

CHAPTER 20

Antisocial Personality Disorder: Psychopathy

This case differs from most of the others in this book because Bill was never in therapy. One of the authors was acquainted with Bill during his childhood and adolescence. The following case history is based on this personal experience.

Bill was the third child in the Wallace family. His parents, originally from Europe, had immigrated when Bill was 9 years old. They rented an apartment on the upper floor of a house in a middle-class neighborhood, and Bill's father got a job in a local factory. His mother worked part time in a supermarket. No information is available concerning the family's history when they lived in Europe.

Bill and his older brother, Jack, quickly became part of the neighborhood group and participated in all the activities, including baseball, football, and outings to the beach. Jack became a leader in the group, and Bill, although not as well liked as his brother, was always included.

I began to get to know Bill well. We were the same age; most of the other boys were older. Although we became friends, our relationship was also characterized by a good deal of conflict. When things did not go Bill's way, his response was simple and direct—a fight. My first fight with Bill was during a baseball game at a park. We were on opposing teams and were involved in a close play at second base. He slid into the base; I tagged and called "out," and Bill jumped up swinging his fists. Although he lost these fights as often as he won them, fighting became a consistent pattern in his relationships, both with me and with other neighborhood children. Not even an older and obviously stronger opponent could get Bill to back down.

Bill's aggressiveness was not really what made him seem different as we grew up together. His escalating daredevil and antisocial behavior seemed more peculiar. One of the first of these episodes occurred when Bill organized a window-breaking competition. He explained to me and three other boys that he had recently been walking neighborhood streets at night, throwing rocks through windows. With great enthusiasm, he described the excitement this

created and how he had easily eluded the few residents who had come out to try to catch him. Bill wanted the four of us to compete in a window-breaking contest. He had worked out a detailed point system—the larger the window, the more points—and wanted to start that night. We all agreed to meet at 7:30 p.m. in front of his house.

We met as planned and first filled our pockets with stones. The competition soon began, with Bill clearly in the role of leader, encouraging the rest of us and pointing out windows that would yield many points. My own reaction as all this began was extreme fear. All I could think of was, “What if we get caught?” Bill, in contrast, showed no signs of apprehension. Indeed, he seemed ecstatic and was virtually bubbling over with enthusiasm. His only negative reaction of the evening was directed toward me when, after “missing” several windows, I emptied my pockets and withdrew from the competition. “You gutless chicken,” he called as I went down the street toward home. The other two boys went along with Bill. They also seemed frightened, but they looked up to Bill and may have been more concerned by his disapproval. Although I was excluded from subsequent nights of competition, Bill eagerly kept me informed of the results. After several months, he was declared the winner when he broke all the large windows of the supermarket where his mother worked.

At age 10, petty theft replaced window breaking as Bill’s major source of excitement. It seemed to me that he always stole something whenever I was in a store with him. He would steal anything—candy, fruit, clothing, toys—not just things he wanted. In fact, he often threw away the things he had stolen. He seemed more interested in the excitement than in any actual material gain. He had discovered several ways of getting money. The first was a Roman Catholic church that had two easy sources of cash—a poor box and a container for donations left by worshippers who had lit a candle. Bill cleaned out both on a regular basis. His second source was a restaurant that had a wishing well located in a rear garden, whose proceeds went to the Salvation Army. Although the wishing well was covered with a metal grate, Bill found an opening just large enough to get his hand through. Every couple of weeks, armed with a flashlight and a long stick, he would sneak into the garden at night, move the coins to the right spot, and collect them. Because he often had money, he had to lie regularly to his parents about how he got it, inventing a series of odd jobs he held around the neighborhood. Finally, he regularly stole milk money from various neighborhood homes. Bill even stole the milk money from my home. The first time our money was missing, I went directly after him and accused him of the theft. He denied it. The second time, he admitted the theft and offered to cut me in if I would keep quiet!

One other incident, which occurred when Bill and I were both 12, crystallized for me how Bill was somehow different. About a 15-minute walk from our homes was a river that had many expensive houses along its banks. A tremendous rainstorm caused a flood, and tragically, more than 100 people were killed. Early the next morning, with the news of the disaster in the papers and

on the radio, Bill set out for the scene. Because the victims were wealthy, Bill reasoned, he might strike it rich if he could be the first one to find some bodies and take their wallets, watches, and jewelry. He went alone and returned later in the day, proudly displaying his loot—six watches and several hundred dollars. He had found several dead bodies and stolen their possessions. He returned to the river several more times over the next few days, and although he came back empty-handed, he would enthusiastically relate his experiences to anyone who would listen. The excitement and danger seemed more important than the valuables he found.

During these 3 years, most of the neighborhood youngsters had also received more than a glimpse of the Wallaces' family life. Bill's father was frequently out of work and seemed to have trouble holding a job for more than several months at a stretch. He drank heavily. While we played street ball, we often saw him returning home, obviously drunk. At the first glimpse of their drunken father, Bill and Jack would get out of his sight as quickly as possible. Both boys reported frequent beatings, particularly when their father had been drinking. At the same time, Bill's father allowed him to get away with things, such as staying out late at night, which none of the other neighborhood children were allowed to do. Bill and Jack both described their father as unpredictable in his punishments. Their father and mother also fought often, and his mother may well have been physically abused. On many occasions, our play was interrupted by yelling and the sound of loud crashes from their apartment.

The Wallaces eventually moved to an apartment in another area of the city, about a 30-minute bus ride from their first home. Bill and I were no longer close friends, but I kept track of him through Jack, his older brother. According to Jack, Bill's pattern of antisocial behavior escalated. He continued to steal regularly, even from members of his family. He frequently skipped school and got into very serious trouble for hitting a teacher who had tried to break up a fight between him and another boy. Jack was very concerned about Bill and attempted to talk to him several times. Jack reported that during these talks, Bill would genuinely seem to agree that he had to change and would express shame and regret about whatever he had done most recently. However, within a few days the old pattern would be back in full force. Jack eventually came to see Bill's contrition as a con.

We were both 15 the next time I met Bill. Through my continued contacts with Jack, I had learned that Bill had been sent to reform school. I did not know any of the details because Jack had been so ashamed of his brother's behavior that he would not talk about it. One evening shortly after dinner, the doorbell rang. I answered, and Bill motioned me outside. He had escaped from reform school and wanted me to buy him a meal and loan him some money. We went to a local restaurant where I bought a hamburger for him and Cokes for both of us. He told me he had been convicted of car theft and rape the previous year. He had been stealing cars regularly and taking them on joyrides. He was caught when he decided to keep a stolen car, one that had particularly caught his fancy. The

third day he had the car, he had parked in a deserted place with a 12-year-old girl he knew from school, where he raped her. As Bill related the story, he became visibly disgusted, not at himself, but at the girl. As he explained it, he was only trying to have some fun and had picked this particular girl because she was only 12 years old and not likely to get pregnant. From his perspective, it was an ideal situation. With pregnancy impossible, she should have just lain back and enjoyed it. He obviously had no concern at all for the feelings of his victim.

I never saw Bill again but through Jack learned what happened to him over the next several years. A few weeks after our meeting, he was apprehended by the police. He had again stolen a car; while driving drunk, he had smashed into a telephone pole. After a short stay in a hospital, he was returned to the reform school, where he spent 2 years. When he was released, Bill had changed greatly. It seemed to Jack that he had now become a real criminal. Car thefts were no longer for joyrides but for profit. Bill became involved in selling stolen cars to others who stripped them to sell their parts. He briefly returned to high school but with no friends there and little real interest, he soon dropped out. He became a regular at the racetrack and lost money there and with several book-makers. As had happened before, Jack tried to talk to his younger brother about the trouble for which he seemed headed. But now even the charade of shame and guilt was gone. Bill expressed an "I'll take what I want when I want it" attitude. When Jack tried to point out the likely negative consequences of his behavior, Bill simply shrugged it off, saying that he was too smart to ever end up in jail.

Shortly after his 18th birthday, Bill attempted a bank robbery, armed with a .38-caliber automatic pistol. Bill was driving a stolen car. On seeing what he thought was a bank, he impulsively decided to rob it. In his rush, he had actually undertaken to rob an office of the electric company. Seeing the people lined up at tellers' windows to pay their bills had made him think it was a bank. Once inside, although recognizing his mistake, he decided to go through with the holdup anyway and had several tellers empty their cash drawers into a sack. A patrol car passed by the office as the holdup was in progress, and seeing what was happening, the policemen stopped to investigate. Bill ran out of the office directly into the police and was easily arrested. He was tried, convicted, and sentenced to 10 years in the penitentiary.

Discussion

The terms *antisocial personality disorder* (ASPD) and *psychopathy* (and sometimes *sociopathy* as well) are often used interchangeably, although there are important differences between the two. Antisocial personality disorder is a diagnostic category that is more centered on the person's behaviors, and psychopathy is a constellation of personality traits as well as behaviors. These traits include callousness, manipulateness, arrogance, superficiality, and short-tempereness; psychopaths do not form strong emotional connections to others, and they

lack empathy, guilt, and remorse (Hare, 2006). Although ASPD is a category, psychopathy probably lies along a dimension (Edens, Marcus, Lilienfeld, & Poythress, 2006). The current *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000)* concept of ASPD involves two major components. The first refers to antisocial behavior before the age of 15. Criteria include truancy, running away from home, frequent lying, theft, arson, and deliberate destruction of property. The second refers to the continuation of this pattern of antisocial behavior in adulthood. Adults with ASPD show irresponsible and antisocial behavior by not working consistently, breaking laws, being irritable and physically aggressive, defaulting on debts, and being reckless. They are impulsive and fail to plan ahead. In addition, they show no regard for truth or remorse for their harmful actions.

The concept of psychopathy is closely linked to the writings of Hervey Cleckley in his classic book, *The Mask of Sanity* (1976). On the basis of his vast clinical experience, Cleckley identified a constellation of personality traits that typify the psychopath. One of the key characteristics of psychopathy is poverty of emotions, both positive and negative. People high on psychopathy have no sense of shame, and even their seemingly positive feelings for others are merely an act. They are superficially charming and manipulate others for personal gain. The lack of some negative emotions, especially anxiety, may make it impossible for psychopaths to learn from their mistakes, and the lack of positive emotions leads them to behave irresponsibly toward others. Cleckley describes the antisocial behavior of the psychopath as "inadequately motivated"; it is not due, for example, to a need for something like money but is performed impulsively, as much for thrills as anything else.

Currently, most researchers identify psychopathy using a checklist developed by Hare et al. (1990). The checklist identifies two major clusters of psychopathic behaviors. The first, referred to as emotional detachment, describes a selfish, remorseless individual who exploits others (descriptors of this cluster include lack of remorse or guilt, callous lack of empathy, and manipulativeness). The second characterizes an antisocial lifestyle (parasitic behavior, pathological lying, history of juvenile delinquency). One important characteristic of people with high levels of psychopathy is their use of instrumental aggression, which is planned, purposeful, and goal directed, as well as the more common reactive aggression, which is characterized by anger and is in response to threat or frustration (Blair, Peschardt, Budhani, Mitchell, & Pine, 2006). Psychopathy is associated with both types of aggression, whereas other disorders are associated with reactive aggression but not instrumental aggression. The degree of psychopathy among adolescents who have committed a crime strongly predicts their likelihood to continue involvement in criminal activities into adulthood, particularly violent offenses (Gretton, Hare, & Catchpole, 2004).

There is continuing controversy about the nature of the relationship between ASPD and psychopathy, but a large study of male offenders suggested that ASPD is a heterogeneous category, and identifying subtypes might

be useful (Poythress et al., 2010). This confusion complicates integrating the findings of research in this area because the clinical features are defined in different ways. Bill's behavior during childhood and adolescence clearly meets many of Cleckley's criteria. Bill was unreliable, untruthful, lacking in any feelings of shame about his misconduct, and totally without anxiety. His antisocial behavior (such as stealing) was not motivated by any genuine desire to possess the stolen objects but rather to get some sort of thrill. And he often displayed poor judgment, particularly in his escapades of late adolescence. His poverty of emotion was amply demonstrated by his thefts from the homes of his friends and by the attitude he had toward the victim of his rape, which was completely lacking in empathy.

In a large, nationally representative study, 3.63% of adult Americans met the criteria for ASPD (Grant et al., 2004). Three times as many men as women have the disorder. It is more common among Native Americans, less common among Asian Americans, and less common among older rather than younger age groups. Psychopathy is found in about 1% of Americans, but about 25% of prison inmates (Hare, 2006). There is no significant difference between African Americans and European Americans (whites) on the level of psychopathy (Skeem, Edens, Camp, & Colwell, 2004). Pimps, con artists, murderers, and drug dealers are by no means the only antisocial personalities. Business executives, professors, politicians, physicians, plumbers, salespeople, carpenters, and bartenders can have antisocial personality traits as well. Psychopathy may be more common in business settings than in the general population, and the ability to manipulate others and lie about coworkers may lead to success in a competitive corporate environment as well as in "white-collar" crimes (Gao & Raine, 2010). Adult antisocial personalities have a history of behavior problems and conduct disorder in childhood (Paris, 2004). Their symptoms tend to fade some during middle age, and a number of people with antisocial personalities die prematurely.

Etiological Considerations

Much research has been done on the causes of ASPD, especially in light of its costs to our society. Research evidence from many different areas of focus has shown promise. One area of research has focused on identifying abnormalities in the brain that might explain the disorder. Researchers in one study examined brain reactions to certain kinds of auditory stimuli and found significant differences between incarcerated men classified as psychopathic compared to those classified as nonpsychopathic; these differences were suggestive of problems in the paralimbic system, such as temporal lobe dysfunction (Kiehl, Bates, Laurens, Hare, & Liddle, 2006). Neurobiological investigations have also suggested abnormalities in the functioning of the amygdala (a part of the brain involved in aversive conditioning and responses to facial expressions depicting fear and sadness) among people with high psychopathy (Blair, 2003). Some

studies have shown that they have smaller amygdalas, and others have shown reduced amygdala response. The reasons for these brain differences, however, are unknown.

Several psychological and cognitive factors provide important clues to the etiology of ASPD. Some key features of psychopathy are impulsivity and difficulty learning from punishment. In one study demonstrating this phenomenon, participants viewed playing cards on a computer screen (Newman, Patterson, & Kosson, 1987). If a face card appeared, the participant won 5 cents; if a card other than a face card appeared, he lost 5 cents. After each trial, the participant could either continue or quit the game. The probability of losing was controlled by the experimenter and started at 10%, but increased by 10% every 10 cards until it reached 100%. The psychopaths continued to play the game much longer than the control participants. Of the psychopaths, 9 out of 12 continued to play the game even after they had lost money on 19 of the last 20 trials. They appeared unable to alter a maladaptive response. When the same game was played with a 5-second waiting period imposed after each trial, the psychopaths markedly reduced the number of trials for which they played the game. Enforcing a delay may force psychopaths to reflect on their behavior and thus be less impulsive. Psychopaths did not pause after either punishment or reward and seemed not to reflect on feedback; in general, they played more quickly (Moltó, Poy, Segarra, Pastor, & Montañés, 2007).

These findings seem particularly applicable to Bill. The fear that might prevent stealing, breaking windows, and looting seemed totally absent in him. From his own statements, we can conclude that he felt little shame or remorse about his transgressions. Indeed, he seemed proud of them. He clearly had little or no empathy for his victims. Finally, Bill also displayed characteristics similar to those revealed in the study by Newman, Patterson, and Kosson (1987), not reflecting on the negative consequences of his antisocial behavior.

Because of the role of the autonomic nervous system in emotion, investigators have examined psychopaths for both their resting levels of autonomic activity and their patterns of autonomic reactivity to various classes of stimuli. Psychopaths have lower than normal levels of skin conductance, are less autonomically reactive when stressful or aversive stimuli are presented, and have lower resting heart rates (Lorber, 2004). These results are consistent with clinical descriptions of psychopaths as being nonanxious and with research using other measures of emotion, showing that people high on psychopathy are generally less emotionally reactive (Herpetz, Werth, & Lukas, 2001; Patrick, Bradley, & Lang, 1993). While some psychopaths have a fearless temperament, others are impulsive and have difficulty controlling their negative emotions (Dindo & Fowles, 2011).

Overall, the research literature is consistent with the idea that it is difficult to arouse negative emotions in psychopaths. This may well be an important determinant of their repetitive antisocial behavior. But arousing negative emotions is not the only component of socialization; empathy—being aware of and in tune with the emotions of others—could be equally important. The idea

that people with high levels of psychopathy lack empathy has been tested by examining their skin conductance responses while viewing slides of varying content. Consistent with the idea that psychopathy involves a lack of empathy, they showed smaller responses to slides showing people in distress (Blair, Jones, Clark, & Smith, 1997).

Other researchers have explored genetic factors. Both criminality and antisocial personality have heritable components (Hicks, Krueger, Iacono, McGue, & Patrick, 2004). Studies of twins reared apart show that genes play a role in the likelihood that a person will commit a criminal act (Gottesman & Goldsmith, 1994). For ASPD, twin studies show higher concordance for monozygotic (MZ) than dizygotic (DZ) pairs (Lyons et al., 1995), and adoption studies show higher rates of antisocial behavior in the adopted children of biological parents with ASPD (Cadoret, Yates, Troughton, Woodworth, & Stewart, 1995). A large, longitudinal twin study identified several different types of etiological genetic factors, including one that is associated with life-course persistent antisocial behavior (lasting from childhood through adulthood) and one that is associated with only adult antisocial behavior. Adolescent antisocial behavior appears to be more related to environmental factors (Silberg, Rutter, Tracy, Maes, & Eaves, 2007). The personality traits of callousness and lack of emotion are also strongly heritable (Gunter, Vaughn, & Philibert, 2010).

Although genetic factors are clearly involved, they may interact with environmental factors. A notable example of this interaction is the monoamine oxidase A (MAOA) gene. The level of MAOA enzyme, regulated by this gene, affects the actions of serotonin, norepinephrine, and dopamine in ways related to the risk for antisocial behavior. When there is a low level of the MAOA enzyme, there is increased antisocial behavior when the adolescent is raised in an environment characterized by parental neglect, exposure to violence between parents, and inconsistent parental discipline (Foley et al., 2004). Physical abuse elevates the risk of dysfunction for both groups but especially strongly for those with the gene for low levels of this enzyme (Kim-Cohen et al., 2006). Child maltreatment led to ASPD when combined with this form of the MAOA enzyme even in an adopted sample (Beach et al., 2010). Genes may only be expressed in certain types of environments, and interactions between genes and environments are an important new line of research.

Researchers have also found a link between prenatal exposure to cigarette smoking of the mother and later antisocial behavior. Research has shown this link to be stronger the more cigarettes that were used, even when genetic risks for antisocial behavior were controlled (Maughan, Taylor, Caspi, & Moffitt, 2004). However, investigators cautioned that the effects could be due to some other difference in the environment that has not been controlled. More research is needed to find out whether cigarette smoking during pregnancy increases the child's later antisocial behavior.

Environmental factors are also implicated in the origins of ASPD. Children who grow up in physically abusive or neglectful homes are at increased risk

for antisocial behavior in adolescence and adulthood (Cicchetti & Toth, 2004). Authoritarian parenting characterized by a combination of punitiveness and restrictiveness with low warmth has been linked to antisocial behavior in children (Smith & Farrington, 2004). In addition, conflict and violence between parents increases a child's antisociality. The harsh yet inconsistent disciplinary practices of Bill's father, as well as the conflict between his parents, mesh well with these findings. The link between parents with antisocial traits and children with antisocial traits may be partly due to harsh, inconsistent, or rejecting parenting behaviors (Barnow, Lucht, & Freyberger, 2005). In addition to this link through disrupted parenting, mothers' antisocial behavior is linked to adolescents' antisocial behavior through the teens' awareness of their mothers engaging in this behavior by drinking too much, breaking the law, having a lot of conflicts with others, lying, and engaging in reckless actions; thereby, the mothers serve as a model to imitate (Dogan, Conger, Kim, & Masyn, 2007). If a mother is depressed during her pregnancy, her child has twice the risk of antisocial behavior and four times the risk of violent behavior during adolescence, even when taking into account her depression at other times in the child's life and the family's exposure to adversity (Hay, Pawlby, Waters, Perra, & Sharp, 2010). The depression may affect the developing fetus or may alter the quality of the relationship between the mother and the expected child.

Although parents indeed influence their children, children also influence their parents, so considering parenting styles without also examining temperamental or neurological differences in children might miss important information. For example, Moffitt (1993) proposed that persistent antisocial behavior begins with deficits in neurological functions, such as attention and impulsivity. These deficits make the child difficult for the parents to handle and can produce the type of disciplinary practices that were found by the early studies on parenting and psychopathic behavior. Social factors are important as well; school failure, peer rejection, and identification with a deviant peer group are important predictors of adult antisocial behavior (Granic & Patterson, 2006). Growing up in poverty is also a risk factor for the development of antisocial traits in children. Macmillan, McMorris, and Kruttschnitt (2004) found that when families living in poverty were able to escape the poverty, their children's antisocial behavior was reduced. Long-term exposure to poverty was most harmful.

Recently, psychologists have been reexamining various types of mental disorders from an evolutionary perspective. Antisocial personality traits can be conceptualized as a successful strategy for survival that originated in genes that would have been selected for by the social environment, and thus continued in the human genome. There are two different ways this could be seen as an advantage, either at the individual level or at the societal level. At the individual level, antisociality could be a developmental strategy for harsh, difficult environments, which would trigger the genes controlling it so the child growing up in this harsh environment would develop a cheating or free-riding strategy (Smith, 2006). Such a strategy would be more successful in a narshi

environment, at least sometimes, than a cooperative, relational strategy. This model is consistent with the evidence that there is a gene-environment interaction for antisociality that is triggered by child physical abuse. At the societal level, humans typically resided in small social groups and would have had one member with high antisociality, estimating from the current rates of the disorder in contemporary populations. This member would have given the social group experience with deception and manipulateness and given them a chance to develop the ability to detect and cope with this strategy so that when they faced similar challenges from others outside the group, they would not have been as vulnerable (Miric, Hallet-Mathieu, & Amar, 2005). However, to limit the effectiveness of the manipulateness of the person with antisociality, the trait was countered by impulsiveness to reduce its destructiveness; the social groups carrying genes of just manipulateness would have died out. These hypotheses provide interesting explanations for why the genes for this disorder were not eliminated through natural selection.

Treatment

There is general agreement that treatment is often unsuccessful for psychopaths. Cleckley (1976, pp. 438–439) summarized his clinical impressions as follows:

Over a period of many years I have remained discouraged about the effect of treatment on the psychopath. Having regularly failed in my own efforts to help such patients, ... I hoped for a while that treatment by others would be more successful. I have had the opportunity to see patients of this sort who were treated by psychoanalysis, by psychoanalytically oriented psychotherapy, by group and milieu therapy.... None of these measures impressed me as achieving successful results.... I have now, after more than three decades, had the opportunity to observe a considerable number of patients who, through commitment or the threat of losing their probation status or by other means, were kept under treatment...for years. The therapeutic failure in all such patients leads me to feel that we do not at present have any kind of psychotherapy that can be relied on to change the psychopath fundamentally.

There is not much empirical evidence for the effectiveness of treatments for psychopaths (Lynam, Caspi, Moffitt, Loeber, & Stouthamer-Loeber, 2007). Psychopharmacology is not effective (Rodrigo, Rajapakse, & Jayananda, 2010). Some forms of therapy may even have negative effects. Rice, Harris, and Cormier (1992) compared the results of a therapeutic community to standard institutionalization in a sample of prison inmates. Although the special program reduced recidivism in nonpsychopaths, it actually increased it among psychopaths. The inability of psychopaths to form an honest, trusting relationship

with a therapist may be a major reason for the ineffectiveness of psychotherapy. A person who lies, cares little for the feelings of others, and has few regrets about personal misconduct is certainly a poor candidate for most forms of psychotherapy. One experienced clinician (Lion, 1978) has suggested the following guidelines:

First, the therapist must be continually vigilant with regard to manipulation on the part of the patient. Second, he must assume, until proved otherwise, that information given to him by the patient contains distortions and fabrications. Third, he must recognize that a working alliance develops, if ever, exceedingly late in any therapeutic relationship.

Preventing some cases of ASPD may be possible through programs designed to address situations that put individuals at risk for developing the disorder. For example, programs to reduce child abuse might prevent later antisocial behavior among the children at risk for abuse (Harrington & Bailey, 2004). Also, targeting groups of children and adolescents known to be at high risk for antisocial behavior, such as those with attention-deficit/hyperactivity disorder, might be effective. Behavioral parent-training, which teaches parents behavioral techniques to reinforce their children's adaptive behavior and decrease their antisocial behavior, is moderately effective in reducing antisocial behavior in children, and cognitive-behavioral therapy, which teaches problem solving and corrects perceptual distortions, is moderately effective in reducing antisocial behavior in adolescents (McCart, Priester, Davies, & Azen, 2006). Although the evidence for effective treatments for adults is scant, there is more to show that treating antisociality among adolescents and children does work (Salekin, Worley, & Grimes, 2010). Multisystemic treatment, a treatment approach for juvenile offenders that focuses on family and home interventions, shows promise (Curtis, Ronan, & Borduin, 2004). The treatment focuses on making changes in the family, school, and community settings to reduce their contributions to problem behaviors. A recent meta-analysis found that adolescents who received the treatment had better functioning than 70% of those who did not receive the treatment. This raises the hope that specific types of early intervention may reduce the severity and cost of future adult ASPD.

Discussion Questions

1. How could Bill's ASPD have emerged from the combination of genes and environmental experiences? What specific environmental factors were important in Bill's life? In what we know about the case, was there any evidence for his father having antisocial traits?
2. Which symptoms of ASPD did Bill have?

3. Research suggests that the most effective treatment for ASPD is to prevent cases in the first place by focusing on children and adolescents at risk for the disorder. What are the obstacles to doing this?
4. The difficulty in treating people with ASPD poses great challenges for our society, given their higher rates of violence and criminal behavior. Some have advocated keeping such people incarcerated until they are older in an attempt to prevent their future crimes. What do you think about this? What are the pros and cons of such an approach?