

## INTRODUCTION

Antisocial personality disorder (ASPD) is described by the American Psychiatric Association's Diagnostic and Statistical Manual, fourth edition- (DSM-IV-TR 2000); as an Axis II personality disorder characterized by "...a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood" (WHO, 2010).

The World Health Organization's International Statistical Classification of Diseases and Related Health Problems', tenth edition (ICD-10), defines a conceptually similar disorder to antisocial personality disorder called Dissocial Personality Disorder (Oscar 2009; Adrian, 2010). Though the diagnostic criteria for ASPD were based in part on Hervey Cleckley's pioneering work on psychopathy, ASPD is not synonymous with psychopathy and the diagnostic criteria are different (Kueper et al 2010). Antisocial personality disorder (ASPD) is a mental problem that involves using others, manipulating them, even to the extent of violating their rights. This long-term problem, which is more common in men than in women, often has criminal manifestations.

It is a regular and persistent behaviour of disregard or disrespect for, and abuse of, the freedom, rights and privileges of others. It starts right from childhood beginning of adolescence and prolongs to adulthood'. Usually, criminal manifestations as a child usually of vpsrivih2w T\*(crlink )0 addulthaSTJ0.18 Tephtal problem O.oDnk exhibits. Prisoners are from different economically and socially disadvantaged circumstance, characterise by substance abuse, family disruption, and other traumatic experiences (Moxon, 2010). The prisoners have experienced many more potentially damaging life

- Substance abuse problems
- Lying
- Stealing
- Getting into fights
- Breaking the law, showing disregard for rules in general
- Having no care for their own safety
- Showing no respect for the safety of others
- Being indifferent to the feeling of others
- Being prone to anger
- Displaying extreme arrogance
- Showing no sense of remorse

It is a requirement of ICD-10 that a diagnosis of any specific personality disorder should also satisfy a set of general personality disorder criteria. The following are the basic ones.

- i) The individual is at least aged 18 years.
- ii) There is evidence of conduct disorder with onset before age 15 years.
- iii) The occurrence of antisocial behaviour is not exclusively during the course of schizophrenia or a manic episode.

Those diagnosed with ASPD as adults were commonly diagnosed with conduct disorder as children. The prevalence of this disorder is 3% in males and 1% in females, as stated in the DSM IV-TR.

### Further Diagnostic Considerations

Theodore Millon identified five subtypes of antisocial personality disorder (Moeller, 2006; Kueper, 2010) exhibiting all of the following:

- i. covetous antisocial – variant of the pure pattern where individuals feel that life has not given them their due.
- ii. reputation-defending antisocial – including narcissistic features
- iii. risk-taking antisocial – including histrionic features
- iv. nomadic antisocial – including schizoid, avoidant features
- v. malevolent antisocial – including sadistic, paranoid features.

### Comorbidity

Adrian (2010) notes that the following conditions commonly coexist with antisocial personality disorder (Adrian 2010)

- Anxiety disorders
- Depressive disorder
- Impulse control disorders
- Substance-related disorders
- Somatization disorder
- Attention deficit hyperactivity disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder
- Sadistic personality disorder

When these conditions are combined with alcoholism, people may show frontal function deficits on neuropsychological tests greater than those associated with each condition (Brown, 1994).

## Causes and Pathophysiology

Antisocial personality disorder is said to be genetically based but typically has environmental factors, such as family relations, that trigger its onset. Traumatic events can lead to a disruption of the standard development of the central nervous system, which can generate a release of hormones that can change normal patterns of development (Black, 2011). One of the neurotransmitters that have been discussed in individuals with ASPD is serotonin.

A recent meta-analysis of 20 studies showed a correlation between ASPD and serotonin metabolic 5-hydroxyindoleacetic acid (5-HIAA). The study found that a reasonable effect size (5-HIAA levels in antisocial groups were 0.45 standard deviation lower than in non-antisocial groups (Adrian, 2010). There is also a continuous debate as to the extent to which the legal system should be involved in the identification and admittance of patients with preliminary symptoms of ASPD.

### Prognosis

According to Emily Simonoff, Institute of Psychiatry, "childhood hyperactivity and conduct disorder also displays strong prediction of ASPD and criminality in early and mid-adult life. Lower IQ and reading problems were most prominent in their relationships with childhood and adolescent antisocial behaviour (Black, 2011).

### Epidemiology

and compensation to avoid triggering the schema, but these patterns become over-generalized and rigid. In order to adjust early maladaptive schemas, SFT uses a broad range of techniques, prominent among them are behavioural, psychodynamic, experiential and interpersonal strategies. In comparison traditional cognitive approaches, SFT is more flexible, elaborate and emotion -focused (McGinn & Young 1996). The treatments of FST also tend to be longer, between one and four years (Young, Klosko, & Weishaar 2003).

The concept of schema particularly early maladaptive schemas is central to schema therapy. Schemas are deeply-held, pervasive patterns of thought and belief which can seriously disrupt a person's life if they are negative. They are very difficult to change or ever

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Patients first discover their schemas through questionnaires and exploratory conversation then learn how to recognize incidences in daily life and see how these issues have an impact upon them. Finally, they learn how to make changes that challenge the schema, and develop positive coping skills and attitudes.

This study, therefore, used schema-focused therapy in the management of antisocial personality disorder of prison inmates to assist them improve the

Introductory talk to create enabling psychological environment for the intervention.

Rationale for the programme and what the participants stand to benefit at the end of the programme.

Guiding principles on the expected conducts of the participants in the course of the programme.

Administration of the pre-test measure.

**Session 2:**



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