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The relationship between personality disorder and offending: Implications for appropriate intervention

Tuesday 2 March 2021
ANZAPPL

The Emergence of Personality Disorder in Sentencing Law

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DSM-5	ICD-10
<p>Cluster A (odd-eccentric)</p> <ul style="list-style-type: none">ParanoidSchizoidSchizo typal <p>Cluster B (dramatic-eccentric-emotional)</p> <ul style="list-style-type: none">AntisocialBorderlineHistrionicNarcissistic <p>Cluster C (anxious-fearful)</p> <ul style="list-style-type: none">AvoidantDependentObsessive-compulsive <p>Not Otherwise Specified</p>	<p>Paranoid</p> <p>Schizoid</p> <p>-</p> <p>Dissocial</p> <p>Emotionally unstable</p> <ul style="list-style-type: none">Impulsive typeBorderline type <p>Histrionic</p> <p>-</p> <p>Anxious (avoidant)</p> <p>Dependent</p> <p>Anankastic</p>

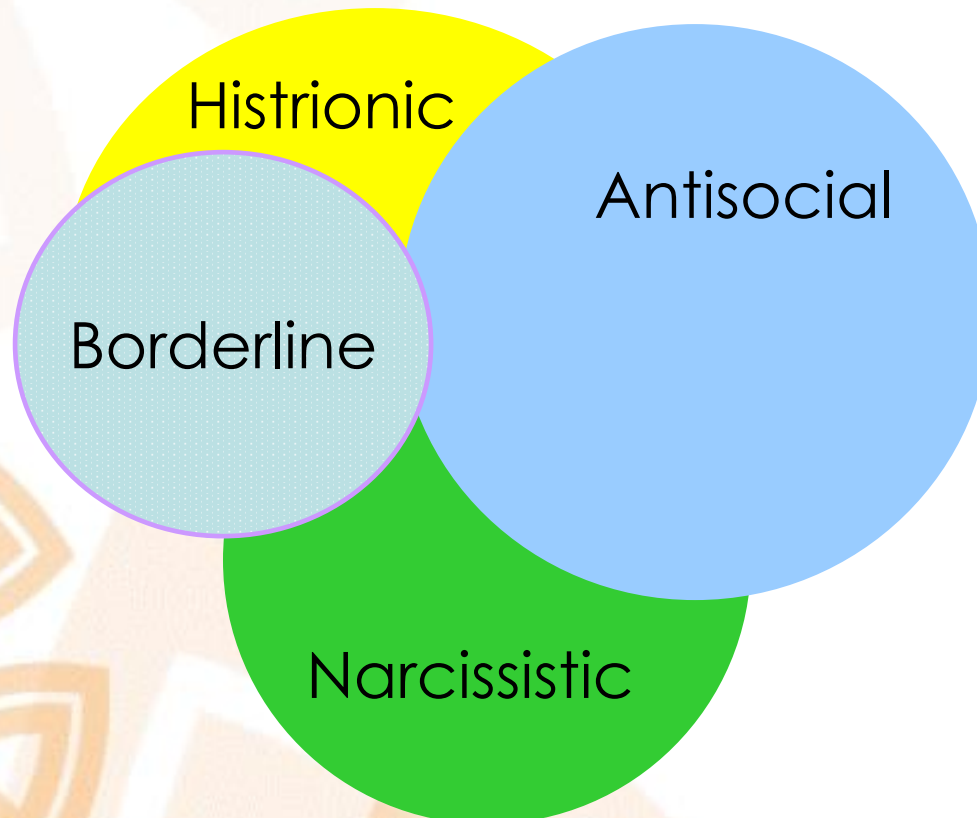


Characteristics of personality disorder:

- **They are dimensional in nature and not taxonomic**
- **Many people who meet the criteria for a personality disorder, present with more than one (or at least traits of another or others)**
- **The disorders range in severity of presentation and experience**



Conceptual Overlap Among DSM-5 Cluster B Personality Disorders





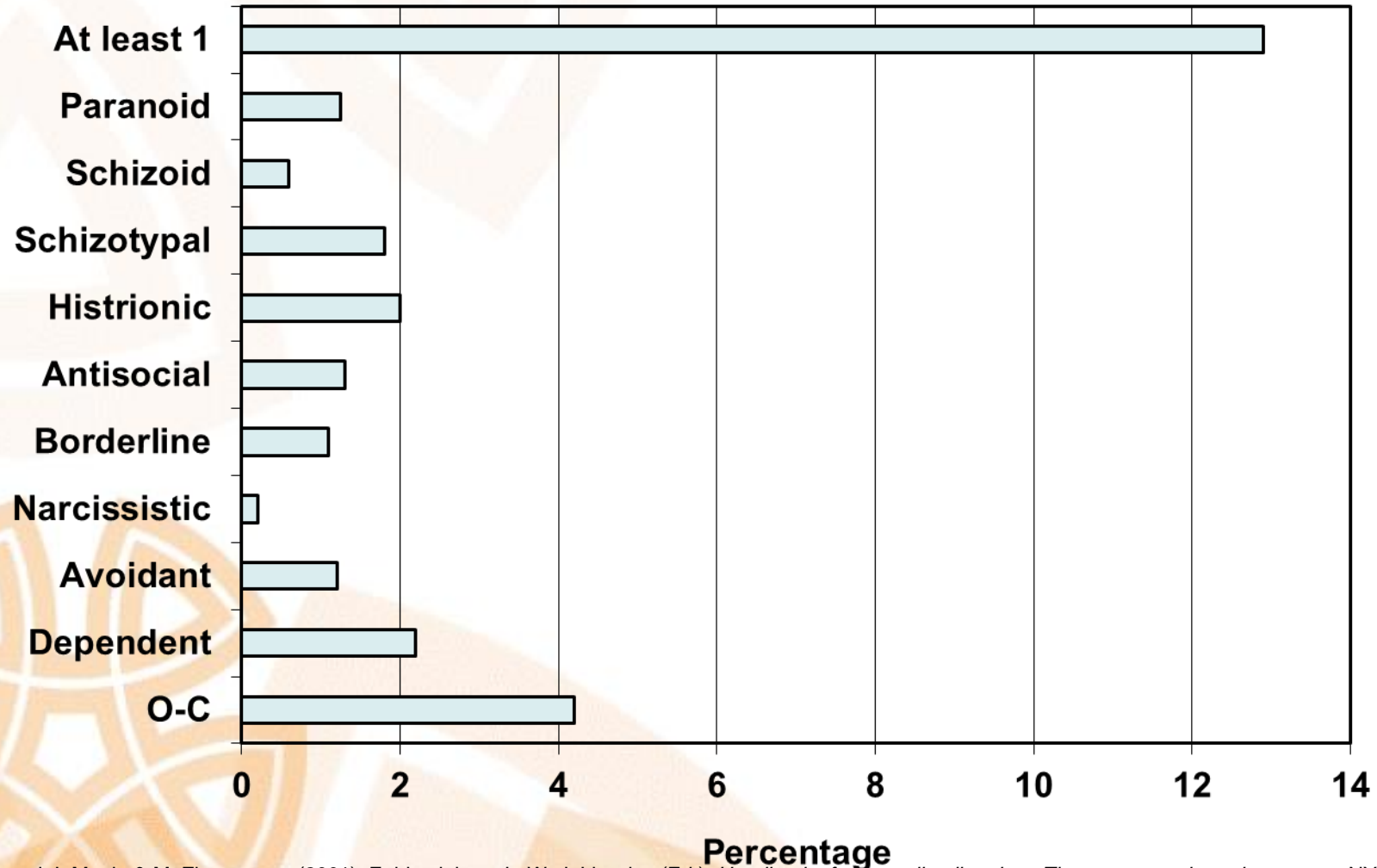
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Prevalence of Personality Disorder

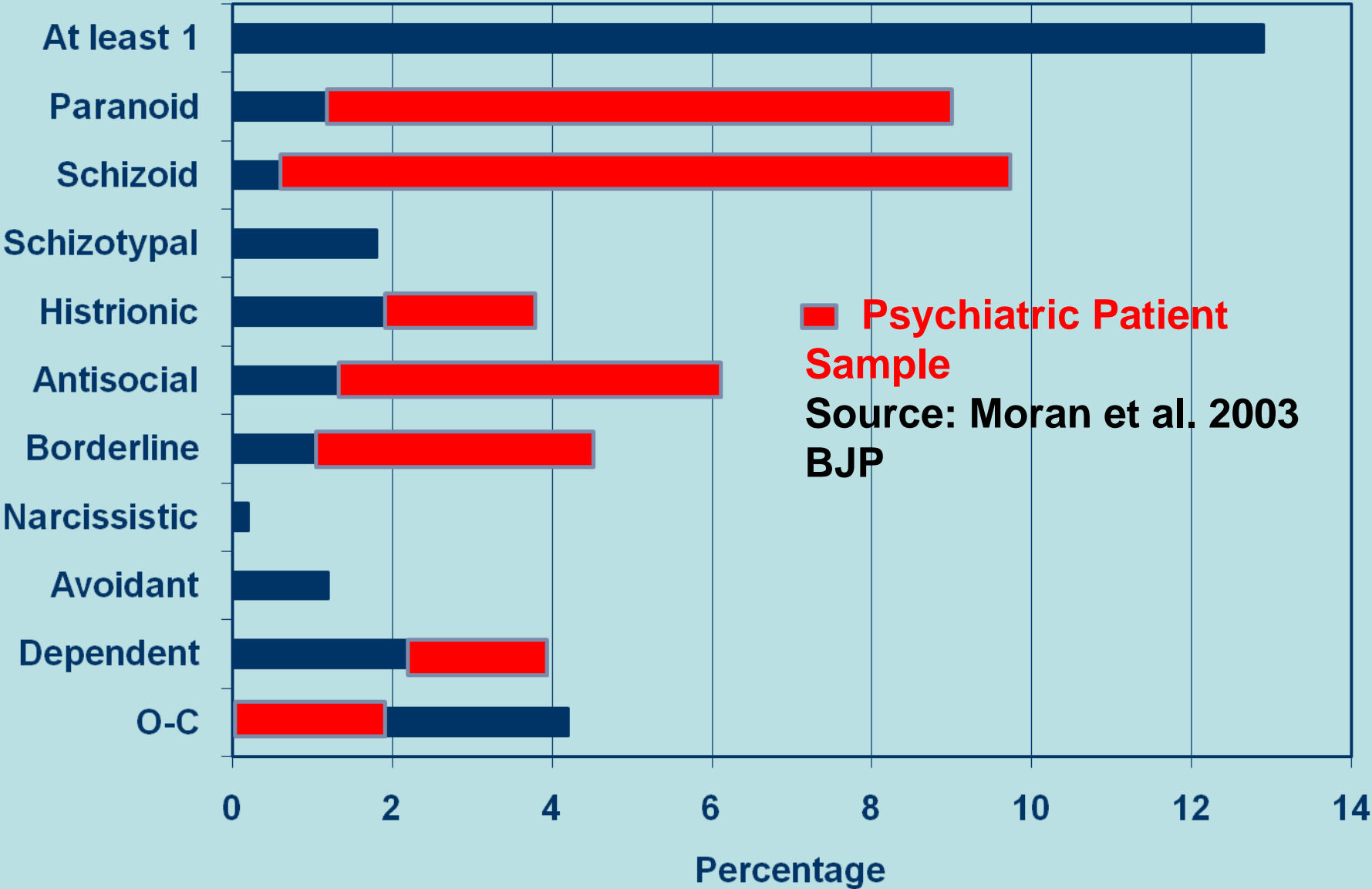




Prevalence of Personality Disorders in Community Samples



Prevalence of Personality Disorders in Community Samples

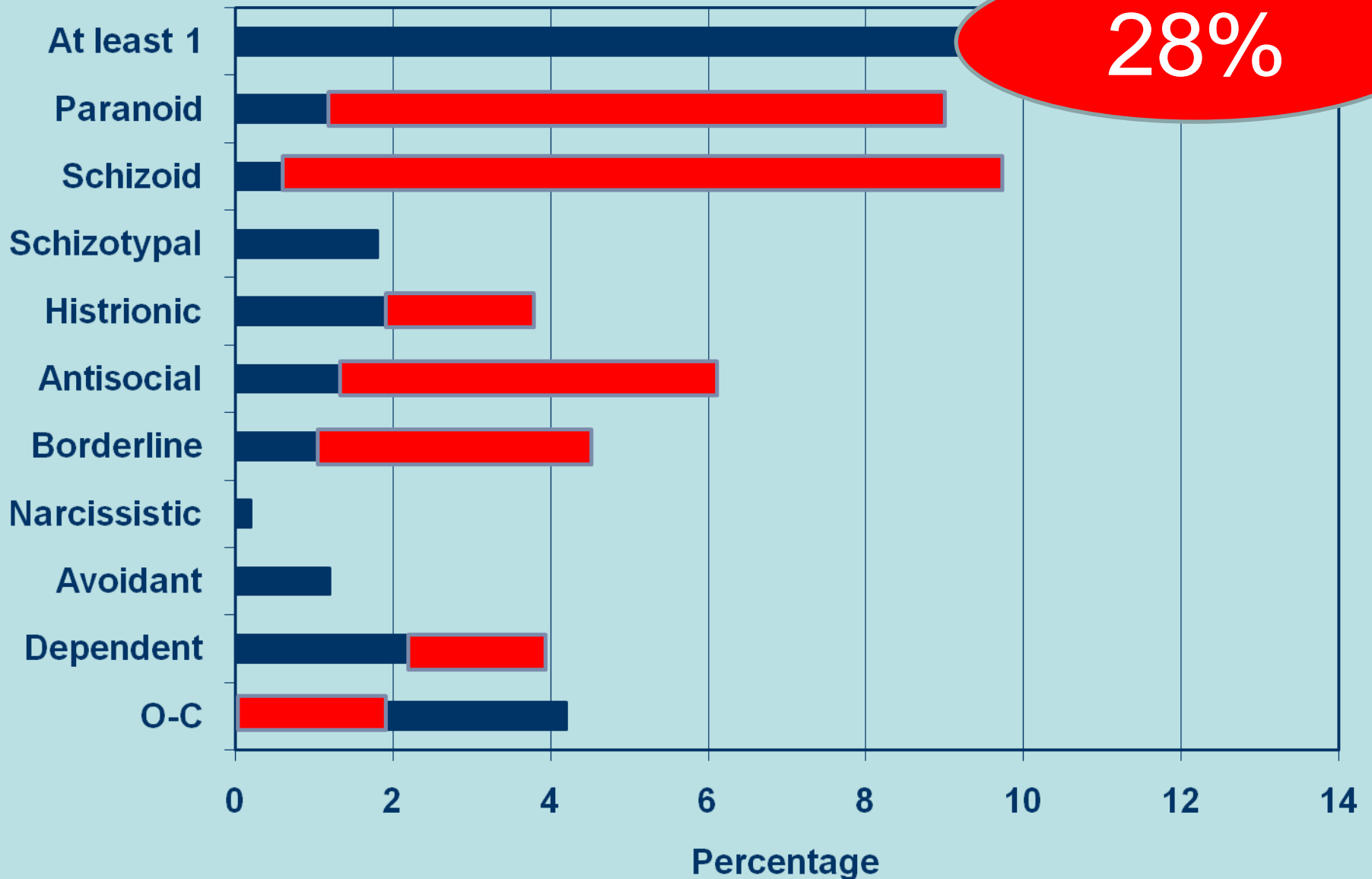


■ Psychiatric Patient Sample

Source: Moran et al. 2003
BJP

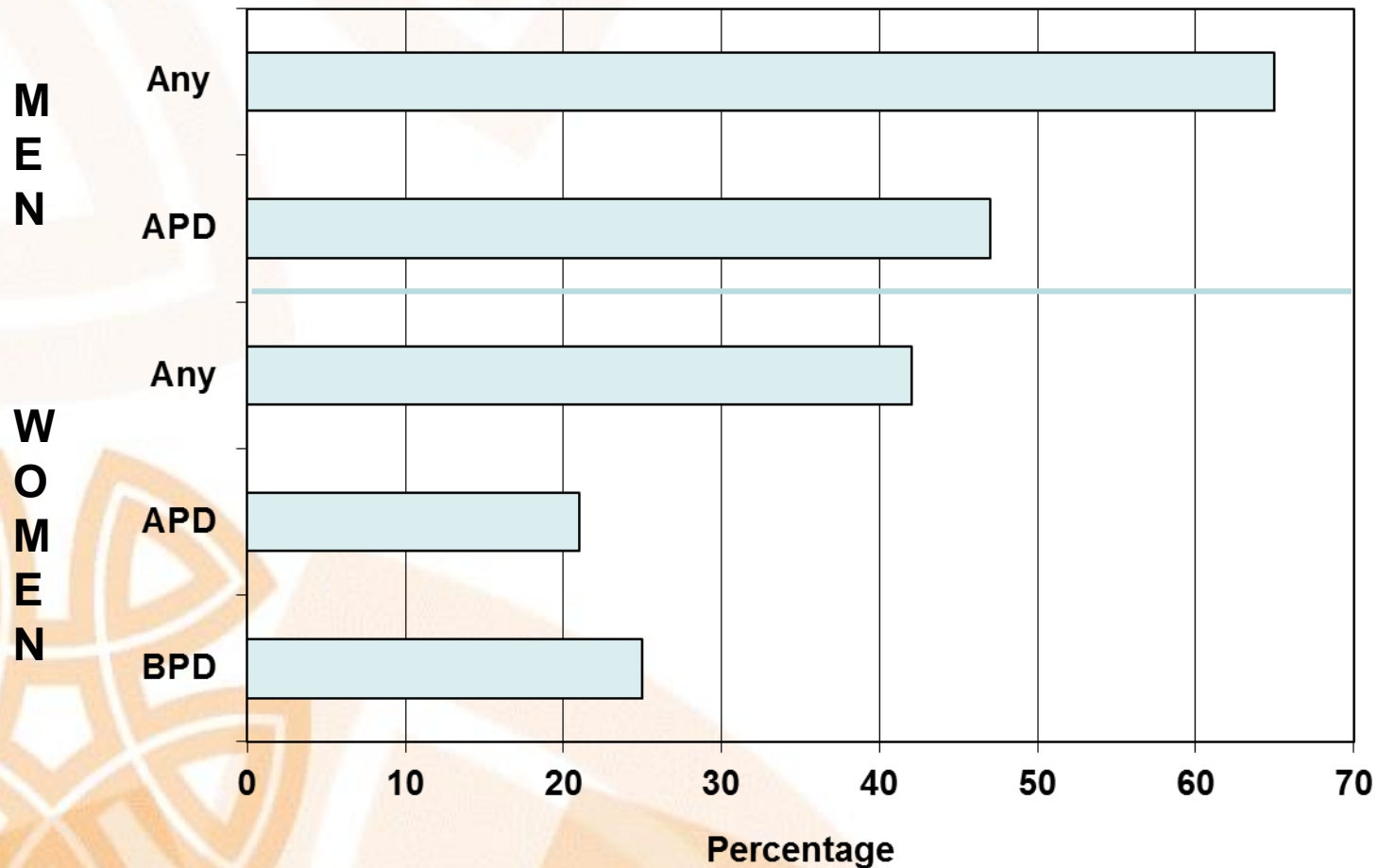
Source: J. I. Mattia & M. Zimmerman (2001). Epidemiology. In W. J. Livesley (Ed.), *Handbook of personality disorders: Theory, research, and treatment*. NY: Guilford.

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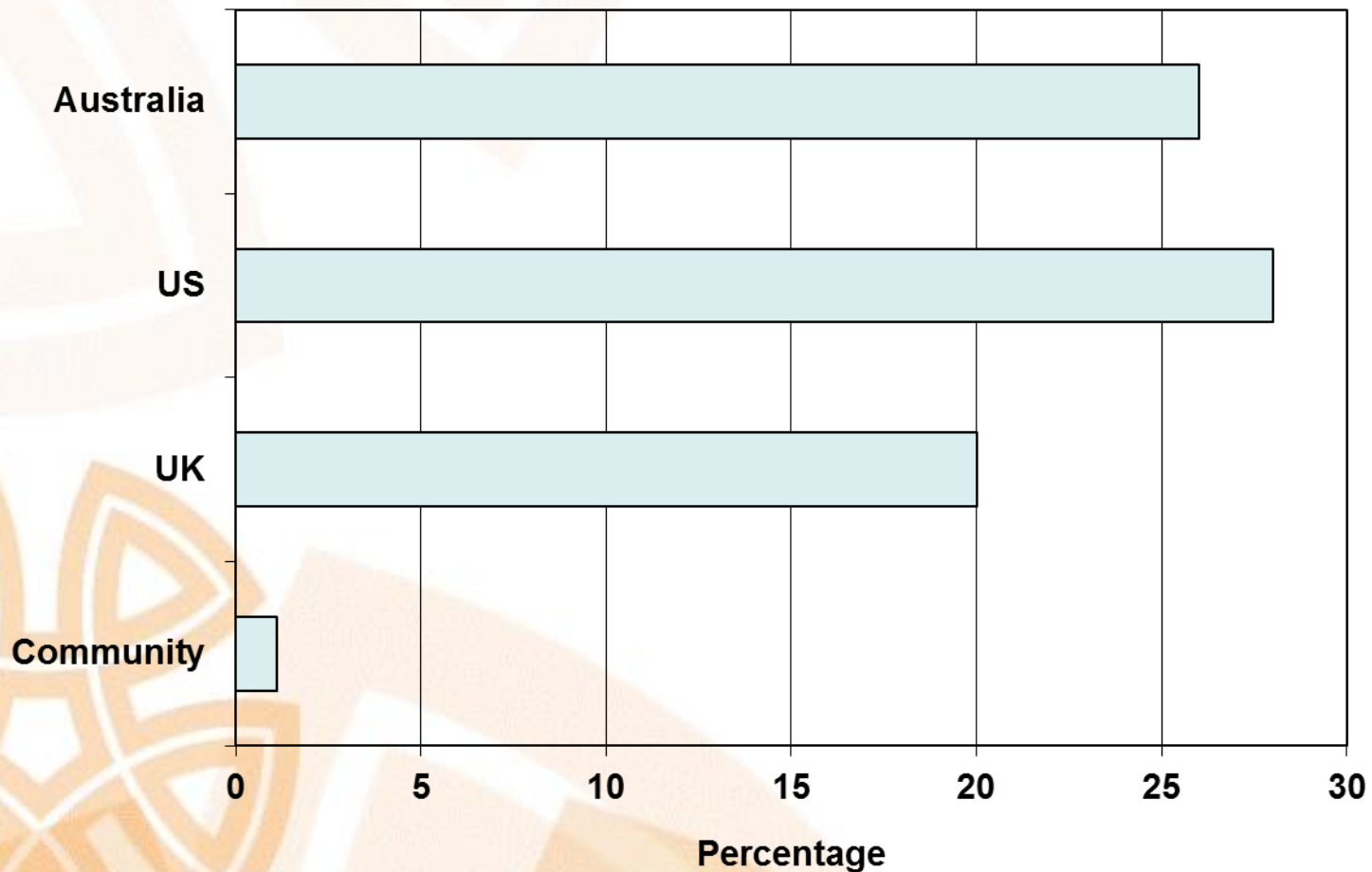


Prevalence of Personality Disorders in Prisons (Fazel & Danesh, 2002)





Prevalence of Borderline Personality Disorder in Community and Prison Samples





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Personality Disorder and Offending





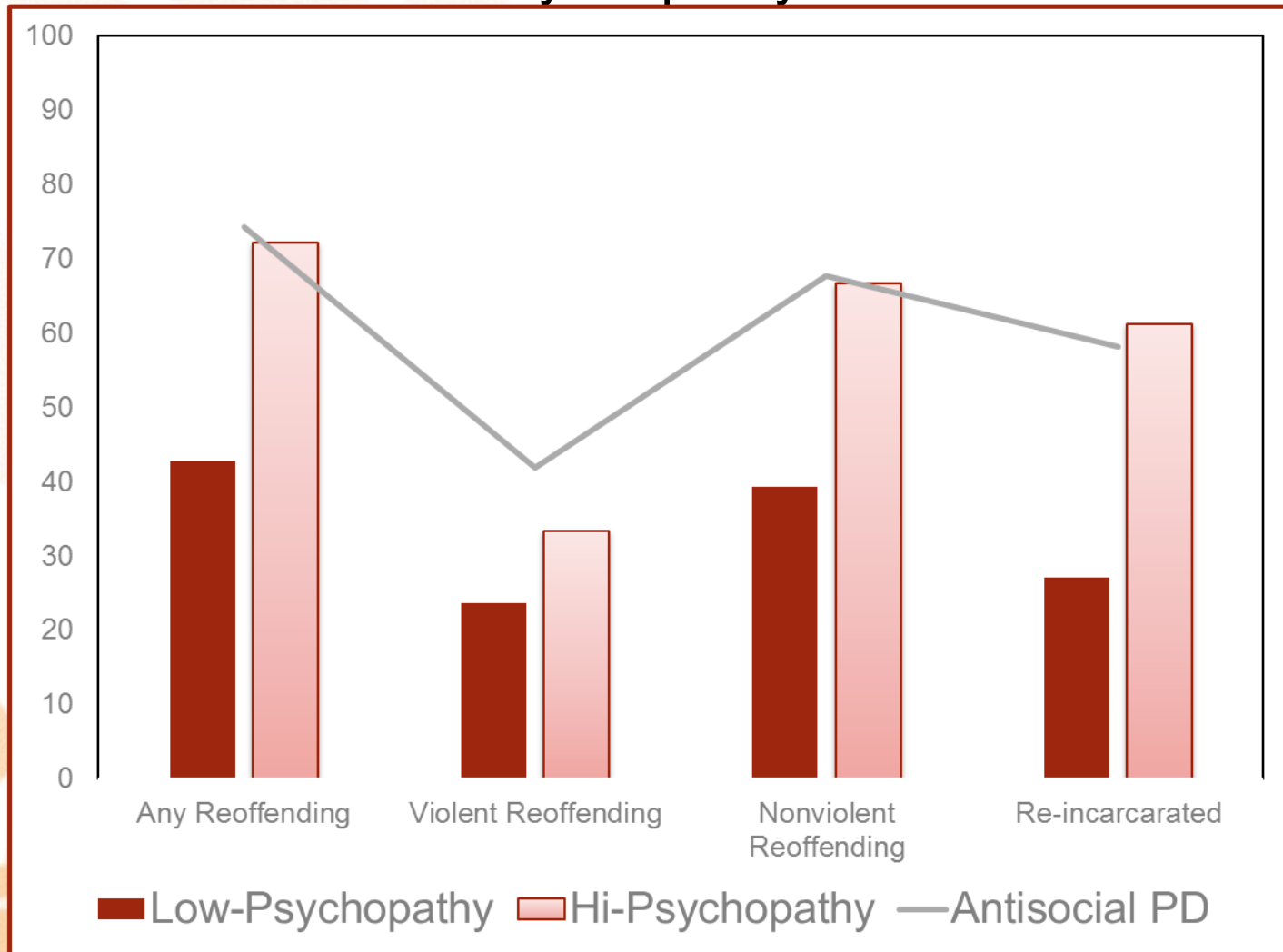
Personality Disorders, Violence, and Antisocial Behavior (Yu, Geddes, & Fazel, 2012)

Systematic review and meta-regression

Two main findings:

1. 3x increase in the odds of violent outcomes for people with all PDs compared to controls
 - The risk in antisocial PD was substantially higher (reported as an odds ratio of 12.8).
2. Offenders with PDs had 2.4x higher odds of being repeat offenders than other offenders (with or without mental illnesses)

Comparison of Reconviction and Reincarceration as a Function of Psychopathy and APD



Shepherd, Campbell & Ogloff (2018). *International Journal of Offender Therapy and Comparative Criminology*, 62, 609 –628





Relationship between personality disorder and offending

- **Personality disorder and psychiatric populations**
 - Patients with personality disorder more likely to have been violent than those without
 - More likely to reoffend violently after discharge
 - Patients with BPD or APD four times more likely to be violent after discharge
 - Patients with any other personality disorder two times more likely to be violent after discharge



Relationship between personality disorder and offending

- **Further evidence from perpetrators of violence in the community**
 - Cluster A or B personality disorders three times more likely to commit a violent act
 - Personality disorder related to significantly higher rates of:
 - > Nonviolent offending
 - > Violent offending
 - > Intimate partner violence



Relationship between personality disorder and offending

- **Strongest evidence of this relationship is with**
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Narcissistic Personality Disorder
 - Paranoid Personality Disorder
- **Very high rates of personality disorder among prisoners (male and female)**



Psychiatric Illness, Substance Misuse and Antisocial Personality Disorder and Offending (Ferguson & Ogloff) Patient Sample

- **All patients ($N = 251$) discharged from the Thomas Embling Hospital (Apr 2000-Dec 2003)**
- **74.9% male and 25.1% female**
- **Mean age at admission was 31.52 years ($SD = 9.96$), range 17 – 64 years**
- **75.3% Caucasian; 8% Aboriginal and/or Torres Strait Islander; and 6.8% Asian**
- **Most were previously incarcerated and hospitalised**



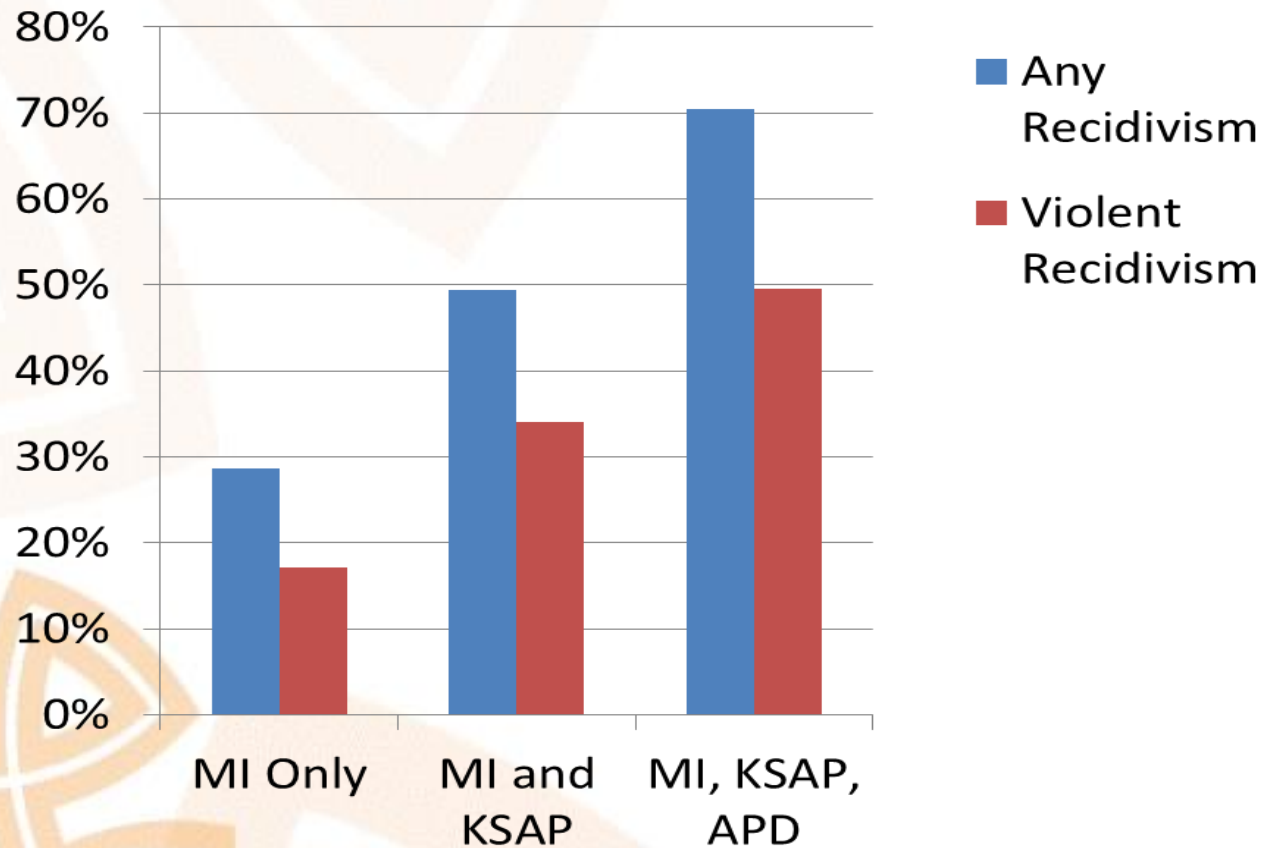
Recidivism

- **25% reoffended within 1 year**
- **51% within 3 years**

- **27% reoffended violently within 3 years**



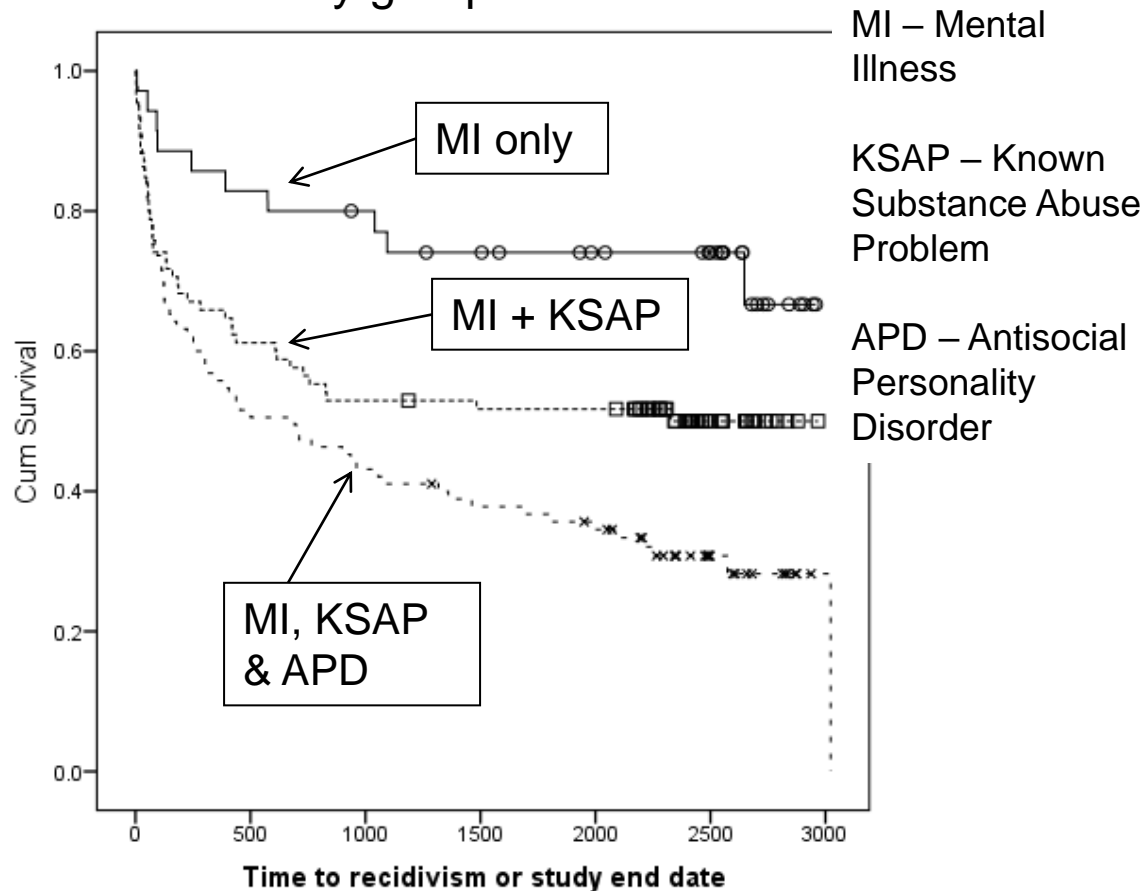
Substance Abuse and APD





Mentally Ill Offenders & Recidivism

Time to recidivism by group





Why is Personality Pathology Related to Offending?



Features of personality disorder

- Range of personality and behavioural features that affect an individual's pattern of inner experience and behaviour that are problematic, persistent and pervasive
- Although characteristics vary, deficits are typically seen in two or more major areas
 1. Cognition
 2. Affectivity response
 3. Interpersonal functioning
 4. Impulse control



Why is personality pathology related to offending?

- Chronic and enduring; often worsened by stress/distress
- Core features of personality disorders:
 - Cognitive
 - Affective
 - Interpersonal
 - Impulse Control



Why is personality pathology related to offending?

- Cognitive Deficits:
 - distorted ways of perceiving and interpreting self, other people and events

Why is personality pathology related to offending?

- Affective Deficits
 - deficits in the range, intensity, lability, and/or appropriateness of emotional response



Why is personality pathology related to offending?

- Interpersonal Deficits
 - Limitations in social skills, capacity to interact with others in a reciprocal manner in relationships



Why is personality pathology related to offending?

- Impulse Control
 - Limitations or deficits in the capacity to control impulses (affect, thoughts, behaviours)

Why is personality pathology related to offending?

- Inflexible personality features
- Unstable personality features
- Inability to adapt to different situations



Why is personality pathology related to offending?

- Feelings of distress and over-reaction to these feelings
- Impairment in social, occupational, and/or other areas of functioning



Dimensions of personality pathology

Emotional dysregulation

- Anxiousness
- Emotional reactivity
- Emotional intensity
- Pessimistic anhedonia
- Submissiveness
- Insecure attachment
- Social apprehensiveness
- Need for approval
- Cognitive dysregulation
- Oppositional
- Self-harming acts
- Self-harming ideas

Dissocial behaviour

- Narcissism
- Exploitativeness
- Sadism
- Conduct problems
- Hostile-dominance
- Sensation seeking
- Impulsivity
- Suspiciousness
- Egocentrism

Inhibitedness

- Low affiliation
- Avoidant attachment
- Attachment need
- Inhibited sexuality
- Self containment
- Inhibited emotional expression
- Lack of empathy

Compulsivity

- Orderliness
- Conscientiousness

Dimensions of personality pathology



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Intervention challenges

- Limited evidence of successful intervention/management, irrespective of modality
 - Pharmacotherapy
 - Psychotherapy
 - Group or individual interventions
- Limited intervention programs in Australia, in both corrective services and forensic mental health services
- Limited research, with contradictory findings



Some Promise

- Common or generic factors:
 - Relationship component requires organising treatment around interventions to:
 1. Build a collaborative relationship
 2. Maintain a consistent treatment process
 3. Promote validation, and
 4. Build motivation and the commitment to change
- Corrective services:
 - RNR principles, intensive, targeted, skills-based



Need for further service development and evaluation

- Need for further service developments
 - Corrective services
 - Forensic mental health services
 - General mental health
- Need for ongoing research and evaluation
 - The poor step-child of mental health and offender rehabilitation



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Thank you

