

12/03/13 Notes

Cluster B: Antisocial Personality Disorder (APD)

- What is it?
- "The essential feature of Antisocial Personality Disorder (APD) is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood" (DSM-5, 2013).
- APD is also referred to as psychopathy and sociopathy (but there are differences)

Diagnostic Criteria

- In order to be diagnosed with APD, a person must meet four criteria (A-D).

A) Show 3 or more of the following from part A:

1. Engages in illegal activity
2. Uses deceit and manipulation
3. Highly impulsive and fails to plan ahead
4. Irritable and aggressive
5. Disregards safety of self and others
6. Irresponsible
7. Shows lack of remorse

Diagnostic Criteria cont.

- B) Must be 18 years old
- C) Must have evidence of Conduct Disorder (CD) with onset before age 15
- D) Cannot co-occur during the course of Schizophrenia or a Manic Episode

Why no APD for teens?

- One time antisocial behavior doesn't count
- Terrie Moffitt:
 - ❖ Adolescence-limited antisocial behavior
 - ❖ Life-course-persistent antisocial behavior
- People with APD may "improve" at 40-45 years of age
 - May mellow out due to age or decreases in testosterone production

Common features

- Exploitative in sexual relationships
- Irresponsible parents
- Dishonorable discharge from Armed Services
- Impoverished, homeless, or imprisoned
- More likely to die violently
- **Lack empathy**
- **Inflated self-image**
- **Superficial charm**

The Psychopathic Brain

- Psychopaths differ from non-psychopaths in performance on cognitive and affective tasks
 - o Psychopaths are less able to process or use deeper meaning in language

- o Less able to appreciate the emotional significance of events or experiences
- o significantly less grey matter in some parts of the cortex—frontal and temporal lobes—compared to brains of non-psychopathic offenders and non-offenders
 - Related to understanding others' emotions and intentions
 - Activated when thinking about moral issues
 - May not feel embarrassment or self-consciousness

Causes of APD

- Biological factors—probably genetic influence, but adverse environment also important
 - Genetics—antisocial behavior is heritable
 - Genetic risk for APD, psychopathy, conduct disorder, and substance abuse related
- Environmental factors: abuse, neglect, poor discipline, fathers with antisocial tendencies, family conflict

Genetic Factors X Family Environment

- Children's temperament and their characteristic response styles may have an effect on parental behavior.
- Their resistance to disciplinary efforts may discourage adults from maintaining persistent strategies to manage their behaviors.
- This interaction fosters development of poorly controlled behavior.

Causes of APD Social Factors

- APD is associated with low socioeconomic status and urban settings
- Disorder for poor minority males?
- Has been criticized for being misapplied—antisocial behavior in some contexts may be part of a protective survival strategy
 - I.e. gang behavior
- Prevalence: maybe 3-4%. More common in males than females, but maybe diagnostic bias

APD and NPD

- People with APD and NPD share a tendency to be tough-minded, glib, superficial, exploitative, and unempathetic
- BUT- NPD does not include characteristics of impulsivity, aggression and deceit
- Also, people with APD may not be as needy of the admiration and envy of others
- And people with NPD lack history of conduct disorder in childhood and criminal behavior in adulthood
- "thousand yard" wolf stare

Cluster A

ODD OR ECCENTRIC

- ❖ Paranoid
- ❖ Schizoid
- ❖ Schizotypal

Paranoid Personality Disorder

- Pervasive tendency to be inappropriately suspicious of others' motive and behaviors
- Have expectation of being harmed
 - Assume the worst of everyone
 - Alert for signs of betrayal
- Completely inflexible in their views and expectations
- About 5% of the population

Schizoid Personality Disorder

- Pervasive patterns of indifference to other people, coupled with a diminished range of emotional experience and expression
 - No pleasure from social interaction
 - Over 3% of the population
 - Equally common in men and women
 - schizotypal and schizoid personality disorders have the least optimistic prognosis—these patients are likely to remain socially isolated and occupationally impaired

Schizotypal personality disorder

- Pattern of odd beliefs and peculiar behaviors (rather than emotional restriction and social withdrawal)
- Perceptual and cognitive disturbances
 - Interpersonally awkward and strange
 - Discomfort with social interaction
 - About 3% of the population
 - Slightly more common in males
- Not psychotic or out of touch with reality
 - Not schizophrenia, but preschizophrenia sometimes

CLUSTER C: ANXIOUS OR FEARFUL

Avoidant

Dependent

Obsessive–Compulsive

Dependent Personality Disorder

- extreme pattern of relying on others to take care of one's needs and make decisions, combined with a bitter kind of agreeableness
 - Submissive interpersonal style
 - Fear disagreeing and having to think on their own
 - Rare ($\frac{1}{2}$ of 1%) and more common among women
 - May be passive-aggressive because they don't think they can ask directly for what they need/not safe

Avoidant Personality Disorder

- fear of failure, criticism, or rejection leads to avoidance of normal activities
 - Expect the absolute worst from others
 - Need constant reassurance of uncritical acceptance
 - Deep cravings for affection and social acceptance
 - About 2.5% of the population
 - Similar prevalence in men and women
 - Very similar to social phobia