An Adlerian Look at Antisocial Personality Disorder and Substance Use Disorder

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Abstract

This project outlines Antisocial Personality Disorder from an Adlerian Perspective. It also discussed the complications of Co-Occurring Substance use and explored the relationship between chemical dependency and recidivism rates of criminal justice involvement. There was significant research combining chemical dependency and personality disorders. There were also several theories as to why people develop antisocial personality disorder which considers whether environmental factors and genetic factors play a role in the disorder. This project discussed an Adlerian overview exploring areas such as Social Interest, Inferiority feelings, and Adler’s Unitary Theory.

Keywords: Antisocial Personality Disorder, Chemical Dependency, Adlerian Analysis, Criminality
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An Adlerian Look at Antisocial Personality Disorder and Substance Use Disorder

There have been many studies done that show there is a high comorbidity rate between Antisocial Personality Disorder (ASPD) and Substance Use Disorders (SUD). This project explores the relationship between Antisocial Personality Disorder (ASPD) and Substance Use and their influence on criminal justice system involvement. Specifically, this project examines the co-occurring disorder of ASPD and substance use through the Adlerian concepts of Social Interest, Inferiority, and Adler’s Unified Theory. The bearing on the treatment of substance abuse is discussed. For treatment to be effective, the clinician should acknowledge the high comorbidity of substance abuse in antisocial personality disordered individuals. For clinicians who work with this population, the difficulty lies in that there is no specific evidenced-based protocol that has been found to be effective with this diagnosis. The matter is further complicated when there is substance use to complicate the presenting needs of the ASPD client further.

What is Antisocial Personality Disorder (ASPD)?

There is a 1.0\% prevalence of ASPD among adults in the United States (Lenzenweger, Lane, Loranger, & Kessler, 2007), emotional and social indifference characterizes ASPD; in which the affected person appears indifferent to social norms or the feelings of others (Rutter, 1997). ASPD can be evident when prison populations are often demonstrating individual displays chronic behavior that manipulates, exploits or violates the rights of others and defined antisocial behaviors.

*The Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013; referred to as the DSM-V) described the essential feature of antisocial personality disorder is “a pervasive pattern of disregard for, and violation or, the rights of others
that begins in childhood or early adolescence and continues into adulthood” (American Psychiatric Association, 2013, p. 659). Additionally, ASPD is characterized by (1) a lack of regard for the moral or legal standards in the local culture, (2) gross disregard for societal rules, and (3) marked diminished interpersonal relationship skills (American Psychiatric Association, 2013). Typically, the individual would have a need to have been diagnosed by age 18 and have a history of Conduct Disorder diagnosed before age 15. People with ASPD sometimes have a history of harming animals and having aggression towards other people, destroying property, and tend to have an extensive criminal history (American Psychiatric Association, 2013). Although, this is not true of the entire population of individuals with ASPD.

The “Symptoms” of Antisocial Personality Disorder

The symptoms of ASPD are representative of violating social norms and include an enduring pattern of disregard for the rights of others (American Psychiatric Association, 2013). There is a failure to conform to society's rules that often results in numerous arrests or legal involvement as well as a history of deceitfulness where the individual attempts to “con people or use trickery for personal profit.” Impulsiveness can present in persons diagnosed with ASPD and includes angry outbursts, failure to consider consequences of behaviors, irritability, and/or physical assaults (American Psychiatric Association, 2013). Finally, irresponsible behavior often accompanies ASPD, as well as a lack of remorse for wrongdoings (Walker, 1996). These previous statements regarding ASPD individuals being highly aggressive and manipulative can only calculate for a portion of this population. There can be individuals with ASPD that blend into society by not having irresponsible behavior and by calculating their actions in order not to stick out. Some individuals with ASPD can have high popularity in society and sometimes seen as highly successful.
This lack of social interest frequently leads to committing crimes ranging from small misdemeanors to more violent crimes such as murder. Individuals with ASPD often lie, behave violently or impulsively and have problems with drug and alcohol use. Because of these characteristics, people with ASPD can have impaired functioning in the family, work, or school responsibilities.

**The Onset of Antisocial Personality Disorder**

While antisocial personality disorder is a mental disorder diagnosed in adulthood, its pattern begins in childhood. An early warning sign and key diagnostic feature of ASPD is a history of childhood/adolescent behavior that meets the diagnostic criteria for Conduct Disorder (CD) evident by the age of 15 (American Psychiatric Association, 2013). Black (2015) recognized the link between adult ASPD and childhood misbehaviors. Black reported, “Antisocial behaviors typically have their onset before age eight. Nearly 80% of people with ASPD developed their first symptoms by age 11 years” (p. 309). It is hard to predict the progression to ASPD in children with CD. However, research illustrates a positive correlation. As of 2013, conduct disorder affected approximately 51.1 million people globally (Global Burden of Disease Study, 2015); affecting 1-10% of children. Among youth in juvenile detention facilities, rates of conduct disorder are between 23% and 87%. (U.S. Department of Justice, 2016).

CD has two developmental courses; identified based on the age of onset of symptoms. The first is known as the "childhood-onset type" which is assigned when the onset of symptoms occurs before the age of 10 years. This course is linked to a more persistent life course and more pervasive behaviors. Children in this group have greater levels of Attention Deficit Hyperactivity Disorder (ADHD) symptoms, neuropsychological deficits, more academic
problems, increased family dysfunction, and a higher likelihood of aggression and violence (Bressert. 2013). The second developmental course is “Adolescent-Onset type.” Children with adolescent onset do not develop Conduct Disorder until after puberty, typically display less aggressive behaviors, and have more ‘normal’ peer relationships. These adolescents are less likely to have conduct disorder that persists into adulthood (Bressert. 2013). While the diagnostic criteria for ASPD require a diagnosis of CD before age 15; the diagnostic features support a stronger connection between Conduct Disorder-childhood onset type; particularly due to the shared etiology.

It is believed that ASPD is likely the result of a combination of genetic and environmental factors. Theories explaining the biological risk factors for ASPD include the malfunction of certain genes, hormones, or parts of the brain. Some theories point to ASPD being developed in individuals during their childhood years. Some life events could have occurred such as, physical, sexual, or emotional abuse, neglect, and abandonment, or raised by a parent who has an addiction or has ASPD as well. There is no true way to diagnose someone with ASPD except when the individual is willing to share their lives with a mental health worker. There has been researching that also supports people of minority cultures being wrongly diagnosed due to language and cultural barriers (Dyden-Edwards, 2016), as well as the inability of clinicians to understand various cultural contexts.

Conduct Disorder is generally diagnosed in early childhood years and can be characterized from the American Psychiatric Association (2013) reports:

The essential feature of conduct disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviors fall into four main groupings: aggressive conduct that causes
or threatens physical harm to other people or animals; non-aggressive conduct that causes property loss or damage; deceitfulness or theft; and serious violations of rules.

Individuals with conduct disorder may also frequently commit grave violations of rules (e.g., school, parental, workplace). Children with conduct disorder often have a pattern, beginning before age 13 years, of staying out late at night despite parental prohibitions. Children may also show a pattern of running away from home overnight (p. 472).

Diagnosing Conduct Disorder can be difficult to youth as it can be developmentally appropriate to be defiant. If children have had trauma or other disruptions in their environment that may not have been reported, they may be displaying appropriate anger and actions based on their reality versus applying their behaviors to the standardized cultural norms. One must also consider the implications of behavior and thinking that occur with substance use. Unfortunately, youth may not be screened for environmental concerns or substance use, which could result in inaccurate diagnosis (Swart & Apsche, 2014).

**Theories of Antisocial Personality Disorder**

**Adlerian Analysis**

Alfred Adler argued the individual was not a mere product determined by circumstances but was an active determiner of his life. Every human being, except the ‘feeble-minded,’ were considered endowed with such creative power. Adler asserted people must be understood as whole entities, indivisible from the social context of one’s family, culture, and history. The individual creates a "style of living” reflective of their movements; directing all feeling, thought, and action toward the goal of conquering the sense of inferiority or incompleteness (Ansbacher & Ansbacher, 1964).
Goal of Superiority

Adler comprehended human life as upward movement, and from this notion, Adler asserted the primary drive of humans is toward superiority. This striving is “innate in the sense that it is part of life” (Ansbacher & Ansbacher, 1964, p. 104). One’s feeling of superiority, perfection, or success is perceived and actualized in activities; not necessarily in dominance over others. Adler argued (regarding mental health) superiority symbolized ability to meet and overcome the demands of life.

Feelings of Inferiority

Adler primarily focused on an individual’s formative years in children and had many theories about how inferiority can shape individuals as they move into adulthood. This inferiority is context dependent and situationally determined- a value judgment by the individual (Mosak & Maniacci, 1999). Inferiority feelings are the natural outcome and counterpart of the striving. “In comparison with unattainable ideal perfection, the individual is continuously filled with an inferiority feeling and motivated by it” (Ansbacher & Ansbacher, 1964, p. 117).

This is a reversal of Adler’s earlier view, in which he saw the striving as a compensatory effort for primary inferiority feelings and which paralleled drive-reduction theory, which at best does justice only to deficit motivation, not to growth motivation. The later reformulation represents a great improvement in theory. If the individual incorporates constant feelings of being judged as less than others around them, then the inferiority complex may become all-consuming. A person with an inferiority complex tends to lack social interest and may be focused on themselves and what they believe to be their deficiencies (Ashby & Kottman, 1996).
Ansbacher and Ansbacher (1964) stated:

Since the feeling of inferiority is regarded as a sign of weakness and as something shameful, there is a strong tendency to conceal it. Indeed, the effort of concealment may be so high that the person himself cease to be aware of his inferiority as such, being wholly preoccupied with the consequences of the feeling and with all the objective details that subserves its concealment. (p. 119)

Individuals with ASPD may not believe they are inferior. Those with ASPD can have additional struggles with addiction, particularly in treatment, when there tends to be strong directives given to seek and ask for help.

**Personality Development**

Individual psychology assumes a central personality dynamic reflecting the growth and forward movement of life (Ansbacher & Ansbacher, 1964). Life is a future-oriented striving toward an ideal, a goal of significance, of mastery, and of success. Adler (1914; as cited in Ansbacher & Ansbacher, 1964, p. 96) stated, “we cannot think, feel, will or act without the perception of some goal.” Children start their lives weaker and less socially skilled than the adults around them. They have the desire to mature, to become a capable adult, and as they gradually acquire skills and demonstrate their competence, they gain self-confidence and self-reliance. This natural striving for perfection may, however, be held back if their self-image is degraded by failures in physical, intellectual and social development or of they suffer from the criticisms of parents, teachers, and peers (Mosak, & Maniaci, 1999). Adler (1914; as cited in Adler, Liebenau & Stein, 2003) stated:

Every mental activity shows that its direction is governed by a predetermined goal. However, soon after a child's psychological development starts, all these tentative,
individually recognizable goals, come under the dominance of the fictitious goal, a finale that is regarded as firmly established. In other words, like a character drawn by a good dramatist, the individual's inner life is guided by what occurs in the fifth act of the play. This insight into any personality that can be derived from Individual Psychology leads us to an important concept: If we are to understand the nature of an individual, then every psychological manifestation should be perceived and understood as only preparatory for a particular goal. Everyone develops a final goal, either consciously or unconsciously, but ignorant of its meaning. (p. 28)

Griffith and Powers (2007) noted:

Adler framed what has been characterized as a unitary theory of mental illness. He understood dysfunction, from neurosis to sociopathy to psychosis, as arising from faulty training in childhood, resulting in the child’s erroneous evaluations of self, others, and the world, and consequent mistaken movement asserting that all mistaken answer are degrees of an infinite series of failures or abnormalities, or of the attempts of more or less discouraged people to solve their life-problems without the use of cooperation or social interest. (Griffith & Powers, 2007, p. 68)

Examining most popular people that have had ASPD or symptoms of ASPD, they suffered from this unitary theory of mental illness. It may be impossible to live a life hurting other individuals with no empathy for others and not have some psychosis or sociopathy.

Adler would say that these people suffered from not being included in society in some way or another. Whether the person that suffered from ASPD came from a broken household or their parents also suffered from a mental illness, Adler would say individuals with ASPD may not have been given the right love and belonging that they deserved to have. There is no way to
know that if they were given the proper upbringing, and were a part of society if they would still suffer from ASPD. Those with ASPD can have additional struggles with addiction, particularly in treatment, when there tend to be strong directives given to seek and ask for help.

**Personality types.** Adler identified four types of personality; distinguishable based on one’s energy felt by others: (1) Ruling type, (2) leaning type, (3) Avoiding type, and (4) socially useful type (Mosak & Maniacci, 1999). These 'types' are typically formed in childhood and are expressions of the style of life. The ruling type, most closely aligned with ASPD, is characterized by a tendency to be aggressive and dominant over others. Adler asserted that the ruling type of personality possesses an overwhelmingly intense energy leading to avoidance by others. The ruling type are perceived as bullies and highly manipulative. Notably, Adler asserted that those with a ruling personality are likely to develop alcoholism or drug additions (Mosak & Maniacci, 1999). The ruling type of personality strives for superiority and power and are willing to manipulate situations and people to accomplish this goal.

The leaning type of personality is considered highly sensitive and use protective behaviors to shield themselves. Equally, individuals with a leaning personality type depend on others to help them move through life. The leading personality type is linked to psychoneurotic symptoms: phobias, obsessions and compulsions, general anxiety, and hysteria (Mosak & Maniacci, 1999). Low-risk taking and isolation characterize the avoiding personality type. Lastly, the socially useful personality type are well received by others. Socially useful personalities are very active and social and demonstrate social interest.

**Social Interest**

If Alfred Adler were alive today, he might say these individuals that suffer from ASPD lack social interest. Social Interest is defined by Ansbacher and Ansbacher (1964) as, “to
understand what goes on in an individual, it is necessary to consider his attitude toward his fellow men. The relationships of people to one another in part exist naturally and as such are subject to change” (p. 127). A well-known example of someone with ASPD is Jeffrey Dahmer who targeted the gay community due to his struggles with his sexuality. His social interest was comprised due to his internalized homonegativity and was unable to connect and interact with the world (Crime Museum, 2016b).

Yang, Chen, Xu, and Qian (2014) developed a study to see if individuals with personality disorders have a higher level of self-control than the normalized public. They were able to determine that individuals with less self-control tend to have more impulsive behaviors such as compulsive spending, binge eating, aggressive behavior, and poor sexual restraint. They also were able to demonstrate that those individuals with low self-control have a higher likelihood of having symptoms of antisocial personality or having more significant criminal involvement. The findings revealed a unique characteristic of self-control strength in people with ASPD. Only the ASPD group exhibited significant depletion of self-control strength after an ego-depletion task, not observed in the control group (Yang, Chen, Xu, & Qian, 2014). These findings would lend support as to why Jeffrey Dahmer may have lacked social interest. If he felt that his ego was depleted by being a gay man, he may have committed such crimes due to his lack of self-control and lead to his superiority over others.

**Criminality Associated with ASPD**

A major proportion of our jail and prison population is made up of criminals with drug offenses. Fazel and Danesh (2002) conducted a survey of offenders in the prison system and the correlation of severe mental disorders. They were able to conclude that prisoners were more likely to have major depression and symptoms of psychosis and ten more times likely to have
ASPD than most of the general population (Fazel & Danesh, 2002). Decision making is a significant element of chemical dependency. Adler (1996) believed that individuals engaging in criminal activity lacked social interest or a positive feeling towards their communities. According to Adler (1996), feelings of inferiority are overcome by behaviors that enhance self-esteem. He suggested that people develop fictional goals that are used to increase one’s sense of pleasure and level of perceived power. This supports the correlations between ASPD and criminal behavior. Further, Adler (1993) noted that individuals engaged in chronic criminal behavior were attracted to a lifestyle that provides a feeling of euphoria and exhibit elevated self-esteem and increased feelings of power, and thus receive ego gratification from perceived elevated social status in the community.

When individuals are under the influence, they tend to make a lot of irrational decisions, and this can lead them to get arrested due to the decisions they have been making. The human brain’s capacity to utilize an executive functioning and exercise good decision making is compromised by alcohol and drug use (Mellentin, Skot, Teasdale, & Habekost, 2013).

Mellentin, Skot, Teasdale, and Habekost (2013) reported: “Decision-making has become a principal target or study in addiction research given that individuals with substance use disorder (SUD) are characterized by a tendency to make choices that bring about immediate benefits” (p. 292). If there were different ways to intervene with individuals that have continued substance abuse, the jail and prison system would not be as significant as it is now. Some offenders have repeated their crimes sometimes and are appropriate for the prison system.

**Antisocial Personality in the Media**

As the presentation of ASPD can be so varied, it is difficult to pinpoint a consistent set of behaviors. Some famous people have had either been diagnosed with ASPD or had
characteristics of the disorder. Charles Manson showed many signs of ASPD with the crimes that he had carried out. He created a cult mainly of young women, whom he would brainwash to perform his crimes after he gained their trust. He had a long murder spree of killing several people with no remorse for his actions (Crime Museum, 2016a). Another well-known example of someone with ASPD is Jeffrey Dahmer who targeted the gay community due to his struggles with his sexuality. Due to his internalized homonegativity, his social interest was compromised in how he was able to connect and interact with the world. It was reported that Dahmer felt neglected and unloved by his family and was fascinated by fires, harming and kill animals, and pathological lying. Dahmer did not show any remorse for the crimes that he committed which also makes him suffering from signs of ASPD (Crime Museum, 2016b). While these are only two examples, it is not the intention of this writer to imply that all persons with ASPD act violently.

People that have committed violent crimes are not all subject to being diagnosed with ASPD, but the percentage could be higher. On the other side, people that have ASPD are not always considered to have committed any crimes at all, in fact, some people can live with ASPD and not have any legal consequences. However, lots of research point to the high rates of offenders in the prison system that have the co-occurring disorder but are living undiagnosed. The reason they are living undiagnosed is that people with symptoms of ASPD may not want to admit, or believe, that they have some of these symptoms. Because of the grandiose effects that ASPD has on people, they may find that how they act and feel is the correct way to respond to certain situations (Black. 2015).
Comorbidity of Substance Use Disorders and Psychopathology

Substance Use Disorders and Antisocial Personality Disorder

Robins (1998) stated, “There is no question but that Drug addiction is associated with antisocial personality, and it is a precursor, conduct disorder, whether one looks at epidemiologic or clinical data (p. 393).” The DSM-V states

The essential feature of a substance use disorder is a cluster or cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disturbances. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug cravings when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment (American Psychiatric Association, 2013, p. 483).

So how exactly does substance use disorder interact with antisocial personality disorder? It is a co-occurring disorder. These two disorders can share similar qualities. Therefore, it is hard to tell if one disorder causes the other. Robins (1998) stated:

The belief that both disorders require an early predisposition, probably of genetic origin, implies that neither disorder can fully account for the other, but is consistent with either disorder’s increasing the likelihood that the other disorder is expressed in a predisposed person. The recklessness, impulsivity, and lawlessness that are symptoms of ASPD are believed to increase exposure to substances by encouraging the seeking of new experiences and disarming normal concerns about overuse. (p. 395)
Substance abuse is highly prevalent among individuals with a personality disorder (Verheul, van den Bosch, & Ball, 2005). The two most common personality disorders associated with substance use disorders are Antisocial Personality Disorder (ASPD). About 40% to 50% of individuals with a substance use disorder meet the criteria for ASPD and approximately 90% of individuals diagnosed with ASPD also have a co-occurring substance use disorder (Messina, Wish, & Nemes, 1999).

There continues to be a widely held belief that personality disorders in general and ASPD in particular, are untreatable (Verheul & Herbrink, 2007). There is also a reluctance to work with this population because of their difficult clinical management. Furthermore, individuals with ASPD are often excluded from substance abuse treatment programs due to the symptoms of their personality disorder. Likewise, persons with a substance use disorder are often excluded from personality pathology treatment because they are often disruptive and uncooperative (Messina et al., 1999).

The main characteristic of ASPD is a pervasive disregard for the rights of others. This disorder begins in adolescence and continues into adulthood; the individual must be at least 18 years old to qualify for an ASPD diagnosis. ASPD is characterized by deceitful and manipulative behavior. People with ASPD demonstrate impulsive and aggressive behavior, they have a low tolerance for boredom, and they behave irresponsibly. Individuals with ASPD externalize their difficulties; they attribute blame to others and do not want to face the consequences of their actions, they lack empathy. These people are typically unable to sustain long-term employment or a monogamous relationship. Individuals with ASPD embrace a deviant lifestyle and often commit criminal acts, which is demonstrated by their overrepresentation in the criminal justice system (American Psychiatric Association, 2013). Substance abuse is highly prevalent in people
with personality disorders. Personality diagnoses range from 44% among those who abuse alcohol to 79% among those who abuse opiates, with the most common Axis II diagnosis being ASPD (Verheul et al., 2005).

Twin studies have indicated that there may be a genetic factor linking antisocial behavior and substance use disorders (Krueger et al., 2002). Consequently, the development of antisocial behavior and substance dependence are traceable back to a common genetic factor. A similar study by Krueger et al. (2002) examined a possible genetic factor in the development of these disorders. Krueger et al. (2002) surveyed late adolescent twins. The results indicated that substance dependence and antisocial behaviors commonly co-occurred and could be traced back to externalizing factors, said to be highly heritable. Nonetheless, the externalizing factor did not account for all of the patterns of co-occurring ASPD and Substance use. Overlapping diagnostic criteria explains the high co-occurrence of ASPD and substance use disorders (Verheul et al., 2005).

Flory, Lynam, Milich, Leukefeld, and Clayton (2002) provide additional evidence for the relationship between ASPD and substance use disorder. Flory et al. (2002) examined the relationship between the Five-Factor Model (FFM) of personality to symptoms of alcohol and marijuana abuse and internalizing psychopathology. Results of this qualitative study found a positive correlation between personality characteristics and symptoms of alcohol abuse, marijuana abuse, APD, and internalizing disorders. Specifically, Floy et al. (2002) found symptoms of alcohol abuse correlated with high Extraversion and low Conscientiousness. Additionally, low Extraversion and high Openness to Experience characterized those engaged in marijuana abuse.
Trull, Waudby, and Sher (2004) assessed substance use disorder symptoms and personality disorder symptoms. They found that personality symptoms from antisocial, borderline, histrionic, and narcissistic personality disorders were significantly related to substance use disorders. ASPD symptoms were significantly linked to substance use diagnoses. Trull et al. (2004) concluded that Cluster B personality symptoms were significant predictors of both alcohol and drug use diagnoses. Chávez, Dinsmore, and Hof (2010) found that ASPD had the highest association with both alcohol use and drug use disorders. Compton, Conway, Stinson, Colliver, and Grant (2005) established that individuals with ASPD had a 30.3% rate of alcohol use disorders and a 10.3% rate of other drug use disorders. Littlefield, Sher, and Wood (2009) support a bidirectional relationship between ASPD and substance use disorders. Littlefield et al. (2009) questioned the correlation between personality changes attributed to self-correction on problem alcohol consumption. Littlefield, Sher, and Wood (2009) found evidence that personality changes contribute to decreased problem alcohol use. Littlefield et al. (2009) outlined a growth model indicating both normative and individual changes in alcohol use occurring between ages 18 and 35 linked to changes in neuroticism and impulsivity.

Assessment and Differential Diagnosis Considerations

Diagnoses associated with antisocial personality disorder include substance-related disorders, attention-deficit hyperactivity disorder (ADHD), and reading disorders. Research has primarily focused on personality disorders, and their problematic clinical management (Verheul et al., 2005). These symptoms can get in the way and overlap with each other so it can be hard to know what symptoms are actually for which diagnosis, especially considering some individuals have both diagnoses. While there are some differences in the presentation of symptoms between ASPD and SUDs, there can also be a high correlation of similarities in presentation while under
the influence that can make detection of ASPD more difficult. Owens and Bergman (2009) noted:

A large degree of overlap exists between developmental models of alcohol disorders and antisocial personality disorder (APD). In particular, many disposition or biogenic models describe a single or highly similar personality profile as being predisposed to both alcoholism and antisocial behavior. Alcohol use disorders and antisocial personality disorder are also highly comorbid and appear to occur together reliably in families. Antisocial personality disorder and substance problems in a biological parent are both strong risk factors for their offspring to develop these negative behaviors, even if adoptive families rear them. (p. 82)

Considering the research that has gone into finding out the differences between having ASPD and just having challenging behavior, most of it suggests that it would need to be detected in early life such as early teenage years. Newberry and Shukur (2012) reported “The Personality Assessment Inventory (PAI) is a self-report measure of adult personality designed to “provide information relevant to clinical diagnosis, treatment planning, and screening for psychopathology” (p.586).

Although not designed specifically for use with offender populations, it possesses some features that make it appealing to those who work in forensic and correctional settings. For example, the PAI is shorter (344 items) than the Minnesota Multiphasic Personality Inventory–2, which is the standard diagnostic instrument for measuring personality in forensic and correctional settings. Also, the elements of the PAI are written at a grade lower than estimates for comparable instruments, making it a suitable measure for use with offenders, many of whom
have limited reading ability. Furthermore, the PAI has non-overlapping scales for improved discriminant validity (Newberry & Shukur, 2012).

Other things to consider when diagnosing an individual with ASPD is their gender. Typically, men are seen to have more prominent symptoms and can present as more aggressive, have more grandiose thoughts, and get into more legal trouble. This is not always the case because women can be diagnosed with ASPD and not have such intense symptoms. Kries and Cooke (2011) found that women might present as less aggressively either physically or mentally than men present. Women tend to use more manipulation tactics such as sexual seduction and relational aggression to achieve what they want from other individuals. Women also tend to present more emotionally unstable whereas men tend to present more stable with their emotions. (Kries & Cooke, 2011).

**Adlerian lifestyle analysis:** Adler’s personality types intended to exemplify characteristic patterns directed under the individual's style of life (Mosak & Maniacci, 1999). The lifestyle assessment is the primary psychological assessment tool of Adlerian Psychology. The assessment tool begins by exploring the individual's family constellation. The family constellation includes family atmosphere and values; parental relationship; gender guiding lines; and the challenge of adolescence. Next, the lifestyle assessment is the completion of the Early Recollections, which consists of a collection of early memories. The assessment interpretations include three summaries: (1) The Summary of the Family Constellation; (2) The Pattern of Basic Convictions (derived from an interpretation of the early recollections); and (3) an enumeration of the interfering ideas (Kern, Wheeler, & Curlette, 1997).

Adler asserted that understanding one’s lifestyle facilitates greater insight into the individual’s values. Worldview, and motivations for behaviors and actions. For people with
ASPD or a ruling personality type, the lifestyle assessment will uncover feelings of inferiority and inadequacy due to a troubled childhood. Similarly, the lifestyle assessment will expose goal-directed behavior motivated by a desire to feel superior and possess power and control (Mosak & Maniacci, 1999). The Basic Adlerian Scales for Interpersonal Success—Adult Inventory (BASIS-A) is an Adlerian personality measurement tool designed to detect the five top areas of lifestyle: Belonging-Social Interest, Going Along, Taking Charge, Wanting Recognition, and Being Cautious (Kern, Wheeler, & Curlette, 1997; Peluso, Peluso, Buckner, Kern, & Curlette, 2009). The BASIS-An Inventory provides information on the individual’s personality and their social interactions (Wheeler, Kern, & Curlette, 1993). Kern (1998) summarizes the instrument’s five major thematic scales as follows. The Belonging Social Interest (BSI) scale measures one’s level of social interest or community feeling. Persons scoring high (i.e., above the 84th percentile) on this magnitude exhibit characteristics that are accepting, cooperative, and empathetic in nature; reflected in the socially useful personality type. Those scoring low (i.e., below the 16th percentile) on this scale may be discouraged and feel a sense of alienation and/or loneliness. Those with ASPD would score in the lower percentile of BSI.

Kern (1998) noted the Going Along (GA) scale measures conformity versus rebelliousness. People scoring high on this magnitude tend to be rule-focused, prefer structure, and feel most comfortable with the routine. Those scoring low on this scale tend to be argumentative, intolerant of routine, and act rebellious; reflective of the primary characteristics of ASPD (Kern, Wheeler, & Curlette, 1997).

The Taking Charge (TC) scale measures leadership qualities. High scores on this scale indicate controlling or domineering attributes; the person may have problems with others due to their struggles for power and control. Those who score low on this scale do not feel the need to
assert themselves and tend to follow the lead of others (Kern, 1998). The individual with ASPD would score high on the tc measures (Kern, Wheeler, & Curlette, 1997).

The Wanting Recognition (WR) scale measures a person’s level of need for approval and sensitivity to social situations. High scorers on the Wanting Recognition scale seek approval from others. Also, these individuals tend to be success-oriented and achievement-focused. Those scoring low on this scale do not feel the need for approval of others (Kern, 1998).

The Being Cautious (BC) scale measures uncertainty within the family of origin and its effects upon self-worth. Respondents scoring high on the Being Cautious scale exhibit lifestyle attributes that may be 1) overly careful and mistrusting, 2) impulsive and perceived by others as less responsible, or 3) a combination of 1 and 2. Individuals scoring low on this scale may be viewed as trusting, flexible, and accepting. Also, low scorers are socially skilled and can deal with ambiguity and complex life events (Kern, 1998). The BASIS-A is found to be equivalent to the findings of the Minnesota Multiphasic Personality Inventory- II (MMPI-II) in detecting personality disorders (Kern, Wheeler, & Curlette, 1997; Wheeler, Kern, & Curlette, 1993).

Treatment Interventions

Evidence-Based Practices

Reid and Gacono (2000) have suggested different treatment interventions for ASPD, including correctional settings, individual therapy, group therapy, cognitive therapy, behavioral therapy innovative programs, and medications. Reid and Gacono (2000) found that the most efficient are innovative programs; that take the client out of their usual environment and into and hidden area using negative reinforcement measures. These interventions occur in nature and are sometimes told to work as a team on rugged terrain or navigate a desert.
Since this paper focuses on the co-occurring substance use disorders and ASPD, it is asserted that treating the substance use will also help with the ASPD symptoms. Hatchett (2015) stated, “well-designed treatment studies have provided convincing evidence that clients with comorbid ASPD can benefit from substance abuse treatment, thus providing strong evidence for treatment efficacy. There is also a significant body of research to support the clinical utility of substance abuse interventions for clients with comorbid ASPD” (p. 22). It is parallel to treating conduct disorder before it gets to be a full diagnosis of ASPD.

Clark, Vanyukov, and Cornelius (2002) state, “A causal model explaining the association between childhood antisocial behaviors and the development of alcohol use disorders during adolescence, if it can be validated, has implications for prevention, evaluation, and treatment of those behaviors” (p. 113). Weisz (2014) highlighted doubt on prospects for preventing or treating antisocial behavior. Further noting family-based research suggested that behavioral interventions to build parenting skill might reduce child conduct problems, and multiple parent training programs were developed and shown to be effective. Later evidence showed that even seriously delinquent adolescents could be turned around through intensive multisystem interventions, although the high cost of such interventions limits their availability, and they are often introduced after arrests have been made, and considerable harm is done to youths, families, and society.

If there were ways to incorporate such interventions that aren’t as costly, then the individual could maybe have a chance not fully to develop ASPD. However, what has been stated earlier in this paper is that this disorder does not fully have to do with the environment as some of it is also related to the way the brain has developed. Moody, Franck and Bickel (2016) noted:
Individuals with multiple psychopathologies have deficits in planning for the future, beyond that used in drug seeking behaviors. Increased disregarding in combined substance and psychopathology profiles suggest a greater chance of treatment failure and consequently may necessitate individualized treatment using adjunctive interventions to achieve better treatment outcomes. (p. 196).

**Clinician’s Challenges Treating ASPD**

Who treats these individuals? Duggan (2009) reports, “Mental health professionals have always been ambivalent in their response to treating and managing those with a personality disorder, and this especially applies to those with ASPD. Even forensic practitioners, who might be expected to be more sympathetic, are often antagonistic, viewing therapeutic interventions for this group as no more than sanctioning exploitative and rule-breaking behavior (p. 219). The counselor that is working with individuals that have ASPD must have qualities such as patience and understanding as they can be tough to work with. Particularly with the disruptive behavior that can show the person should also have good boundaries and able to hold other accountable for their actions.

There is no saying if the individual will be able to move through their lives without having some of the ASPD factors get in their way. Black (2015) notes:

While chronic and lifelong for most people with ASPD; the disorder tends to improve with advancing age. Earlier onset is associated with a poorer prognosis. Other moderating factors include marriage, employment, early incarceration (or adjudication during childhood), and degree of socialization. (p. 12)
Conclusion

Antisocial Personality Disorder and substance use disorders understood from an Adlerian point of view, suggests individuals experience feelings of inferiority and work toward achieving superiority, power and control. The individual’s engagement in criminal activity demonstrates a lack social interest. This is why these individuals can make up quite a bit of the population that ends up in the prison system. Given that the BASIS-A Inventory uses a unique method of recall of childhood experiences rather than measuring present functioning, it may become a very useful tool to assess for criminality in a subtle and non-threatening manner (Kern, Wheeler, & Curlette, 1997; Wheeler, Kern, & Curlette, 1993).

Nonetheless, not all individuals that have symptoms of ASPD result in criminal activity. Some people are still living normal lives but may have a hard time connecting with other people in society as they have a lack of remorse for others and their feelings. They may have a hard time keeping a permanent job and may not live what is considered a normal life. There is still some research that could be done to understand a deeper connection of ASPD and how people are subject to this specific personality disorder. With the research that is out there, it still is an unanswered question because it can be a mixture of the environment they grow up in and their genetic makeup. It is common that individuals with ASPD either grew up in a broken home with alcoholic parents or they grew up as misbehaved children, which is where the Conduct Disorder could come into place and as children, could be diagnosed with this disorder. For clinicians, it is important to make sure all the questions are being covered when diagnosing for ASPD.

Given the nuanced nature of ASPD and substance use disorder cultural considerations are vital to proper assessment, diagnosis, and treatment intervention. Using the BASIS –A can support a more comprehensive assessment of ASPD that goes beyond symptomology to the
guiding values and beliefs influencing behavior. Troubled adolescents and adults who display the “W” profile may be counseled using Adlerian techniques to help them identify guiding ideals and core values as a way to help them effect change and lead more productive lives in greater cooperation with others in regards to treating the individual with ASPD, it goes back and catching the symptoms in early childhood. The research thoroughly backs up that if it is caught at early childhood, the individual will have a greater chance at not developing ASPD. However, sometimes no matter where the individual grew up, if they are unwilling to accept treatment then they simply cannot change their position with the diagnosis.

**Reflections**

Reflecting upon my experience with presenting my project at the North American Society for Adlerian Psychology (NASAP) 2016 conference, I am glad that I took the initiative to push myself out of my comfort zone. It was fascinating to see all the other projects that others were presenting and to see the interest some others had in the project that I was presenting. I met many people that had some interesting stories to tell about their experience working with individuals with ASPD and how difficult it can be to help them. I enjoyed how laid back the conference was and that I was able to converse with many different people in a more casual setting, but it still pushed me out of my comfort zone.
References


