Working Therapeutically with Persons with Antisocial Personality Disorder and Comorbid Psychosis or Bipolar Disorder

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Overview

- Characteristics of antisocial personality disorder (ASPD) in people with psychosis or bipolar disorder (severe mental illness: SMI
- Treatment studies of SMI including people with ASPD
- Effective therapeutic strategies

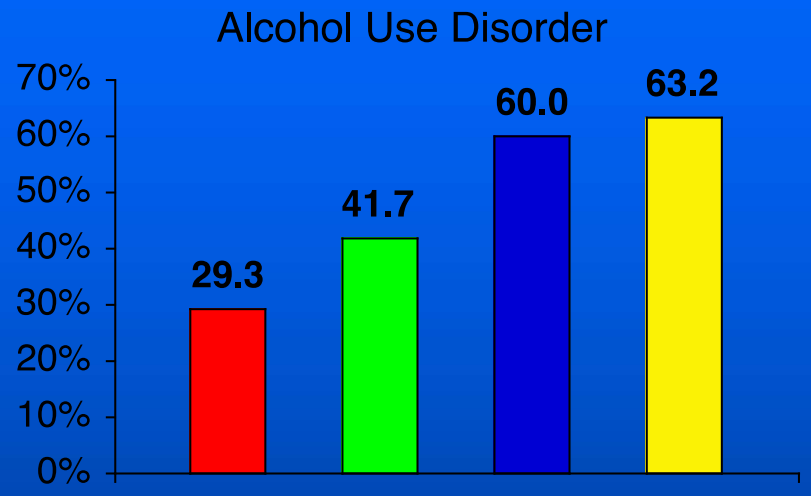
Demographic Correlates of ASPD in SMI Population

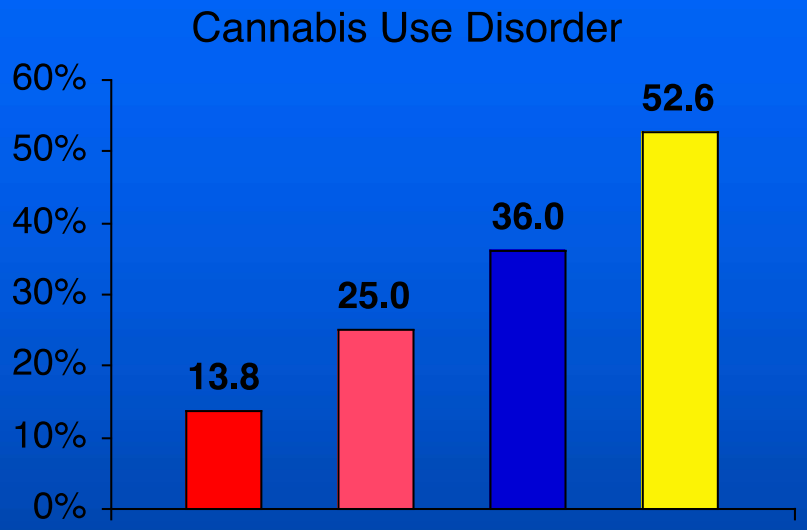
- Male gender
- Younger
- Lower levels of education
- Less likely to be married

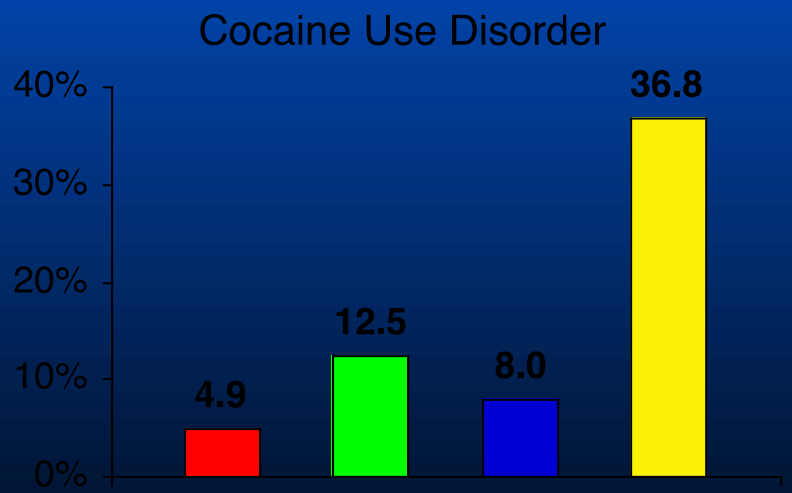
Prevalence of ASPD in SMI Population

- 20% in New Hampshire co-occurring substance use disorder treatment study (N = 168)
- 21% in Connecticut co-occurring substance use disorder treatment study (N = 178)
- 21% in Boston-Los Angeles co-occurring substance use disorder family treatment study (N = 103)
- 7% in New Hampshire Hospital study of admissions for treatment of acute symptom exacerbation (N = 293)
- These estimates based on self-report, and are potential underestimates of ASPD: Hodgins estimates 40% of schizophrenia have ASPD

CD, ASPD, and Recent SUD in Clients with SMI (N = 293)







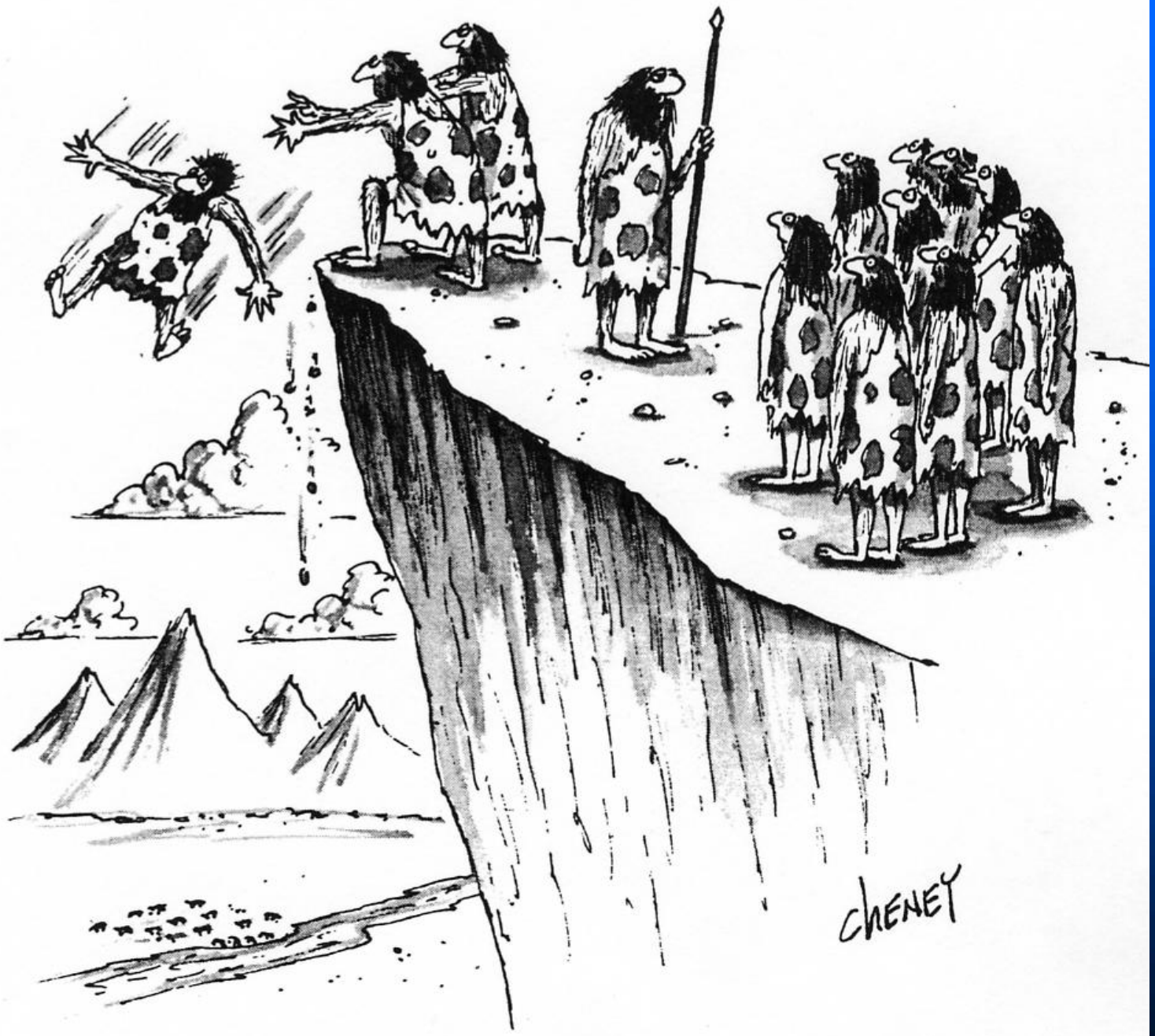
Source: Mueser et. al. (1999)

Substance Use Correlates of ASPD Among People with Co-Occurring Disorders

- Higher rates of drug abuse
- Earlier age at onset
- More rapid progression to dependence
- More severe health, social, and legal consequences of substance use
- Stronger history of family substance use disorder

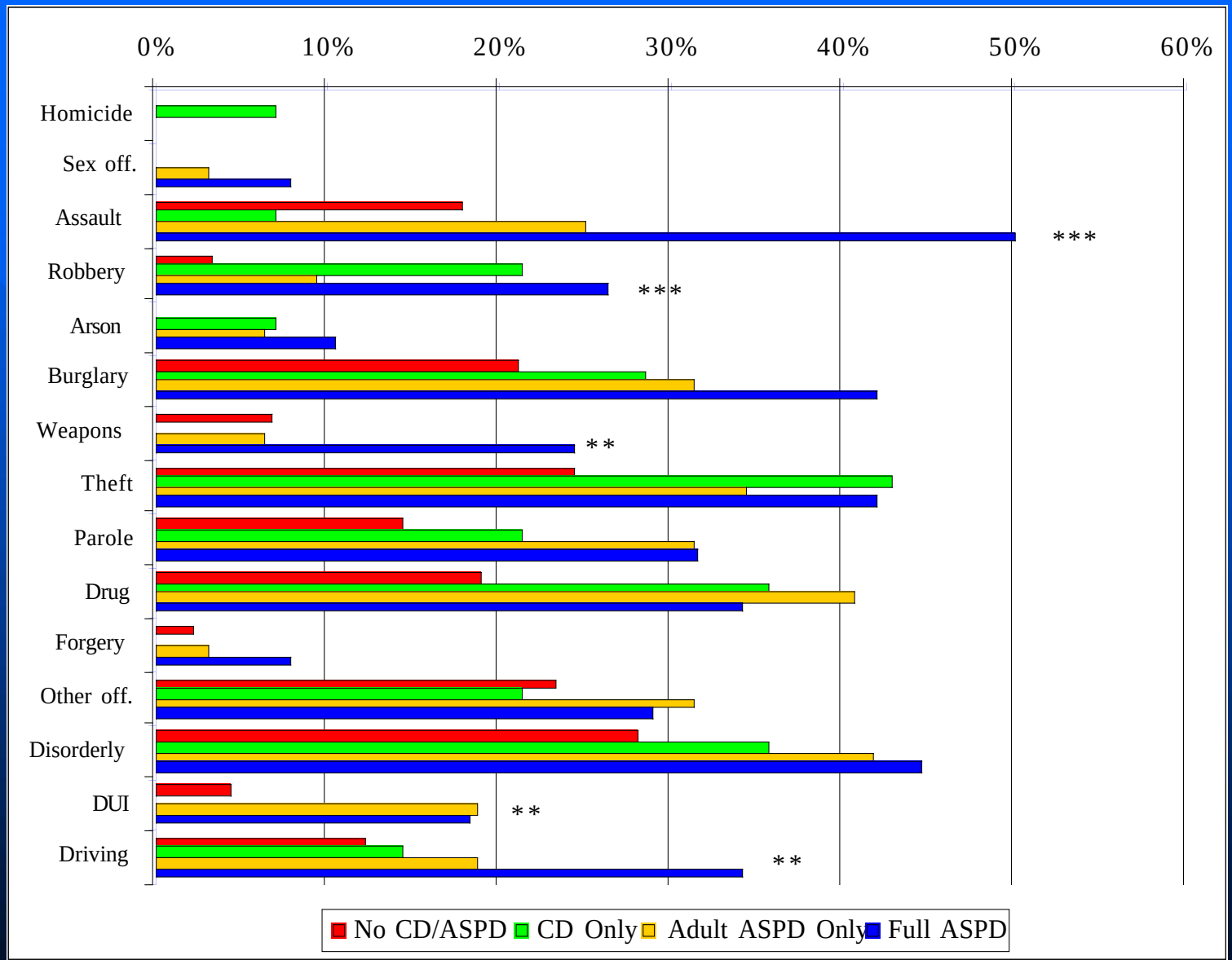
Psychiatric and Psychosocial Correlates of ASPD in People with SMI

- More severe symptoms:
  - Psychosis
  - Depression
- Greater impairment in daily living skills
- Greater functional impairment
- More hospitalizations
- More stress and conflict in family relationships
- Poorer problem solving, more prone to interpersonal violence



"So, does anyone else feel that their needs aren't being met?"

ASPD Status by Offense Type



Basis of Therapeutic Strategies for Working with ASPD and SMI Clients

- Four treatment studies of SMI:
  - 2 RCTs of Assertive Community Treatment vs. standard case management for co-occurring SMI and substance use disorder (1 in New Hampshire, 1 in Connecticut)
  - 1 RCT of family intervention for co-occurring SMI and substance use disorder (in Boston and Los Angeles)
  - 1 open clinical trial of Illness Management and Recovery for SMI clients diverted from jail into community treatment (Bronx, NY)

Therapeutic Strategy #1: Adopt an Empathic Stance

- ASPD associated with more severe symptoms, including depression and anxiety (presumably greater trauma exposure)
- Greater functional impairment
- More impulse control and mood regulation problems, but not necessarily more superficial or interpersonally exploitative
- Empathy plays critical role in understanding, developing goals, establishing working alliance

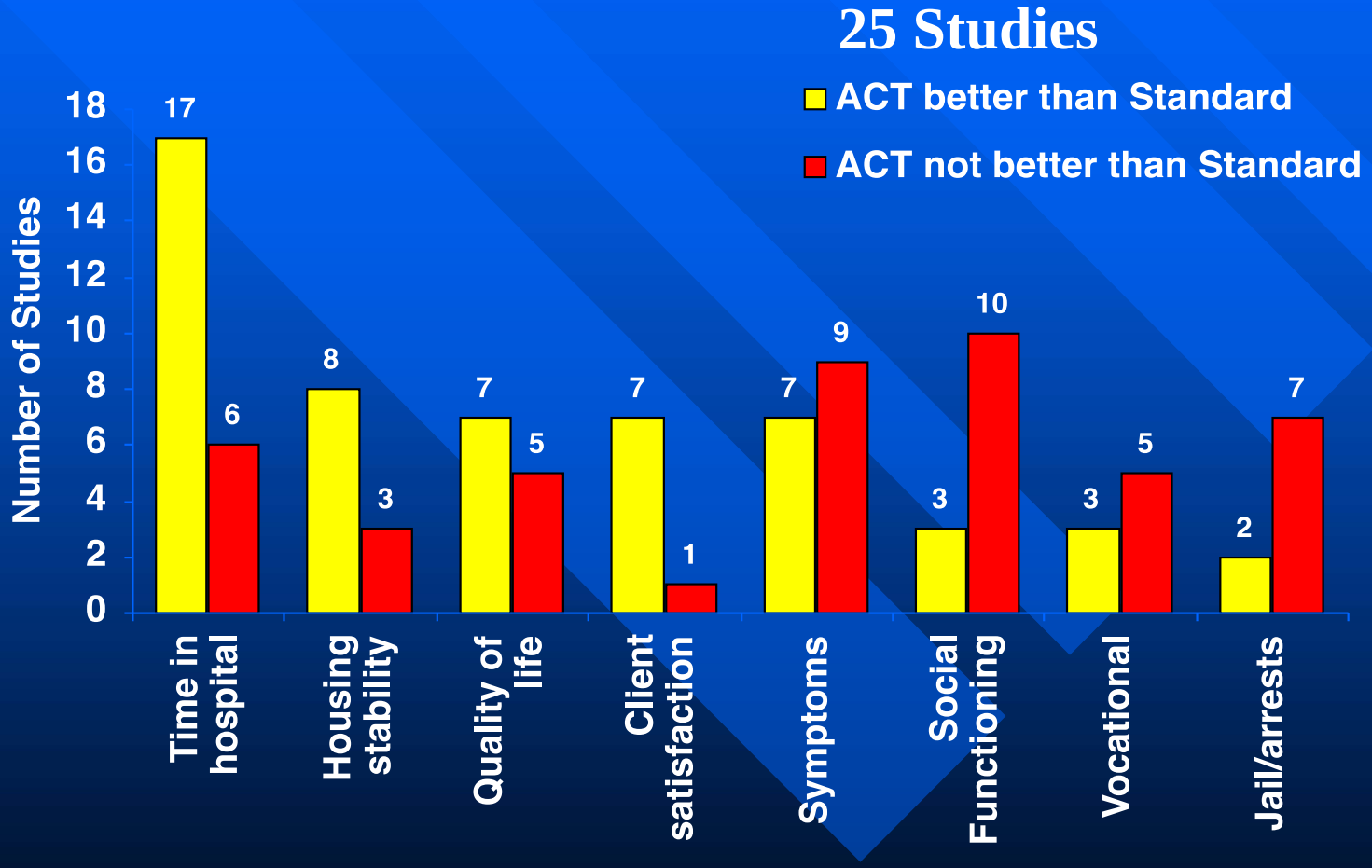
Therapeutic Strategy #2: Assertive Outreach

- Greater severity of problems points to need for more intensive, community-based services
- Assertive Community Treatment (ACT) model found beneficial for reducing high rates of hospitalization and homeless
- ACT often used for forensic psychiatric patients, especially in Europe
- Unclear role for ACT in co-occurring disorders

ACT Program Characteristics

- Low case manager to client ratio (1:10)
- Services provided in clients' natural settings
- 24-hour coverage
- Shared caseloads among clinicians
- Direct, not brokered services
- Time unlimited services

Controlled ACT Research



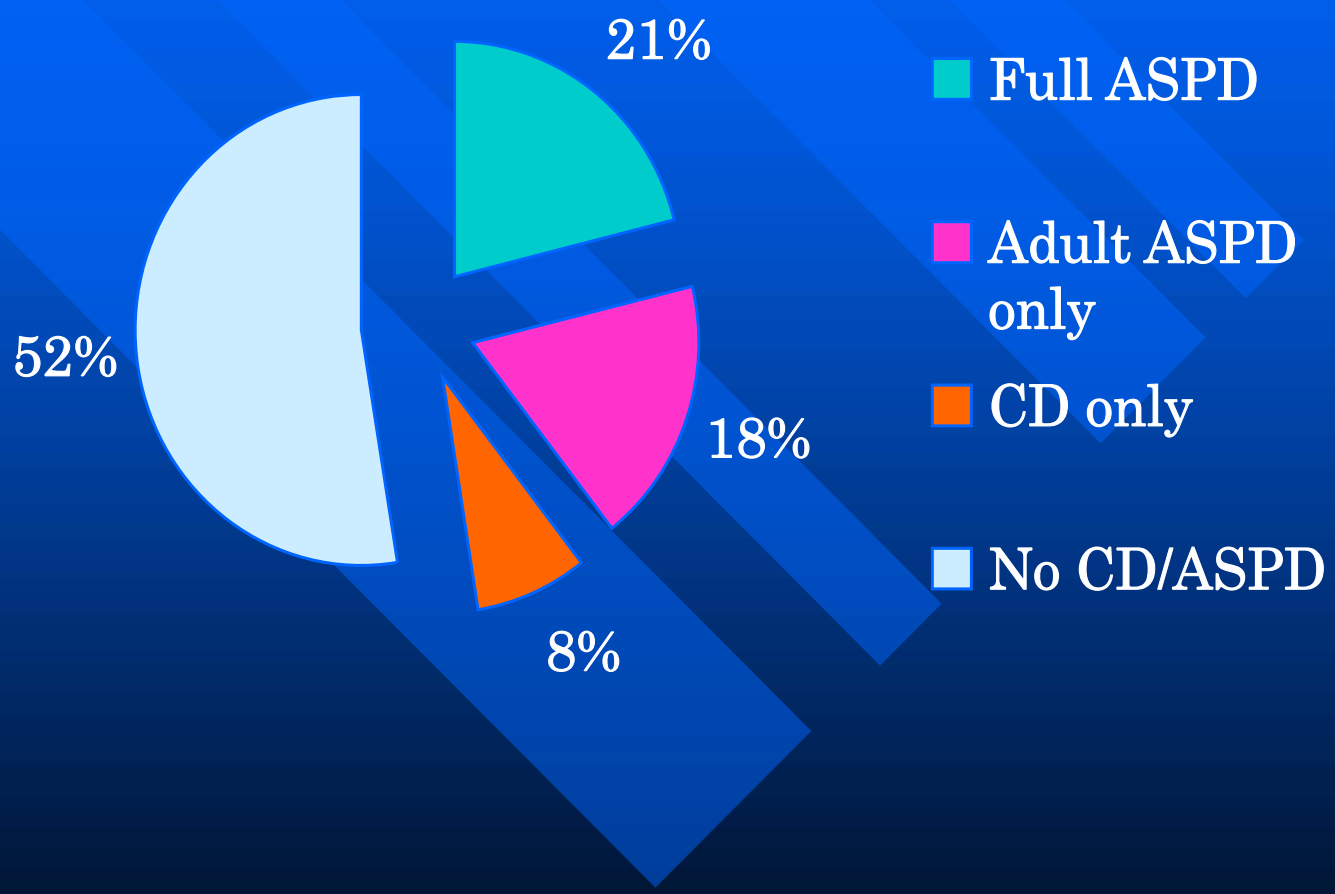
Integrated Treatment for Co-Occurring Disorders

- Concurrent treatment of psychiatric and substance use disorders by same treatment providers
- Motivational enhancement strategies
- Comprehensive assessment and treatment
- Minimization of treatment-related stress
- Harm reduction philosophy
- Role of assertive outreach unclear

Study of ACT Delivery of Integrated Treatment for Co-Occurring Disorders

- 198 clients with SMI (75% schizophrenia or schizoaffective)
- 2 sites in Connecticut: Hartford & Bridgeport
- 3 year follow-up period with assessments every 6 months
- Randomized to ACT (N = 99) or standard case management (SCM) (N = 99)
- Everyone received integrated treatment for co-occurring disorders

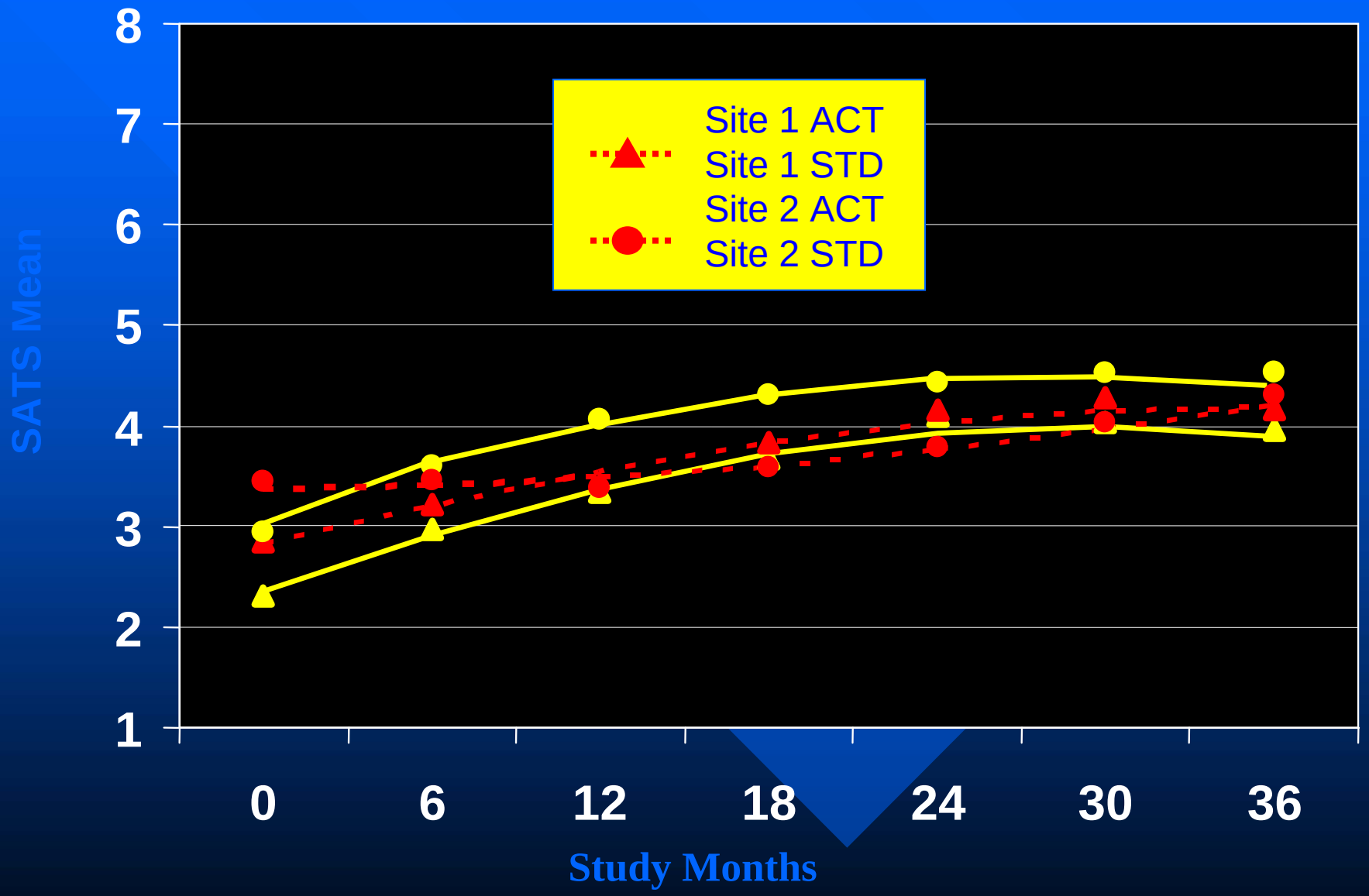
ASPD Status



Which approach was better at decreasing substance use?

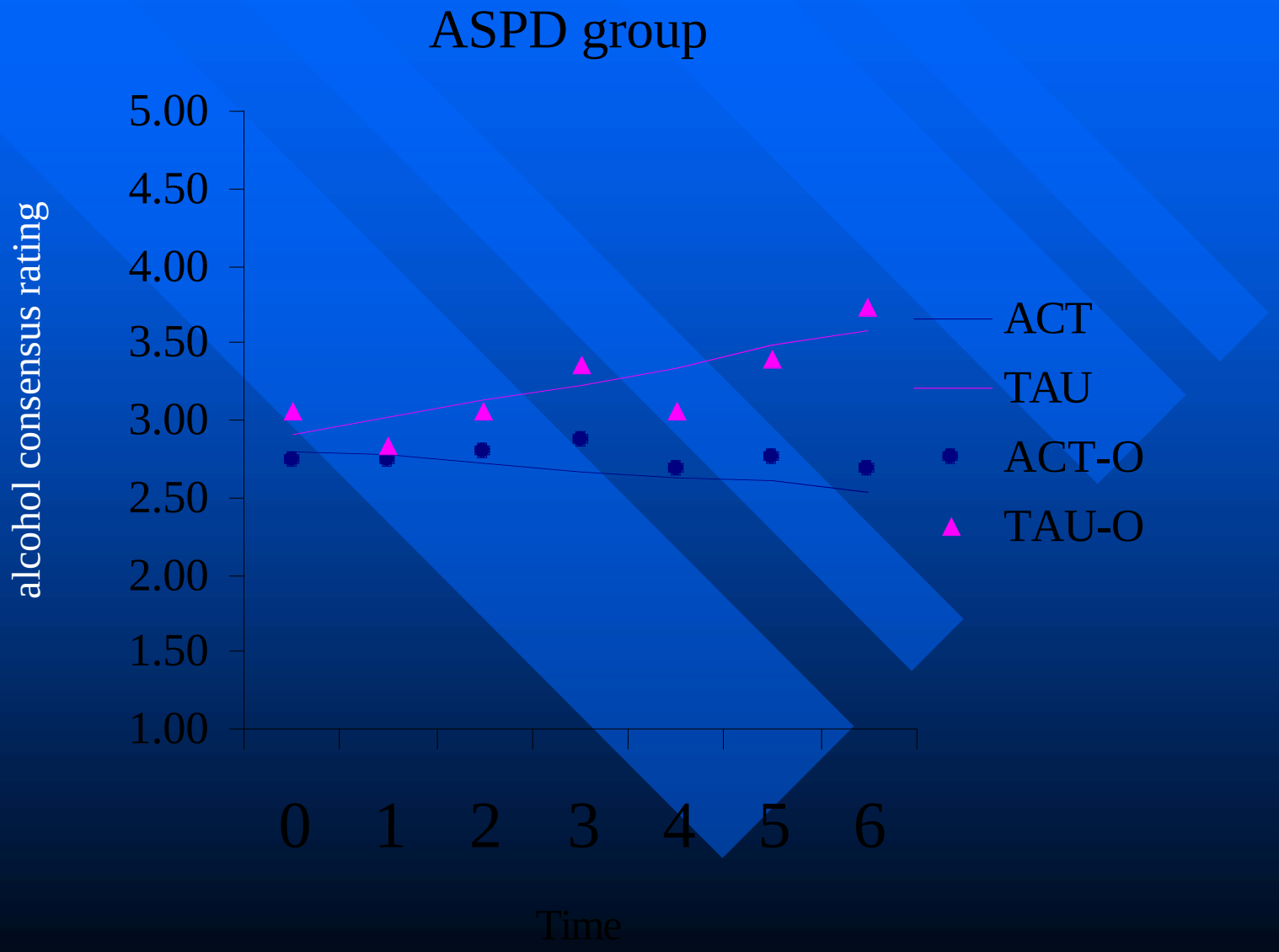
Did ASPD interact with the beneficial effects of ACT vs. SCM on substance use and criminal justice outcomes?

Substance Abuse Treatment Outcomes

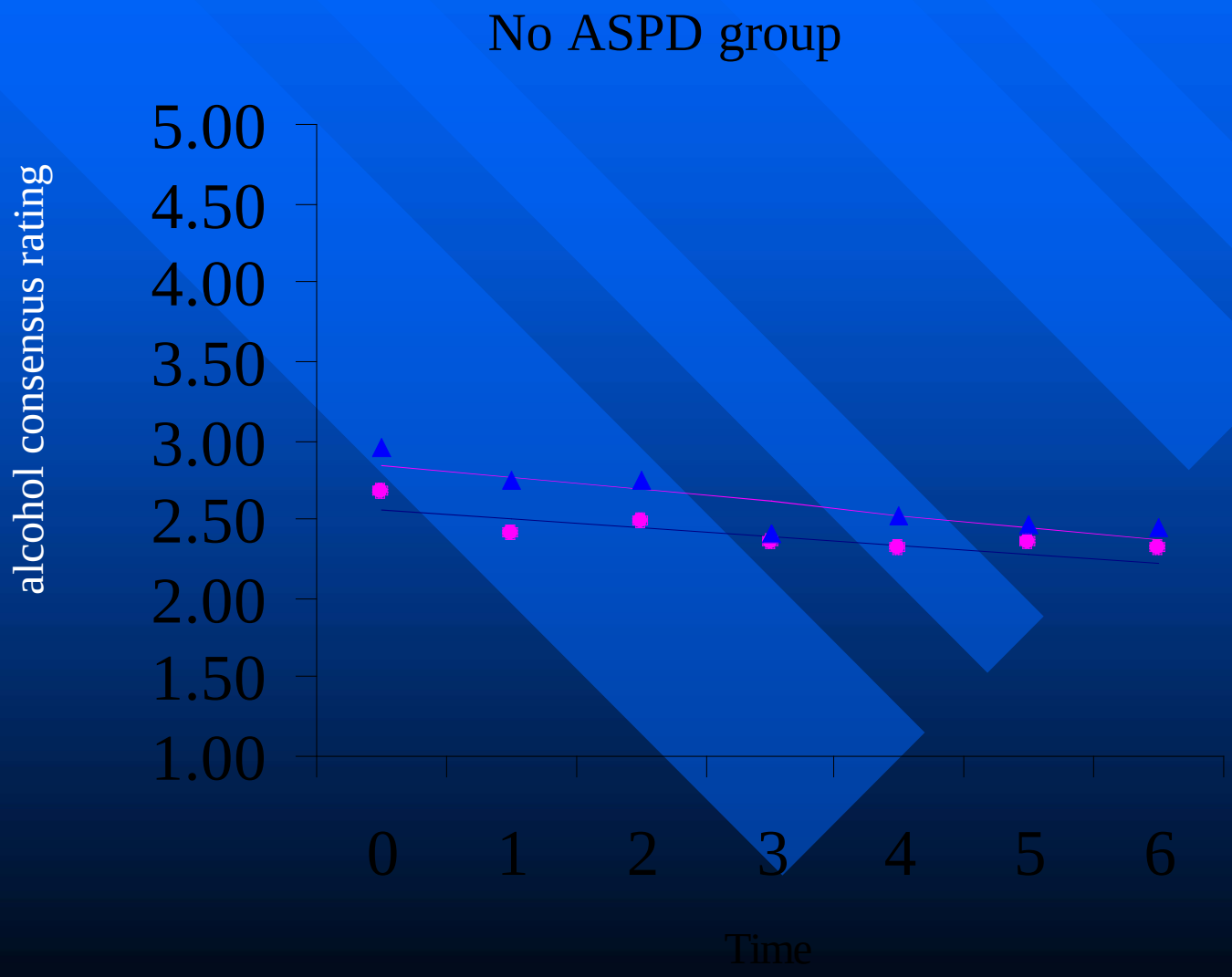


Essock, Mueser, Drake et al. *Psychiatr Serv.* 2006

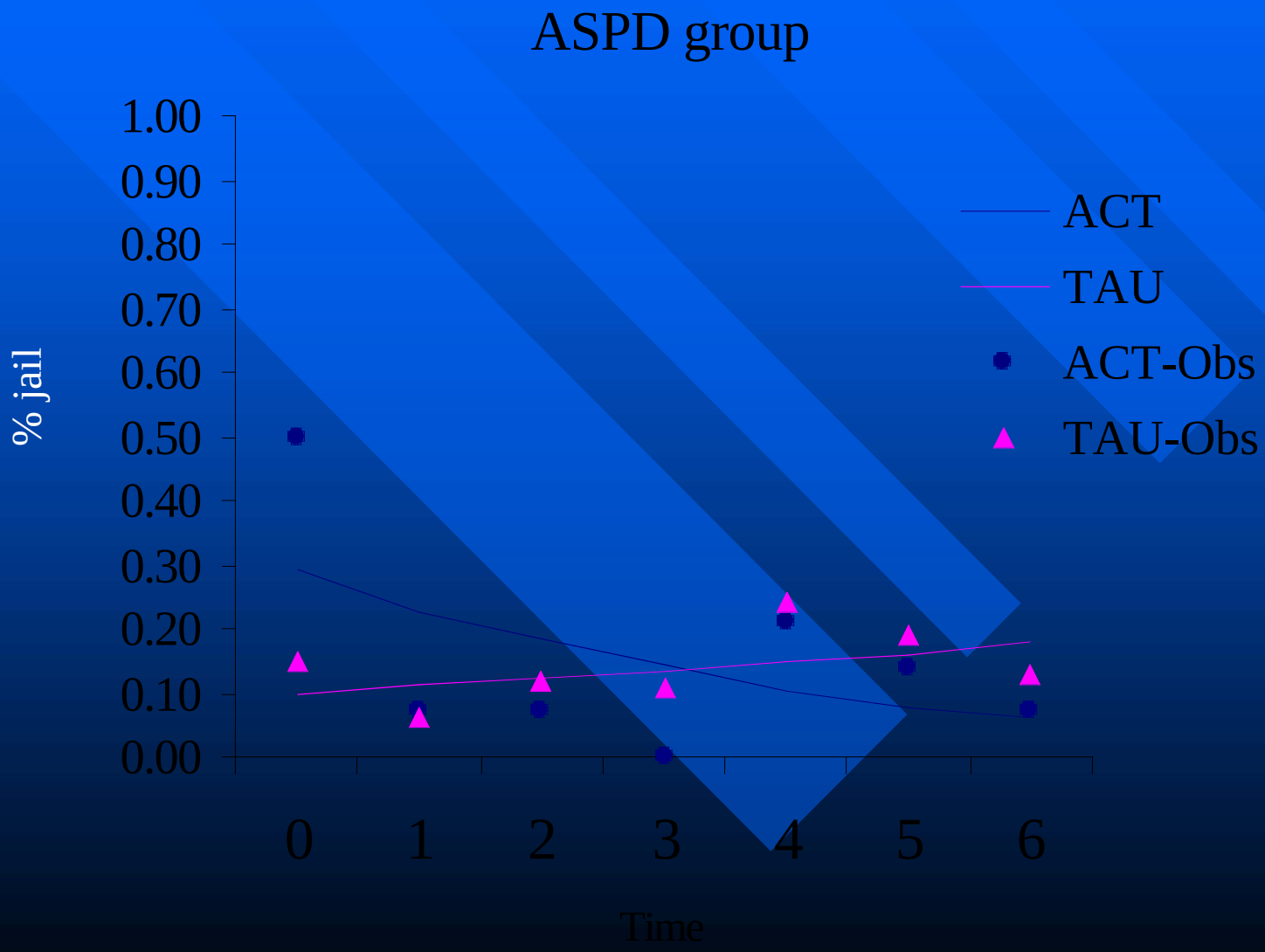
Alcohol Consensus Ratings Over Time for ASPD Clients by Treatment Group



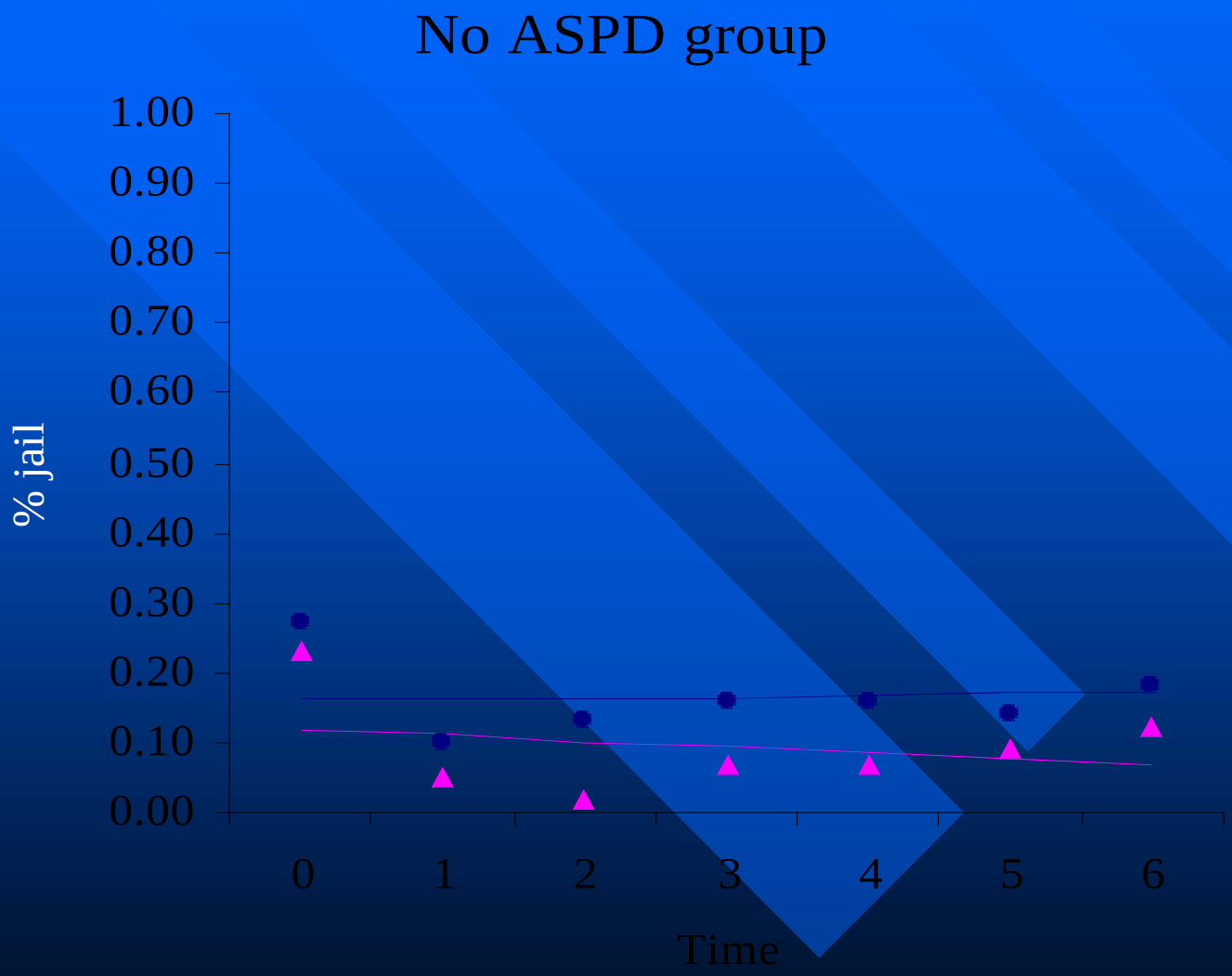
Alcohol Consensus Ratings Over Time for Non-ASPD Clients by Treatment Group



Percent Jailed Over Time for ASPD Clients by Treatment Group



Percent Jailed Over Time for Non-ASPD Clients by Treatment Group



Therapeutic Strategy #3: Contingent Reinforcement

- People with ASPD tend to respond well to contingent reinforcement
- Families often provide money non-contingently to relatives with co-occurring disorders, fueling substance abuse and worsening family stress
- Teaching families rudiments of contingent reinforcement can increase incentives for sobriety and prosocial behavior
- Facilitates more strategic use of family resources

Family Intervention for Dual Disorders (FIDD) Study

- Education about co-occurring disorders, followed by communication and problem solving training
- Long-term (9-18 months), client and relative(s) included
- Contingent reinforcement used selectively with clients whose substance use persisted 3-6 months into FIDD
- Clinical examples:
  - Mother reinforced 24 year old son for clean urine screens from stimulant abuse by depositing money in savings account to enroll in technical school program
  - Father reinforced 19 year old daughter with first episode psychosis for clean alcohol swab tests after spending evenings with friends with allowance at end of week
  - Based on mutual agreement, wife provided discretionary spending money to husband for each week he was successful abstaining from cannabis use with friends

Therapeutic Strategies #4-7: Drawn from IMR Jail Diversion Project

- Clients SMI & misdemeanor convictions could opt for release from jail in Bronx, NY
- Illness Management and Recovery (IMR) program was core mental health service
- Residential services, dual disorder services provided
- N = 150 open clinical trial
- Adaptations made to IMR model (Gingerich & Mueser) for forensic population

Illness Management and Recovery Program (IMR)

- Step-by-step program to help people set meaningful goals for themselves, acquire information and skills to manage their psychiatric illness, and make progress towards their own personal recovery
- Based on review of illness self-management research (40 studies)
- Effectiveness supported in 3 RCTs
- Feasibility supported in large implementation trial in usual care settings

Components of IMR Program

- Standardized curriculum (10 modules)
- Individual or small group format
- 5 to 10 months of weekly or twice weekly sessions
- Structured and step-by-step
- People set personal recovery goals and pursue them throughout the program

Satisfaction with Areas of My life

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied
Friendships			
Meaningful work (paid or unpaid)			
Enjoyable activities			
Family relationships			
Living situation			
Spirituality			
Finances			
Belonging to a community			
Intimate relationships			
Expressing creativity			
Hobbies or activities for fun			
Education			
Other area:			

IMR Goal Tracking Sheet (Review at least monthly)

Name:_____ **Date that Long-term Goal was Set:**_____

Long-term (Meaningful) Goal:

Achieved (date): **Modified* (date):**

*** Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set**

Short-term Goals (place a √ after steps achieved):

1. _____	**2.** _____	**3.** _____
Steps:	**Steps:**	**Steps:**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Start date: _____	**Start date:** _____	**Start date:** _____
Date Reviewed: _____	**Date Reviewed**_____	**Date reviewed**_____
Achieved: Fully	**Achieved:** Fully	**Achieved:** Fully
Partially	Partially	Partially
Not at all	Not at all	Not at all
Modified/Next Steps:	**Modified/Next Steps:**	**Modified/Next Steps:**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

Example of an IMR Goal Tracking Sheet

Name: *Jane Doe* **Date that Long-term Goal was Set:** *Oct. 31, 2006*

Long-term (Meaningful) Goal: *Have a boyfriend*

Achieved (date): **Modified* (date):**

*** Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set**

Short-term Goals (place a √ after steps achieved):

1. Lose weight

Steps:

1. *Eat 1 bag of chips (versus2)* √
2. *Drink diet soda instead of regular* √
3. *Walk around my block daily*
4. *Use splenda in coffee*

Start date: 10/31/06

Date Reviewed: 12/1/06

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

1. *Eat 1 bag of pretzels (instead of chips)*
2. *Walk around block every other day*
3. *Use splenda in coffee*
4.

2. Improve hygiene

Steps:

1. *Separate clean/dirty laundry* √
2. *Do laundry 2X per week*
3. *Brush teeth a.m./p.m.* √
4. *Shower daily* √

Start date: 11/13/06

Date Reviewed: 12/15/06

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

1. *Do laundry 1X per week*
2. *Comb hair each morning*
3.
4.

3. Improve conversations

Steps:

1. *Draft list of possible topics* √
2. *Pract. start. conversations* √
3. *Pract. ending " √*
4. *Conversations w/neighbors* √

Start date: 12/1/06

Date reviewed: 1/3/07

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

1.
2.
3.
4.

In IMR

- People practice strategies and skills in sessions
- People develop individualized home assignments to practice strategies and skills in the real world
- Significant others are invited to participate in some sessions (with permission)
- EVERYTHING IS TAILORED TO THE INDIVIDUAL

Curriculum: Topics of Modules

1. Recovery Strategies
2. Practical Facts about Mental Illness
3. The Stress-Vulnerability Model
4. Building Social Support
5. Using Medication Effectively

Topics of Modules, cont'd

6. Drug and Alcohol Use
7. Reducing Relapses
8. Coping with Stress
9. Coping with Problems and Symptoms
10. Getting Your Needs Met in the Mental Health System

Therapeutic Strategy #4: Process Jail/Prison Experiences

- Shame/blame associated with jail/prison
- Avoidance of processing experience
- Limited motivation to set recovery goals and avoid re-incarceration
- Facilitate active processing jail/prison experience(s) during recovery strategies component of IMR
- Narrative approach, with focused exploration of upsetting events
- Exploration of motivation to avoid recurrence of incarceration

Therapeutic Strategy #5: Address Counterproductive Adaptations to Prison/Jail

- Not revealing personal problems to others
- Emphasis on self-reliance and avoidance of depending on others
- Distrust of other people
- Aggression in the face of threat
- Taking one day at a time instead of planning for the long-term

Counterproductive Adaptations to Prison/Jail

- Sensitivity to behaviors suggesting counterproductive adaptations (e.g., reluctance to reveal personal weaknesses)
- Explore presence of adaptations by Socratic questioning
- Contrast prison/jail environment with community

Therapeutic Strategy #6: Address Criminogenic Thinking Styles

- Other people don't matter
- Looking after #1 is the only thing that is important
- Entitlement
- Externalization of blams

Modifying Criminogenic Thinking

- Use of cognitive restructuring
- Employment of Socratic questioning rather than confrontation to:
  - Identify core belief
  - Evaluate evidence for/against
  - Develop alternative, more accurate & adaptive belief

Therapeutic Strategy #8: Improve Skills for Dealing with Negative Feelings

- Anger --> aggression
- Frustration --> giving up, impulsive behaviors
- Boredom --> sensation-seeking, substance abuse

Conclusions

- ASPD is common in people with SMI
- ASPD associated with more severe substance abuse, psychiatric symptoms, and functional impairment in SMI
- People with SMI and ASPD are treatable, and can live more productive lives
- Therapeutic nihilism can be avoided by attending to special therapeutic strategies for this population