UNDERSTANDING YOUR DIAGNOSIS

Antisocial Personality Disorder

Also called Antisocial Personality Disorder

A long-standing pattern of acting on impulse and colliding with rules and other people, which treatment can genuinely change.

HOW COMMON	OFTEN STARTS	TREATABLE	LONG TERM
About 1 to 4 in 100 adults	Patterns begin in the teens	Yes - behavior can change	Often eases after your 30s

What this is

- This describes a long-standing pattern of behavior over time. It is not a statement about your worth as a person.
- The label carries heavy stigma and a lot of myths. Most people with this diagnosis are not violent toward others.
- It is based on a pattern that began early, usually before age 15, and then continued on into adult life.
- Patterns are learned, and they can be relearned. Plenty of people with this diagnosis build steady, ordinary lives.

What it can look and feel like

- You act first and think it through later, and the cost shows up in jobs, money and the people close to you.
- Rules and authority feel pointless or unfair to you, and following them has rarely seemed to pay off.
- Anger arrives fast, and arguments turn into fights more often than you would actually like them to.
- You have been in trouble with the law, or come close to it, more than once over the years.
- You use charm or a good story to get what you need, and it works often enough that you keep doing it.
- Alcohol or drugs are tangled up in most of the worst outcomes, and they make everything else harder.
- Guilt does not arrive the way other people expect it to, and being told you should feel worse has not helped.

What is happening in your brain and body

- The front of the brain that weighs consequences works differently, so future costs feel less real than the payoff now.
- The brain's alarm system responds less to threat, so warnings, fines and punishments carry less weight than for others.
- Your resting heart rate is often lower than average, which is linked to seeking out stimulation and taking risks.
- Head injuries, lead exposure in childhood and alcohol before birth all affect these same brain systems.
- Substances hit these systems hard. Drinking or using pushes impulsive choices much further than they would go otherwise.

What can make it more likely

- Genes account for roughly half of the risk, which is part of why this often shows up in more than one relative.
- Harsh, unpredictable or absent parenting, and growing up around violence, raise the chance a great deal.
- Behavior problems in childhood that nobody treated tend to carry forward into the adult pattern.
- Genes and environment work on each other. Neither one on its own decides how a person turns out.

What to expect

- Impulsive and rule-breaking behavior often drops off on its own as you move through your thirties and forties.
- Treatment aims at the things that actually cost you: anger, substance use, relationships and legal trouble.
- Outside structure helps rather than insults you. Work, check-ins and a predictable routine are real supports.
- Progress is measured in outcomes: fewer arrests, steady work, relationships that last, and less drinking or using.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral group programs** work on the thinking that leads into trouble and on practical ways around it.
- **Anger management** teaches you to catch the physical build-up early and use a plan before the moment escalates.
- **Motivational interviewing** starts from what you want out of your life, not from what somebody says you should want.
- Therapy that focuses on consequences and skills does better here than long digging into childhood insight.
- For teenagers, **multisystemic therapy** and family therapy have the strongest results and can change the whole path.

Medicines

- No medicine treats this pattern directly. Medicines are aimed at the things that make the pattern worse.
- **Naltrexone**, acamprosate or **buprenorphine** treat alcohol and opioid use, and staying sober cuts trouble the most.
- **Mood stabilizers** such as lithium or valproate have reduced impulsive aggression in studies, with regular blood checks.
- Treating **ADHD**, depression or anxiety takes real pressure off, and these often go untreated for years.
- **Benzodiazepines** tend to loosen the brakes and are usually avoided. All dosing is decided with your prescriber.

Everyday things that help

- Cutting back on alcohol and drugs is the single change that most reduces arrests, fights and lost jobs.
- Steady work, stable housing and a predictable schedule do more for this pattern than any single therapy session.
- Learn your own warning signs before anger peaks: heat in the chest, a tight jaw, narrow vision. Then leave the room.
- Pick one relationship worth protecting, and let that person tell you when you are heading somewhere bad.
- Sleep and exercise sound minor, but both directly slow how fast you go from irritated to out of control.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If you feel close to seriously hurting someone, leave the situation and call **988** or 911 now.
- Alcohol withdrawal with shaking, sweating or confusion is a medical emergency. Go to the emergency room.

Questions to ask your care team

- *What are we treating first, and how will we know that it is working?*
- *Is there a group program near me, and what would I be expected to do?*
- *Could untreated ADHD or substance use be driving part of this?*
- *What will you share with probation or the court, and what stays private?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.