Learning Objectives

- Upon completion of this session, participants will be able to:
  - Differentiate between features of Antisocial Personality Disorder and cognitive impairments in lower functioning populations;
  - Describe the relationships between thinking, feeling, and acting within the context of targeting criminal thinking; and
  - Describe the criminal thinking patterns associated with APD and the ways that these can be addressed within lower-functioning offender populations.

Antisocial Personality Disorder

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
  1. Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
  2. Deceitfulness, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure
  3. Impulsivity or failure to plan ahead
  4. Irritability and aggressiveness, as indicated by physical fights or assaults
  5. Reckless disregard for safety of self or others
  6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent or gainful employment, or by repeated failure to honor commitments such as child support payments
B. The individual is at least age 18 years.
C. There is evidence of Conduct Disorder with onset before age 15 years.
D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.
APD: Basic Data

- Affects 3% of females and 3% of males
- Up to 75% prevalence rate in incarcerated
- Genetic and environmental causal factors
- High comorbidity with:
  - Substance abuse disorders
  - Depression
  - Impulse-control disorders
  - Traits:
    - Lack of empathy
    - Arrogance
- Overlaps with, but differs from, psychopathy

Cognitive Disorders

- Cover a broad spectrum of brain-based illnesses:
  - Major mental illnesses
  - Mental retardation
  - Personality Disorders
  - Other syndromes or injuries
- Can be acquired or organic in nature
  - Origin is often unknown
- Certain behaviors are associated with causing onset
  - Also associated with the disorders themselves
- Comorbidity among different cognitive disorders is high
  - One person, multiple problems/issues

Cognitive Disorders: Basic Data

- 6-15% of correctional populations meet criteria for a major mental illness
- ~50% of inmates have hx of substance abuse
  - Even higher if we examine certain populations of inmates
  - Higher still if we talk about substance “problems”
- Up to 86% of inmates may have experienced head injury
  - More than half of these experience multiple brain injuries
  - Repeated mild brain injury can have a cumulative effect
Links Between Cognitive Disorders
- Brain injury and mental illness are interrelated
  - Many of the same symptoms result from acquired and organic disorders
  - High risk populations for TBI overlap with high risk populations for other cognitive disorders
    - Male, young, low-income, unmarried, ethnic minorities, inner city residents, hx substance abuse, hx TBI
  - Up to 80% of TBI patients eventually develop some form of MI
  - Risk of psychosis is doubled in TBI patients
  - Mentally ill and/or cognitively disordered persons more likely to engage in behaviors that cause TBI
    - Anger, aggression, and irritability are increased after head injury
      - Also symptoms of mental disorder

Importance of Cognitive Disorders
Additional Risk Factor
- Recidivism rates are high
  - 2/3 of prisoners reoffend within three years
- Level of service provided = level of offender risk
  - Most intensive programs should be provided to those with the highest risk of reoffending
  - All known risk factors should be considered
  - MI or other cognitive dysfunction adds an additional risk factor associated with recidivism

Cognitive Disorders
- Central feature is the impairment of memory, attention, perception, and thinking (reasoning, problem solving)
- Major Mental Illnesses
  - Thought Disorders (Psychoses)
    - Mood Disorders
    - Substance-Related Disorders
    - Cognitive Disorder, NOS
- Personality Disorders
- Developmental Disorders
  - Pervasive Developmental Disorders
    - Mental Retardation
- Other Issues or Syndromes
  - TBI
  - FAS
Commonalities across Disorders

- Must be a marked impact on adaptive functioning
  - adaptive functioning deficits are largely the same across disorders
- Increasing evidence that hallmark psychotic symptoms are pre-dated by cognitive/neuropsychological abnormalities
- Cognitive deficits of persons with MI are similar to those seen in individuals with congenital or acquired brain injury
- Substance abusers also demonstrate these same deficits
  - Brain damage can occur as a result of substance abuse

Bottom Line: Symptoms are more important than diagnosis
Treat / Manage the Symptoms

Symptoms --> Impairments

- Specific symptoms are related to key skill sets
  - Identifying the skill set that needs improvement is the basis for changing behavior and increasing adaptive functioning
- Common deficits in these populations include
  - Executive functioning impairments (decision making, judgment)
  - Emotional expression and regulation issues
  - Learning, memory, and self-awareness difficulties
  - Interpersonal behavior deficits / lack of social skills
  - Attention problems
  - Lack of insight
  - Self-regulation issues (impulsivity)
  - Poor personal resource use and maladaptive coping skills
  - Poor frustration tolerance
  - All pose problems for community and prison functioning
  - All are compounded by the additional history of criminal behavior

Criminal Thinking

- The result of a pattern of erroneous thoughts and attitudes that support a criminal lifestyle
- Denigrates the rights and feelings of others
- Justifies selfish, dangerous, and illegal actions
  - Rationalization
  - Denial of responsibility
- In essence, criminal thinking allows the offender to continue engaging in criminal activity
- Criminal thinking patterns related to APD diagnostic criteria can be targeted for change
Criminal Thinking Patterns

“My Needs Are All That Matter”
- Involves failure to conform to social norms related to lawful behavior, reckless disregard for safety, irresponsibility, and lack of remorse
- Allows the person to justify the criminal act in the moment and feel comfortable after the fact
- Psychological construct of egocentrism
- May be motivated by greed, selfishness, or even boredom/thrill-seeking

Criminal Thinking Patterns

“My Behaviors are the Fault of Others”
- Involves impulsivity, disregard for safety, lack of remorse
- Allows the person to focus causation externally and choose dangerous or hurtful actions
- Psychological construct of projection
- May be motivated by anger or poor identity development

Criminal Thinking Patterns

“I Have No Control Over My Thoughts or Feelings”
- Involves impulsivity, irritability/aggressiveness, and lack of remorse
- Allows the person to continue pattern of impulsivity without accepting responsibility
- Psychological construct of dysregulation
- May be motivated by laziness
Criminal Thinking Patterns

“My Ends Always Justify My Means”
- Involves failure to conform to social norms related to lawful behaviors, deceitfulness, disregard for safety, irresponsibility, and lack of remorse
- Allows the person to lie and to obtain equal outcomes without equal effort
- Psychological construct of rationalization
- May be motivated by power, control, or entitlement

Elimination of Criminal Thinking

- Criminal thinking patterns can be changed
- Reducing or eliminating criminal thinking is an important step towards reducing recidivism
- Criminal thinking impacts the ability of providers to provide effective interventions
  - Eliminating criminal thinking patterns increases the chances that other interventions will be effective for cognitively-impaired offenders

Basic Principles of Elimination

- Cognitive Behavioral Therapy models are effective for the reduction / elimination of criminal thinking patterns
- Want to always consider two models:
  - ABCs
  - TFBs
Basic Principles of Elimination

- **Antecedents** are related to **Behaviors**, which have **Consequences**
- **Thoughts, Feelings, and Behaviors** are under the control of the offender and are interrelated
  - Thoughts influence feelings & behaviors
  - Feelings influence thoughts and behaviors
  - Behaviors influence thoughts and feelings
- Criminal patterns of thinking (influenced by feelings) leads to the habitual practice of criminal activities (behavior)
  - Break the linkage somewhere and break the cycle
TFBs of the ABCs

Elimination Strategies

Accountability
- Criminal thinking patterns allow the offender to avoid acceptance of responsibility for actions.
- Logical/natural and immediate consequences should be applied whenever possible.
- The link between behavior and consequence should be highlighted.
- This should occur even with small actions such as lateness for appointments or speech that reflects lack of responsibility or control.
- Do not allow denial or minimization of actions.

- Challenge with CI offenders: History of lowered responsibility due to disability.
- Remedy: Know the capabilities of each offender and the symptoms of his/her diagnosis. Hold the offender accountable for making responsible treatment decisions related to the disability, minimizing the effects the disability has on accountability.

Elimination Strategies

Modeling
- Recall that criminal thinking begins early and results from both nature and nurture factors - be a positive role model at all times.
- Demonstrate empathy and respect for others even when delivering discipline.
- Be aware of social learning theory findings.

- Challenge with CI offenders: More susceptible to the influence of others.
- Remedy: Explore the social environment of the offender and remember to always model appropriate behavior.
Elimination Strategies

CBT Education
- The offender must be part of the intervention for it to succeed
- Explain the idea that behaviors do not happen in a vacuum (ABC, TFB)
- Ensure new thoughts, feelings, and actions are available to replace old ones
- **Challenge with CI offenders:** Complexity of material
- **Remedy:** Start simply with understanding the definition of thinking, feeling, and behavior. Break the information into small parts and use diagrams or real-life situations to explain them. Do exercises verbally instead of requiring written material. Educate the offender’s support system (encourage them to be appropriate models). Use catch-phrases and simple memory devices. Try to supplement with visual materials whenever possible.

Elimination Strategies

Emotion/Anger Management
- Criminal thinking employs a lack of emotional control where anger and other negative emotions are used against other parties
- Teach strategies for emotional control and remind of TFB link
- Highlight results of actions to people other than the offender
- **Challenge with CI offenders:** Cognitive impairments may already contribute to emotional dysregulation
- **Remedy:** Teach the offender to label feelings and identify issues other than anger. Ensure treatment of CI is being managed (consult all providers). View this challenge as meaning the skill is even more essential.

Elimination Strategies

Planfulness
- Giving in to impulses can be exciting for offenders, whereas planning is viewed as tedious
- One commonality among many offenders is a lack of ability to structure time or develop leisure activities
- Focus on positive outcomes associated with planning to compensate for complaints of boredom
- **Challenge with CI offenders:** Impulsivity is part of many CI diagnoses. Planning often involves academic skills that are lacking.
- **Remedy:** Use charts that can be easily made and filled in for planning activities; Avail yourself of community resources related to scheduling; Encourage a slower pace allowing for consideration before action.
Elimination Strategies

Practice

- Criminal thoughts and behaviors have been acquired through practice; thus, it will require repetition to replace them with new patterns.
- Allow the offender to work through actions verbally (even after the fact with the idea of what would be more effective the next time).
- When they right choice is made, focus on the “why” to strengthen change.

Challenge with C Offenders: Poor frustration tolerance.

Remedy: Reward efforts with positive reinforcement; Be mindful of stress management skills.

Be an Agent of Change