The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 12, Issue 2, April- June, 2024
DIP: 18.01.428.20241202, DOI: 10.25215/1202.428
https://www.ijip.in

Case Study

A Case Study Examining the Transition from Oppositional Defiant Disorder to Antisocial Personality Disorder: From Defiant to Dysfunction

Amrutham Shruthy SS[1]*

ABSTRACT

Oppositional Defiant Disorder (ODD) and Antisocial Personality Disorder (ASPD) are two psychiatric conditions that often manifest in adolescence and can have significant implications for an individual's personal and social functioning throughout their lifespan. Antisocial personality disorder (ASPD) progress from conduct disorder (CD) which develops from oppositional defiant disorder (ODD) in turn. It's important to understand the development of these conditions from childhood in order to help the patient from developing defiant to dysfunction that may lead them to a criminal behavior. 20 % of aspd patients become sociopaths and 80% of them become psychopaths. Oppositional defiant disorder develops from childhood that may gradually goes to conduct disorder. After 18 years of age it could be termed as antisocial personality disorder. By examining a hypothetical case, we explore the risk factors, developmental trajectory, and key diagnostic criteria associated with these disorders. Additionally, we discuss the importance of early intervention and appropriate treatment strategies to mitigate the negative impact of these disorders on individuals and society.

Keywords: *Antisocial Personality Disorder, Conduct Disorder, Oppositional Defiant Disorder, Sociopath, Psychopath, Antipsychotic, Psychotherapy*

Oppositional Defiant Disorder (ODD) and Antisocial Personality Disorder (ASPD) are both disruptive behavior disorders characterized by disregard for societal norms, authority figures, and interpersonal relationships. While ODD typically emerges in childhood, ASPD often develops in late adolescence or early adulthood. This manuscript aims to explore the progression from ODD to ASPD by presenting a hypothetical case and providing a comprehensive analysis of the risk factors, diagnostic criteria, and developmental pathways associated with these disorders. By understanding this progression, professionals can better identify individuals who are at risk and provide appropriate interventions to prevent or mitigate the development of ASPD.

Antisocial personality disorder

Antisocial personality disorder is a pattern of disregard for, and violation of, the rights of others. A pervasive pattern of disregard for and violation of others' rights that starts in

[1]M.Sc. Psychology, Sahya Arts and Science College, Affiliated with University of Calicut Kerala, India.
*Corresponding Author

Received: May 18, 2024; Revision Received: June 27, 2024; Accepted: June 30, 2024

childhood or early adolescence and persists into adulthood is the fundamental characteristic of antisocial personality disorder. Other names for this pattern include psychopathy, sociopathy, or the disorder of dyssocial personality. Integrating data from collateral sources with data gathered from systematic clinical assessments may be particularly beneficial since deceit and manipulation are key characteristics of antisocial personality disorder.

The patient must meet two requirements in order to receive this diagnosis: they must be at least 18 years old (Criterion B) and have experienced some conduct disorder symptoms prior to the age of 15 (Criterion C).

Additionally, people with antisocial personality disorder frequently exhibit extreme irresponsibility (Criterion A6). Additionally, there might be a pattern of recurrent absences from work that aren't related to personal or family illnesses. Financial irresponsibility can be demonstrated by behaviors like consistently missing payments on loans, not paying child support, or not providing for other dependents. People suffering from antisocial personality disorder exhibit minimal regret for the outcomes of their behavior (Criterion A7). They might offer flimsy excuses (like "Tife's unfair" or "losers deserve to lose") or show indifference to having harmed, mistreated, or stolen from someone. Some people might accuse the victims of being stupid, defenseless, or deserving of their circumstances.

Oppositional defiant disorder

An argumentative or defiant attitude, a pattern of resentment or anger, or a vindictive streak are the hallmarks of oppositional defiant disorder (Criterion A). People who suffer from oppositional defiant disorder frequently exhibit the following behaviors: ioral characteristics of the illness without issues with depression. Nonetheless, those who exhibit the disorder's angry or irritable mood symptoms also frequently exhibit its behavioral traits.

Oppositional defiant disorder symptoms can be limited to a single environment, which is typically the home. Even if they only exhibit symptoms at home, those who exhibit enough symptoms to meet the diagnostic threshold may have serious impairments in their social operation. On the other hand, more severe cases exhibit the disorder's symptoms in several contexts. The individual's behavior must be evaluated in a variety of contexts and relationships, as the severity of the disorder can be inferred from the pervasiveness of symptoms. Siblings frequently exhibit these behaviors, so it's important to watch out for them when interacting with people other than siblings. Additionally, because the disorder's symptoms are usually more noticeable when interacting with peers or adults whom the individual knows well, they may not be apparent during a clinical examination.

Conduct disorder

A recurring and persistent pattern of behavior that violates important age-appropriate social norms or rules or the basic rights of others is the fundamental characteristic of conduct disorder (Criterion A). These actions can be divided into four categories: hostile behavior that endangers or injures other people or animals physically (Criteria A1–A7); non-aggressive behavior that damages or loses property (Criteria A8–A9); dishonesty or theft (Criteria A10–A12); and flagrant disregard for the law (Criteria A13–A15). In the last six months, at least one of the three characteristic behaviors had to have occurred during the previous twelve months. The behavioral disruption results in clinical major impairment to one's ability to function in social, academic, or professional contexts (Criterion B).

Typically, the behavior pattern is exhibited in a range of contexts, including the community, school, and home.

The clinician frequently needs to rely on extra informants because people with conduct disorders tend to downplay their issues. However, if informants lack adequate information, their understanding of the person's behavioral issues may be restricted either the person has been properly supervised or the person has hidden symptom behaviors.

Background

Antisocial Personality Disorder (ASPD)

It is a mental health condition characterized by a pattern of disregard for the rights of others. Individuals with ASPD often exhibit behaviors such as deceitfulness, impulsivity, aggression, and a lack of empathy. This disorder typically emerges in late adolescence or early adulthood and can have a significant impact on a person's relationships, work, and overall quality of life.

One of the key traits of ASPD is a lack of remorse or guilt for their actions. People with this disorder may engage in manipulative or deceitful behavior without feeling any sense of guilt or responsibility for the harm they cause to others. They may also have a tendency to disregard social norms and rules, leading to conflicts with authority figures and legal troubles.

Individuals with ASPD may also struggle with maintaining stable relationships. Their lack of empathy and disregard for the feelings of others can make it difficult for them to form meaningful connections with others. They may also have a history of unstable or tumultuous relationships, as their behavior can be unpredictable and damaging to those around them.

In addition to interpersonal difficulties, individuals with ASPD may also struggle in academic or work settings. Their impulsivity and disregard for rules can lead to problems with authority figures and a lack of success in traditional educational or career paths. This can further exacerbate their feelings of alienation and isolation from society.

Despite the challenges associated with ASPD, there are treatment options available for individuals with this disorder. Psychotherapy, particularly cognitive-behavioral therapy, can be effective in helping individuals with ASPD learn to manage their impulses and develop healthier coping mechanisms. Therapy can also help individuals with ASPD develop empathy and improve their interpersonal skills, leading to more positive relationships with others.

In some cases, medication may also be prescribed to help manage symptoms of ASPD, such as impulsivity or aggression. However, medication is typically used in conjunction with therapy and other forms of treatment, as it is not a standalone solution for this complex disorder.

It is important for individuals with ASPD to seek help from a mental health professional if they are experiencing symptoms of the disorder. Early intervention and treatment can help individuals with ASPD learn to manage their symptoms and improve their overall quality of life. It is also important for loved ones and caregivers to provide support and understanding

to individuals with ASPD, as they may struggle with feelings of shame or isolation due to their condition.

Diagnostic criteria

A. 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 repeated 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 repeated physical fights or assaults.
    5. Reckless disregard for safety of self or others.
    6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
    7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
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 bipolar disorder.

Prevalence

Twelve-month prevalence rates of antisocial personality disorder, using criteria from previous DSMs, are between 0.2% and 3.3%. The highest prevalence of antisocial personality disorder (greater than 70%) is among most severe samples of males with alcohol use disorder and from substance abuse clinics, prisons, or other forensic settings. Prevalence is higher in samples affected by adverse socioeconomic (i.e., poverty) or sociocultural (i.e., migration) factors.

Conduct disorder

Conduct disorder is a behavioral and emotional disorder that typically develops in childhood or adolescence. It is characterized by a persistent pattern of behavior that violates the rights of others or societal norms. Symptoms of conduct disorder may include aggression towards people or animals, destruction of property, deceitfulness or theft, and serious violations of rules.

Children and adolescents with conduct disorder may have difficulty forming and maintaining relationships, struggle in school, and have a higher risk of developing other mental health disorders, substance abuse issues, and legal problems. Treatment for conduct disorder often involves therapy, behavior management techniques, and sometimes medication. Early intervention is important in addressing conduct disorder and preventing long-term negative outcomes.

Diagnostic criteria

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the cate- gories below, with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
4. Has been physically cruel to people.
5. Has been physically cruel to animals.
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
7. Has forced someone into sexual activity.

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or Theft

10. Has broken into someone else's house, building, or car.
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years.
14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
15. Is often truant from school, beginning before age 13 years.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Prevalence

One-year population prevalence estimates range from 2% to more than 10%, with a median of 4%. The prevalence of conduct disorder appears to be fairly consistent across various countries that differ in race and ethnicity. Prevalence rates rise from childhood to adolescence and are higher among males than among females. Few children with impairing conduct disorder receive treatment.

Oppositional defiant disorder

Oppositional defiant disorder (ODD) is a behavioral disorder characterized by a pattern of hostile, disobedient, and defiant behavior towards authority figures. Individuals with ODD often have difficulty controlling their emotions and impulses, leading to frequent conflicts with parents, teachers, and other authority figures. Symptoms of ODD may include frequent temper tantrums, arguing with adults, deliberately annoying others, and refusing to comply with rules or requests.

Treatment for ODD typically involves a combination of therapy, behavior management techniques, and possibly medication. It is important for individuals with ODD to receive

early intervention and support to help them learn more adaptive ways of coping with their emotions and interacting with others.

Diagnostic criteria

A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

Angry/Irritable Mood

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

Argumentative/Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults.
5. Often actively defies or refuses to comply with requests from authority figures or with rules.
6. Often deliberately annoys others.
7. Often blames others for his or her mistakes or misbehavior.

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months.

B. The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context (e.g., family, peer group, work colleagues), or it impacts neg- atively on social, educational, occupational, or other important areas of functioning.

C. The behaviors do not occur exclusively during the course of a psychotic, substance use, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder.

Prevalence

The prevalence of oppositional defiant disorder ranges from 1% to 11%, with an average prevalence estimate of around 3.3%. The rate of oppositional defiant disorder may vary depending on the age and gender of the child. The disorder appears to be somewhat more prevalent in males than in females (1.4:1) prior to adolescence. This male predominance is not consistently found in samples of adolescents or adults.

CASE STUDY

A 27 years old male came to tue private hospital in Kerala with his wife.

By appearance he seems like happy but not euphoric and well groomed.his body type was ectomorphic and located at Kerala but he works at a corporate company in Tamilnadu. He is a graduated and started his job at age 21 itself. He had a love failure and took medications from a hospital for depression in Tamilnadu itself for a year. After taking medications he started to have a desire to self-harm not at that time he wasn't diagnosed with depression and clinically significant symptoms of depression weren't present. Thus, the diagnostic criteria for depression or bi polar wasn't present there.

The patient stated that he felt the need to harm and persecute people all the time. He frequently tries to harm other people, but he avoids punishment because he claims the act was done unintentionally. He enjoyed torturing animals as a child, and he did so without feeling sorry for them. The patient has noticed a recent increase in their desire to harm other people.

He said that he truly liked the graphic scenes of torture, serial killers, and violence on television. Additionally, he has harmed himself frequently since she was a young child. He used to enjoy torturing animals, slamming tiny fish, and electrocuting insects without feeling guilty or sorry for himself. The patient has noticed that their desire to harm other people is growing.

When we analyse the family history, he has father, mother and a little brother. There are some financial issues plus issues with family members and they are suffering from poverty. A second degree family generation has a suicidal history and a relative got arrested for fight case.

The patient's mother was powerless to stop his father's violent behavior toward the patient and his siblings when they were children.

The patient seemed to be conscious and aware of the location, time, and circumstances at the time of the examination. Although he was a little restless, he had good self-control. The patient had no trouble expressing his thoughts, which included ideas that were criminal, sadistic, and driven by a desire to harm other people. A perception disorder was not discovered. The patient lacked insight, failing to see the negative consequences of his thoughts and deeds. Additionally, the patient did not fear that she would be punished for his actions.

In his childhood he was opposing the elder ones and was always a risk taker. By growing he started to attack others and insisting his classmates to do things for various actions. He gradually started to take advantages to others and making others guilt for his mistakes and for not getting punishment.

He stated that he doesn't have hallucinations or delusions. He can control his impulses but also a conscious desire to do all the things in having on his mind. Sometimes he tried to harm his wife and a day he slapped her aggressively for no reason and she fainted.

Obviously, he didn't feel any guild feeling for his actions even if it is making trouble others. He is not sympathetic or showing empatht to others.

After receiving a diagnosis of antisocial personality disorder, the patient was treated with medication to lessen symptoms and regulate his behavior. Mood stabilizers (valproic acid 200 mg/12 hours) and antipsychotics (risperidone 1 mg/12 hours) were administered to the patients. In order to investigate past trauma and look for the reasons behind the patient's behavior, the patient also consented to participate in psychotherapies.

METHODOLOGY

To illustrate the progression from ODD to ASPD, we present a hypothetical case study of a male adult. This case is developed based on extensive research and clinical observations. We

have carefully chosen specific criteria and risk factors to ensure a representative and engaging narrative. James' case will be used as a basis for discussing the progression of ODD to ASPD, adhering to the DSM-5 diagnostic criteria for both disorders.

DISCUSSION

People suffering from antisocial personality disorder behave in a way that defies social norms and legal requirements, and typically, they are engaged in criminal activity or crimes like drug abuse, theft, violence, fraud, or escaping from home or school. They don't feel bad about what they did. They have the ability to harm people physically, sexually, or financially while using others for their own gain. They could appear ordinary, astute, amiable, endearing, or compassionate. They are characterized as being exploitative, impulsive, egocentric, having a low threshold for tolerance, incapable of demonstrating empathy, unable to sustain relationships, and irresponsible. For men, the prevalence of this disorder is 3%, while for women, it is 1%.

Antisocial Personality Disorder (ASPD) is a mental health condition characterized by a pattern of disregard for the rights of others. People with ASPD often display behaviors such as deceitfulness, impulsivity, aggression, and a lack of empathy. This disorder is commonly associated with criminal behavior, as individuals with ASPD may engage in illegal activities without feeling remorse or guilt.

One of the key features of ASPD is a pervasive disregard for the feelings and well-being of others. People with this disorder may manipulate, exploit, or deceive others for personal gain.

They may also engage in reckless behavior, such as substance abuse or dangerous activities, without considering the consequences for themselves or others.

Individuals with ASPD may have a history of conduct disorder in childhood, which is characterized by persistent patterns of behavior that violate the rights of others. They may have a difficult time forming and maintaining relationships, as their behavior can be unpredictable and hurtful to those around them.

It is important to note that not everyone with ASPD will engage in criminal behavior. However, the lack of empathy and disregard for the well-being of others can have a significant impact on their relationships and interactions with others. People with ASPD may struggle to hold down a job or maintain stable housing, as their behavior can be disruptive and harmful to those around them.

Diagnosing ASPD can be challenging, as individuals with this disorder may be skilled at hiding their true intentions and manipulating others. However, a mental health professional can conduct a thorough assessment to determine if someone meets the criteria for ASPD. Treatment for ASPD typically involves therapy, such as cognitive-behavioral therapy, to help individuals learn more adaptive ways of thinking and behaving.

It is important to remember that people with ASPD are not inherently bad or evil. Like all mental health conditions, ASPD is a complex disorder that can have a significant impact on a person's life. With the right support and treatment, individuals with ASPD can learn to manage their symptoms and lead fulfilling lives.

If suspect that someone may have ASPD, it is important to seek help from a mental health professional. Early intervention and treatment can help individuals with ASPD learn to manage their symptoms and improve their quality of life.

Antisocial Personality Disorder is a serious mental health condition that can have a significant impact on a person's life. People with ASPD may struggle to form and maintain relationships, hold down a job, or stay out of trouble with the law. However, with the right support and treatment, individuals with ASPD can learn to manage their symptoms and lead fulfilling lives. If you suspect that you or someone you know may have ASPD, it is important to seek help from a mental health professional.

Assessment and diagnosis of antisocial personality disorder

Antisocial personality disorder is a mental health condition characterized by a pattern of disregard for the rights of others, lack of empathy, deceitfulness, impulsivity, and aggression. Individuals with this disorder may engage in behaviors such as lying, manipulation, and violating social norms without feeling remorse or guilt.

Assessment of antisocial personality disorder typically involves a comprehensive evaluation by a mental health professional, including a review of the individual's medical history, symptoms, and behaviors. The assessment may also include interviews with family members or other individuals who can provide insight into the individual's behavior.

Some common assessment tools used to diagnose antisocial personality disorder include the Psychopathy Checklist-Revised (PCL-R) and the Antisocial Personality Disorder Scale (APDS). These tools help to identify key traits and behaviors associated with the disorder, such as impulsivity, irresponsibility, and lack of remorse.

It is important to note that a diagnosis of antisocial personality disorder should only be made by a qualified mental health professional, as it is a complex and serious condition that requires specialized treatment. Treatment for antisocial personality disorder may include therapy, medication, and support services to help individuals manage their symptoms and improve their quality of life.

Once a diagnosis of ASPD has been made, treatment options may include therapy, medication, and support services. Cognitive-behavioral therapy (CBT) has been shown to be effective in helping individuals with ASPD learn new coping skills and improve their social interactions. Medications such as antidepressants or mood stabilizers may also be prescribed to help manage symptoms of depression or anxiety.

Implications and considerations of antisocial personality disorder

One of the key implications of ASPD is the impact it can have on relationships. Individuals with this disorder may struggle to maintain healthy and stable relationships due to their manipulative and deceitful behaviors. They may also struggle to form meaningful connections with others, as they often lack empathy and the ability to understand the emotions of those around them. This can lead to feelings of isolation and loneliness, further exacerbating their antisocial tendencies. ASPD can also have serious legal implications, as individuals with this disorder may engage in criminal behavior such as theft, vandalism, or assault. This can result in legal consequences such as fines, probation, or even incarceration. Additionally, individuals with ASPD may struggle to hold down a job or maintain stable

housing, further contributing to their involvement in criminal activities. Another important consideration when it comes to ASPD is the impact it can have on mental health. Individuals with this disorder may also struggle with other mental health conditions such as depression, anxiety, or substance abuse. It is important for individuals with ASPD to receive comprehensive mental health treatment in order to address these co-occurring conditions and improve their overall well-being.

REFERENCES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Retrieved from https://doi.org/10.1176/appi.books.9780890425596

Antisocial personality disorder. (2018). Retrieved from https://www.nhs.uk/conditions/antisocial- personality-disorder/

Antisocial personality disorder. (2019). Retrieved from https://www.mayoclinic.org/diseases-conditions/antisocial-personality-disorder/symptoms-causes/syc-20353928

Antisocial Personality Disorder. (2019). Retrieved from https://www.psychologytoday.com/intl/conditions/antisocial-personality-disorder

Beck A, Freeman A, Davis DD, et al. Antisocialpersonality disorder. In: Cognitive Therapy of Personality Disorders, 2nd ed, Guilford Press, New York 2004.

Campbell M, Adams PB, Small AM, et al. Lithium in hospitalized aggressive children with conduct disorder: a double-blind and placebo-controlled study. J Am Acad Child Adolesc Psychiatry 1995; 34: 445.

Coccaro EF, Kavoussi RJ. Fluoxetine and impulsive aggressive behavior in personality-disordered subjects. Arch Gen Psychiatry 1997; 54:1081.

Davidson KM, Tyrer P, Tata P, et al. Cognitive behaviour therapy for violent men with antisocial personality disorder in the community: an exploratory randomized controlled trial. Psychol Med 2009; 39: 569.

Gibbon S, Duggan C, Stoffers J, et al. Psychological interventions for antisocial personality disorder. Cochrane Database Syst Rev 2010; CD007668.

Khalifa N, Duggan C, Stoffers J, et al. Pharmacological interventions for antisocial personality disorder. Cochrane Database Syst Rev 2010; CD007667.

Thylstrup B, Schrøder S, Fridell M, Hesse M. Did you get any help? A post-hoc secondary analysis of a randomized controlled trial of psychoeducation for patients with antisocial personality disorder in outpatient substance abuse treatment programs. BMC Psychiatry 2017; 17: 7.

Walker C, Thomas J, Allen TS. Treating impulsivity, irritability, and aggression of antisocial personality disorder with quetiapine. Int J Offender Ther Comp Crimino l 2003; 47: 556.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Shruthy, SS. A. (2024). A Case Study Examining the Transition from Oppositional Defiant Disorder to Antisocial Personality Disorder: From Defiant to Dysfunction. *International Journal of Indian Psychology*, *12*(2), 4789-4798. DIP:18.01.428. 20241202, DOI:10.25215/1202.428