ANTISOCIAL BEHAVIOR

BEHAVIORAL DEFINITIONS

1. An adolescent history of consistent rule-breaking, lying, stealing, physical aggression, disrespect for others and their property, and/or substance abuse resulting in frequent confrontation with authority.
2. Failure to conform with social norms with respect to the law, as shown by repeatedly performed antisocial acts (e.g., destroying property, stealing, pursuing an illegal job) for which he/she may or may not have been arrested.
3. Pattern of interacting in an angry, confrontational, aggressive, and/or argumentative way with authority figures.
4. Consistently uses alcohol or other mood-altering drugs until high, intoxicated, or passed out.
5. Little or no remorse for causing pain to others.
6. Consistent pattern of blaming others for what happens to him/her.
7. Little regard for truth, as reflected in a pattern of consistently lying to and/or conning others.
8. Frequent angry initiation of verbal or physical fighting.
9. History of reckless behaviors that reflect a lack of regard for self or others and show a high need for excitement, fun, and living on the edge.
10. Pattern of sexual promiscuity; has never been totally monogamous in any relationship for a year and does not take responsibility for children resulting from relationships.
11. Pattern of impulsive behaviors, such as moving often, traveling with no goal, or quitting a job without having secured another one.
12. Inability to sustain behavior that would maintain consistent employment.
13. Failure to function as a consistently concerned and responsible parent.

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LONG-TERM GOALS

1. Accept responsibility for own behavior and keep behavior within the acceptable limits of the rules of society.
2. Develop and demonstrate a healthy sense of respect for social norms, the rights of others, and the need for honesty.
3. Improve method of relating to the world, especially authority figures; be more realistic, less defiant, and more socially sensitive.
4. Come to an understanding and acceptance of the need for conforming to prevailing social limits and boundaries on behavior.
5. Maintain consistent employment and demonstrate financial and emotional responsibility for children.
6. Embrace the recovery model's emphasis on accepting responsibility for treatment decisions as well as the expectation of being able to live, work, and participate fully in the community.

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SHORT-TERM OBJECTIVES

1. Admit to illegal and/or unethical behavior that has trampled on the law and/or the rights and feelings of others. (1, 2)

THERAPEUTIC INTERVENTIONS

1. Explore the history of the client's pattern of illegal and/or unethical behavior and confront his/her attempts at minimization, denial, or projection of blame while showing how the client's own thinking pattern leads to illegal behavior (or assign "Crooked Thinking Leads to Crooked Behavior" or "Accept

Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* by Jongsma).

2. Review the consequences for the client and others of his/her antisocial behavior.

2. Provide honest and complete information for a Substance Use history. (3)

3. Assess the client for the presence of chemical dependence and refer for focused substance abuse treatment if warranted (see the Substance Use chapter in this *Planner*).

3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (4, 5, 6, 7)

4. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

5. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).

6. Assess for any issues of age, gender, or culture that could

help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.

7. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

4. Explore and resolve ambivalence associated with commitment to change behaviors related to antisocial behavior pattern, including substance abuse if present. (8, 9, 10)

8. Using a directive, client-centered, empathic style derived from motivational enhancement therapy (see *Motivational Interviewing* by Miller and Rollnick; and *Addiction and Change* by DiClemente), establish rapport with the client and listen reflectively, asking permission before providing information or advice.

9. Ask open-ended questions to explore the client's own motivations for change, affirming his or her change-related statements and efforts (see *Substance Abuse Treatment and the Stages of Change* by Connors, Donovan, and DiClemente).

10. Elicit recognition of the discrepancy gap between current behavior and desired life goals,

	reflecting resistance without direct confrontation or argumentation.
5. Verbalize an understanding of the benefits for self and others of living within the laws and rules of society. (11, 12)	11. Teach the client that the basis for all relationships is trust that the other person will treat one with respect and kindness.
	12. Teach the client the need for lawfulness as the basis for trust that forestalls anarchy in society as a whole.
6. Make a commitment to live within the rules and laws of society. (13, 14)	13. Solicit a commitment from the client to conform to a prosocial, law-abiding lifestyle.
	14. Emphasize the reality of negative consequences for the client if he/she continues to practice lawlessness.
7. List relationships that have been broken because of disrespect, disloyalty, aggression, or dishonesty. (15)	15. Review relationships that have been lost due to the client's antisocial attitudes and practices (e.g., disloyalty, dishonesty, aggression).
8. Acknowledge a pattern of self-centeredness in virtually all relationships. (16, 17)	16. Confront the client's lack of sensitivity to the needs and feelings of others.
	17. Point out the self-focused, me-first, look-out-for-number-one attitude that is reflected in the client's antisocial behavior.
9. Make a commitment to be honest and reliable. (18, 19, 20)	18. Teach the client the value for self of honesty and reliability in all relationships, since he/she benefits from social approval as well as increased trust and respect.
	19. Teach the client the positive effect that honesty and reliability have for others, since they are not disappointed or hurt by lies and broken promises.

20. Ask the client to make a commitment to be honest and reliable.

10. Verbalize an understanding of the benefits to self and others of being empathetic and sensitive to the needs of others. (11, 21, 22)

11. Teach the client that the basis for all relationships is trust that the other person will treat one with respect and kindness.

21. Attempt to sensitize the client to his/her lack of empathy for others by revisiting the consequences of his/her behavior on others; use role reversal techniques.

22. Confront the client when he/she is rude or not being respectful of others and their boundaries.

11. List three actions that will be performed that will be acts of kindness and thoughtfulness toward others. (23)

23. Assist the client in listing three actions that he/she will perform as acts of service or kindness for others.

12. Indicate the steps that will be taken to make amends or restitution for hurt caused to others. (24, 25, 26)

24. Assist the client in identifying those who have been hurt by his/her antisocial behavior (or assign "How I Have Hurt Others" from the *Adult Psychotherapy Homework Planner* by Jongsma).

25. Teach the client the value of apologizing for hurt caused as a means of accepting responsibility for behavior and of developing sensitivity to the feelings of others.

26. Encourage the client's commitment to specific steps that will be taken to apologize and make restitution to those who have suffered from his/her hurtful behaviors (or assign "Letter of Apology" from the *Adult Psychotherapy Homework Planner* by Jongsma).

13. Verbally demonstrate an understanding of the rules and duties related to employment. (27)
14. Attend work reliably and treat supervisors and coworkers with respect. (28, 29)
15. Verbalize the obligations of parenthood that have been ignored. (30, 31)
16. State a plan to meet responsibilities of parenthood. (32)
17. Increase statements of accepting responsibility for own behavior. (33, 34, 35)

27. Review the rules and expectations that must govern the client's behavior in the work environment.
28. Monitor the client's attendance at work and reinforce reliability as well as respect for authority.
29. Ask the client to make a list of behaviors and attitudes that must be modified in order to decrease his/her conflict with authorities; process the list.
30. Confront the client's avoidance of responsibilities toward his/her children.
31. Assist the client in listing the behaviors that are required to be a responsible, nurturing, and consistently reliable parent.
32. Develop a plan with the client that will begin to implement the behaviors of a responsible parent.
33. Confront the client when he/she makes blaming statements or fails to take responsibility for own actions, thoughts, or feelings (or assign "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* by Jongsma).
34. Explore the client's reasons for blaming others for his/her own actions (e.g., history of physically abusive punishment, parental modeling, fear of rejection, shame, low self-esteem, avoidance of facing consequences).
35. Give verbal positive feedback to the client when he/she takes responsibility for his/her own behavior.

18. Verbalize an understanding of how childhood experiences of pain have led to an imitative pattern of self-focused protection and aggression toward others. (36, 37)

36. Explore the client's history of abuse, neglect, or abandonment in childhood (or assign "Describe the Trauma" from the *Adult Psychotherapy Homework Planner* by Jongsma); explain how the cycle of abuse or neglect is repeating itself in the client's behavior.

37. Point out that the client's pattern of emotional detachment in relationships and self-focused behavior is related to a dysfunctional attempt to protect self from pain.

19. Identify situations, thoughts, and feelings that trigger anger, angry verbal and/or aggressive behavioral actions. (38)

38. As the client describes his/her history and nature of anger issues in his/her own words, thoroughly assess the various stimuli (e.g., situations, people, thoughts) that have triggered the client's anger and the thoughts, feelings, and aggressive actions that have characterized his/her anger responses (consider assigning the exercise "Anger Journal" from the *Adult Psychotherapy Homework Planner* by Jongsma).

20. Complete psychological testing or objective questionnaires for assessing anger expression. (39)

39. Administer to the client psychological instruments designed to objectively assess anger expression (e.g., *Anger, Irritability, and Assault Questionnaire*; *Buss-Durkee Hostility Inventory*; *State-Trait Anger Expression Inventory*); give the client feedback regarding the results of the assessment; readminister as indicated to assess treatment response.

21. Learn and implement calming and coping strategies as part of an overall approach to managing anger. (40, 41)

40. Teach the client calming techniques (e.g., progressive muscle relaxation, breathing-induced relaxation, calming imagery, cue-controlled relaxation, applied relaxation) as part of a tailored strategy for reducing chronic and acute physiological tension that accompanies his/her angry feelings.

41. Role-play the use of relaxation and cognitive coping to visualized anger-provoking scenes, moving from low- to high-anger scenes. Assign the implementation of calming techniques in his/her daily life when facing anger trigger situations; process the results, reinforcing success and problem-solving obstacles.

22. Identify, challenge, and replace anger-inducing self-talk with self-talk that facilitates a less angry reaction. (42, 43)

42. Explore the client's self-talk that mediates his/her angry feelings and actions (e.g., demanding expectations reflected in *should, must*, or *have*-to statements); identify and challenge biases, assisting him/her in generating appraisals and self-talk that corrects for the biases and facilitates a more flexible and temperate response to frustration. Combine new self-talk with calming skills as part of developing coping skills for managing anger.

43. Assign the client a homework exercise in which he/she identifies angry self-talk and generates alternatives that help moderate angry reactions; review while reinforcing success, providing corrective feedback toward improvement.

23. Verbalize a list of constructive alternatives to aggressive anger in response to trigger situations. (44)

24. Verbalize a desire to forgive perpetrators of childhood abuse. (45)

25. Practice trusting a significant other with disclosure of personal feelings. (46, 47, 48)

44. Review with the client alternatives (e.g., assertiveness, relaxation, diversion, calming self-talk, etc.) to destructive anger in response to trigger situations; role-play the application of some of these alternatives to real life situations (or assign "Alternatives to Destructive Anger" from the *Adult Psychotherapy Homework Planner* by Jongsma).

45. Teach the client the value of forgiving the perpetrators of hurt versus holding on to hurt and rage and using the hurt as an excuse to continue antisocial practices.

46. Explore the client's fears associated with placing trust in others.

47. Identify some personal thoughts and feelings that the client could share with a significant other as a means of beginning to demonstrate trust in someone.

48. Process the experience of the client making himself/herself vulnerable by self-disclosing to someone.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	303.90	Alcohol Dependence
	304.20	Cocaine Dependence
	304.80	Polysubstance Dependence
	312.8	Conduct Disorder
	312.34	Intermittent Explosive Disorder
	_____	_____
	_____	_____
Axis II:	301.7	Antisocial Personality Disorder
	301.81	Narcissistic Personality Disorder
	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
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Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
304.20	F14.20	Cocaine Use Disorder, Moderate or Severe
309.3	F43.24	Adjustment Disorder, With Disturbance of Conduct
312.8	F91.x	Conduct Disorder
312.34	F63.81	Intermittent Explosive Disorder
301.7	F60.2	Antisocial Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.