelings and the effect these feelings and behaviors have on others.

Client can become dangerous very quickly with or without provocation. Early detection provides opportunity to alter behavior before violence occurs.

Therapist needs to be aware of client's style of acting and behaviors to provide a safe environment and protect client and others.

Decreases availability of "means" that can compromise safety of client/others.

Anger is released through others. Not responding to client's anger breaks cycle, providing opportunity for change.

Assist client to identify when feelings of loss of control began and to identify events that led to this situation.

Explore with client how aggressive, destructive behaviors have affected interpersonal relationships (e.g., with children, spouse, parents, peers).

Discuss ways to detect potentially provocative/volatile situations before becoming involved. Help client learn to anticipate situations that usually result in anger, and develop a plan to handle anger before losing control.

Review with client the benefits of using assertive behaviors and the consequences of aggression. Ask client to identify situations when aggression was used and discuss/role-play alternate methods for handling those situations.

Encourage client to engage in healthy outlets for anger (e.g., telling other person in an assertive manner, use of large motor skill activities/relaxation techniques).

Recognition of these events provides an opportunity for resolution/adaptation of more effective behaviors. **Note:** These individuals have often been victims of child abuse and need to deal with these feelings.

Needs to realize own role and responsibility in personal interactions.

These clients tend to tune out aversive stimuli and need to increase awareness of environment to avoid becoming involved in volatile situations. Restructuring helps to eliminate old behavioral patterns that result in acting out. A plan of action provides client with a feeling of control.

Consequences serve as the best motivation for changing behavior. Client needs a rehearsed plan of action to aid in handling situations differently.

Developing new ways of reacting is essential to breaking the maladaptive pattern of responding.

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## **NURSING DIAGNOSIS**

### **May Be Related to:**

### **Possibly Evidenced by:**

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## **COPING, INDIVIDUAL, ineffective**

Very low tolerance for external stress

Lack of experience of internal anxiety such as guilt or shame

Personal vulnerability; unmet expectations; conflict; difficulty delaying gratification

Inadequate support systems

Multiple life changes

Inability to cope, problem-solve; choice of aggression and manipulation to handle problems and conflicts

Inappropriate use of defense mechanisms (e.g., denial, projection)

Chronic worry, anxiety, depression; poor self-esteem

High rate of accidents; destructive behavior toward self (substance use/abuse) or others

**Desired Outcomes/Evaluation Criteria—  
Client Will:**

Identify maladaptive coping behaviors and consequences.

Verbalize awareness of own positive coping abilities.

Demonstrate increased tolerance for external stress and meet needs with assertive behaviors.

Verbalize feelings congruent with behavior.

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**ACTIONS/INTERVENTIONS**

**RATIONALE**

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**Independent**

Provide outlet for expression of feelings/concerns. Assist client to recognize anxiety by describing feeling states.

Individual needs to get in touch with own feelings, accept ownership of them, and be responsible for them before he or she can begin to change behavior. Identifying sources of fears and anxieties increases understanding and self-awareness of feelings, which facilitates appropriate actions.

Assist to identify/recognize early warning signs of increased anxiety.

Becoming aware of feelings provides opportunity for client to apply new skills that aid in controlling/reducing anxiety and impulsive actions.

Explore anxiety-producing situations. Help to formulate possible reasons for feelings.

Clarifying basis of anxious feelings may help eliminate unnecessary worry. Establishing a possible cause-effect relationship provides opportunity for insight.

Discuss present patterns of coping with feelings and effectiveness of these mechanisms.

Client needs to become aware that present patterns are self-destructive as well as harmful to others.

Investigate pattern of attempting to control environment through anger and intimidation and use of denial and projection.

Increases client's awareness of inappropriate mode of interaction and the consequences.

Provide information about constructive, effective coping strategies (e.g., discussing feelings with staff, running or jogging, relaxation techniques).

Client has likely not learned effective coping skills and needs information to begin to replace maladaptive skills/modify stressors.

Confront client with manipulative and intimidating behaviors when they occur.

Helps reinforce the need to stop this pattern.

Explore the implications/consequences of continuing antisocial activities.

Needs to be constantly aware of the direction life is taking and the effect these behaviors have on society and self.

Discuss the importance of being responsible for own actions and not blaming others for own behaviors.

Individuals with antisocial personality disorder tend to externalize blame onto others and do not accept responsibility for own actions.

Give positive feedback when client demonstrates use of constructive alternatives.

Evaluate with client effectiveness of new behaviors and discuss modifications.

Discuss fears or anxieties of others' responses to client's new behaviors, and client's feelings concerning these responses. Role-play anticipated experiences.

Encourage participation in unit activities, groups, outdoor education program (e.g., hiking, wall/rock climbing, caving).

Acknowledge difficulties of therapy and slow progress. Discuss likelihood of discouragement and ways to deal with these feelings.

Enhances self-esteem and reinforces acceptable behaviors.

If client's new methods of coping are not working, assistance will be needed to reassess and develop new strategies.

Gives client a sense of what might be expected from others and how to respond, helping to alleviate fears. Using role-play provides the opportunity for experiencing new ways of responding.

Interaction with others provides opportunities for client to begin to experience success, feel good about self, get needs met in positive ways. Exercise therapy also expends energy and increases release of endorphins, enhancing sense of general well-being.

Difficulty in developing therapeutic relationship, degree of impairment, and need for total life restructuring require prolonged intervention.

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**NURSING DIAGNOSIS**

**SELF ESTEEM, chronic low**

**May Be Related to:**

Lack of positive feedback; repeated negative feedback

Unmet dependency needs; retarded ego development

Dysfunctional family system

**Possibly Evidenced by:**

Acting-out behaviors, such as excessive use of alcohol and other drugs, sexual promiscuity

Feelings of inadequacy/diminished self-worth; inability (difficulty) accepting positive reinforcement

Nonparticipation in therapy

**Desired Outcomes/Evaluation Criteria—  
Client Will:**

Acknowledge self as an individual who has responsibility for own actions.

Verbalize a sense of worthwhileness.

Make healthy choices regarding management of/be involved in meeting own care needs.

Demonstrate prosocial functioning.

Recognize and incorporate change into self-concept in accurate manner without negating self-esteem.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

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### **Independent**

Encourage verbalization of feelings of inadequacy, worthlessness, fear of rejection, and need for acceptance from others.

Client may relate acting-out behaviors to a poor self-concept, and acceptance of reality of own behaviors in relation to others' reactions can assist decision to change.

Assist client to identify positive aspects about self related to social skills, work abilities, education, talents, and appearance.

Helps to build on positive aspects of personality and use them to improve self-concept.

Provide clear, consistent, verbal/nonverbal communication. Be truthful and honest.

Client's perception is keen and can instantly detect insincerity.

Explore the relationship between feelings of inadequacy and aggressive behaviors, use of drugs, sexual promiscuity.

Provides opportunity for client to understand relationship between low self-esteem and ineffective measures taken to "feel" better.

Discuss how companions are chosen. Ask if these people reinforce client's own antisocial activities/values.

Helps client see how much peers can influence thinking and thereby reinforce antisocial behavior.

Ask client to describe interpersonal relationships, their quality and depth. If relationships are superficial, discuss how this came about.

Individuals with antisocial personality disorder have great difficulty forming close relationships. Exploring early relationships with parents or siblings may provide insight into the problem.

Review ways to improve the quality of interaction with others.

Learning to recognize/respect feelings of others in relation to own helps client develop more satisfactory relationships.

Help client identify positive aspects of the self and develop ways to change the characteristics that are socially unacceptable.

Individuals with low self-esteem often have difficulty recognizing their positive attributes. They may also lack problem-solving ability and require assistance to formulate a plan for implementing the desired changes.

Minimize negative feedback to client. Enforce limit-setting in a matter-of-fact manner, imposing previously established consequences for violations.

Negative feedback can be extremely threatening to a person with low self-esteem, possibly aggravating the problem. Consequences should convey unacceptability of the behavior but not of the person.

Encourage independence in the performance of personal responsibilities and in decision-making related to own self-care. Offer recognition and praise for accomplishments.

Positive reinforcement enhances self-esteem and encourages repetition of desirable behaviors.

Provide instruction about assertiveness techniques, especially the ability to recognize the differences between passive, assertive, and aggressive behaviors and the importance of respecting others' human rights while protecting one's own basic human rights.

Identify individual goals for therapy and activities to enhance feelings of success and self-esteem. Suggest keeping a journal of these activities.

These techniques increase self-esteem while enhancing the ability to form satisfactory interpersonal relationships.

Focusing on practical realities helps the client to move ahead step by step. Journaling can assist client to connect actions with changes that occur, to promote continuing positive change.

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**NURSING DIAGNOSIS****May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—  
Family Will:****FAMILY COPING, ineffective: compromised/disabling**

Family disorganization and role changes

Client providing little support in turn for the primary person

Prolonged disability progression that exhausts the supportive capacity of significant people

Highly ambivalent family relationships; history of abuse/neglect in the home

Expressions of concern or complaint about significant other's response to client's problem

Significant person reporting preoccupation with personal reactions regarding condition

Significant person displaying protective behavior disproportionate (too little or too much) to client's abilities or need for autonomy

Identify/verbalize resources within individual members to deal with the situation.

Interact appropriately with the client/each other, providing support and assistance as indicated.

Provide opportunity for client to deal with situation in own way.

Express feelings openly and honestly.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

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### **Independent**

Identify behaviors/interactions of family members. Note factors affecting abilities of family members to provide needed support.

Provides information about patterns within family and whether they are helpful to resolution of current problems. Personality disorder/mental illness of other family members inhibits coping abilities.

Listen to comments and expressions of concern of client/SOs, noting nonverbal behaviors and/or responses.

Provides clues to underlying feelings, unconscious motivations/defenses.

Discuss basis for client's behavior(s).

Helps family begin to understand and accept/deal with unacceptable actions.

Assist family and client to understand who "owns" the problem and who is responsible for resolution.

When each individual begins to assume responsibility for own actions, each one can begin to problem-solve without expectation that someone else will take care of him or her.

Encourage free expression of feelings, including frustration, anger, hostility, and hopelessness.

Expression of feelings can be the beginning of recognition and resolution of short-/long-term problems.

Set limits on acting-out and impulsive behaviors, and determine safety of home situation.

Family members need to understand that acting out angry feelings is not acceptable. Identification of factors/behaviors in the home situation can lead to alternative actions to prevent harm to client/family members.

Help family members identify coping skills being used and how these skills are/are not helping them to deal with the situation.

Identification of what is helpful and what is not will allow for learning new ways to cope with behaviors/situation.

### **Collaborative**

Refer to additional resources as needed (e.g., family therapy, financial counseling, spiritual advisor, social services).

May need further assistance to help with resolution of current/long-term problems. May need to remove client/family members to ensure safety.

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### **NURSING DIAGNOSIS**

#### **May Be Related to:**

#### **Possibly Evidenced by:**

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### **SOCIAL INTERACTION, impaired**

Factors contributing to the absence of satisfying personal relationships (e.g., inadequate personal resources [shallow feelings], immature interests, underdeveloped conscience, unaccepted social values)

Difficulty meeting expectations of others; lack of belief that rules pertain to them

**Desired Outcomes/Evaluation Criteria—**

**Client Will:**

Sense of emptiness/inadequacy covered up by expressions of self-conceit, arrogance, and contempt

Use of unsuccessful social interaction behaviors; behavior unaccepted by dominant cultural group

Identify causes and actions to correct isolation.

Express increased sense of self-worth.

Participate willingly in activities/programs without use of manipulation.

Demonstrate behavior congruent with verbal expressions.

**ACTIONS/INTERVENTIONS**

**RATIONALE**

**Independent**

Note expressions of hopelessness/worthlessness (e.g., “I’m a loser,” “It’s fate.”).

These may be the only genuine emotions this individual feels and may be expressed in subtle ways when failures can no longer be denied. Although these feelings may be dismissed quickly, this may be the time when the client is most accessible to change.

Listen to expressions of feelings and “insight,” pointing out discrepancies between what is said versus behaviors.

Client may be very good at saying what others want to hear. However, behavior is the ultimate determinant of real change. It is almost impossible for this person to understand the feelings of others.

Confront expressions of powerlessness, inability to control situation or make a difference in relationship/commitments.

Consistent confrontation with reality of how client’s behavior affects interactions with and trust of others may force client to begin to look at own responsibility for problems in these areas. This person’s refusal to accept criticism and/or projection of failure as the fault of others make it difficult to change behavior.

Encourage client to make requests/ask for what is wanted in a clear, straightforward manner and express feelings clearly to others.

As needs are met by direct action, client may begin to see the value of this approach.

Explore client’s need for immediate gratification.

Client needs to understand own feelings in order to work on resolution.

Ask client to describe feelings when someone says “no.” Review with client feelings regarding authority and violating rights of others.

Client often experiences pleasure through antisocial behaviors and needs to gain insight regarding personal motives.

Discuss with client thoughts and fantasies present before committing crimes. Ascertain how much planning went into the crimes. Did the client “experience the crime mentally” before commission?

Antisocial behavior may lead to involvement in criminal activity. Fantasizing about crime plays a large role in eventual commission. In order to restructure cognitive processes, client needs to break this pattern.

Have client discuss thoughts/feelings about family, peers, authority figures, opposite sex, violence, and victims. Give feedback on the “correctness” of thinking process.

Help client recognize behaviors that do not get intended response and discuss possible modifications.

### **Collaborative**

Involve in group activities (e.g., occupational/vocational therapy, psychotherapy, outdoor education program, codependency meetings).

Reinforces positive values or attitudes and exposes problem areas in thinking process. This is important for cognitive restructuring.

These individuals have difficulty interpreting others’ feelings and need guidance in this area.

Provides opportunity for interaction with others to learn new behaviors, gain support for change, reduce dependence on manipulation of others.