

ARTICLE

## Therapeutic Community Treatment for Substance Abusers With Antisocial Personality Disorder

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**Abstract**—*This study compared treatment outcomes of substance abusers with and without antisocial personality disorder (APD) randomly assigned to two therapeutic communities, differing primarily in length of inpatient and outpatient treatment. We hypothesized that APD clients would be less likely to complete treatment, more likely to test positive for drugs and recidivate at follow-up, and that APD clients in the Standard program would have more favorable outcomes than those in the Abbreviated Inpatient program, because of the Standard program's longer inpatient treatment. Self-reports and objective measures of criminal activity and substance abuse were collected at pre- and posttreatment interviews. APD clients were as likely to complete treatment as other clients, and they exhibited the same patterns of reduced drug use and recidivism as did non-APD clients. Treatment program attended was unrelated to outcomes. Substance abusers diagnosed with APD can benefit from treatment in a therapeutic community combined with outpatient care.* © 1999 Elsevier Science Inc. All rights reserved.

**Keywords**—antisocial personality disorder (APD); therapeutic communities (TCs).

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### INTRODUCTION

THERE ARE SEVERAL reasons why it is important to learn more about whether a diagnosis of antisocial personality disorder (APD) is related to drug abuse treatment outcomes. First, there is a 40 to 50% prevalence rate of APD in samples of male substance abusers, and approximately 90% of persons diagnosed with APD are substance-abusing criminal offenders (Forrest, 1992; Gerstley, Alterman, McLellan, & Woody, 1990; Tims, DeLeon, & Jainchill, 1994).

Second, there is some question regarding the effectiveness of treatment for substance abusers diagnosed with APD. Behavioral characteristics of persons with APD are irresponsibility, reckless/destructive behavior, and criminal activity (Blackburn, 1993). In addition, people with APD are characterized as self-serving, not self-reflective, and may not benefit from the therapeutic community (TC) drug treatment philosophy (Abram,

1989; Evans & Sullivan, 1990; Forrest, 1992; Hare & McPherson, 1984). Clients with APD are said to lack the motivation necessary to remain in treatment, and to need at least a year in treatment to reduce drug use and recidivism (Condelli & Hubbard, 1994). Some researchers contend that clients with APD need specialized behavioral approaches in treatment to improve outcomes and have reported, "preliminary results [that] support the viability of reducing drug use in antisocial opioid abusers with a structural behavioral intervention using positive and negative contingencies delivered in a timely manner" (Brouner, Kidorf, King, & Bigelow, 1996, p. 323). Empirical data in this area is greatly lacking, and no data have explored this relationship, in TCs, with random assignment of respondents.

Third, the recurring association between APD, substance abuse, and crime is an important social problem. Since 1965, studies have shown that psychiatric patients with a diagnosis of APD were arrested more often than members of the general population, and for more violent crimes (Harry & Steadman, 1988; Mungas, 1983; Steadman, Cocozza, & Melick, 1978). Evidence from samples of incarcerated offenders has also shown that inmates diagnosed with APD have a history of more violent crimes, as compared with other inmates (Hare & McPherson, 1984). Abram (1989) suggests that antisocial substance abusers are committing the most and the worst crimes. While the specific frequency of APD among offending populations is unknown, estimates vary from 20 to 80%, depending on sampling techniques and assessment instruments (Abram, 1989; Nigg & Goldsmith, 1994). Past and present literature often suggest the relationship between APD and crime seems stronger among men before the age of 40, in the presence of a secondary diagnosis of substance abuse, and for violent rather than nonviolent crime (Hare & McPherson, 1984). Men are also more frequently diagnosed with APD than women (American Psychological Association, 1987). In view of the prevalence of APD among substance-abusing offenders, it is critical that effective treatment strategies are identified for persons with these co-occurring disorders.

This article compares treatment outcomes for clients diagnosed with APD with other clients who entered two residential TCs followed by community outpatient care. The data come from the District of Columbia Treatment Initiative (DCI) study, an experiment designed to test the efficacy of providing enhanced inpatient or outpatient drug treatment to clients seeking treatment in Washington, DC. A more detailed description of the DCI appears in Wish, Hoffman, and Nemes (1997), and Hoffman et al. (1995). The current study focuses on the subsample of DCI clients who underwent psychological diagnoses and were randomly assigned to one of two residential TCs. The treatment programs are two-inpatient TC facilities managed by Second Genesis, Inc., a group that has administered TC treatment for the past 25 years. The two treatment facilities were called "Standard" or "Abbrevi-

ated Inpatient" programs. The Standard treatment program was designed to reflect TC treatment that was customarily available in the United States, consisting of approximately 10 months of inpatient care followed by 2 months of outpatient care. The Abbreviated Inpatient treatment program provided 6 months of inpatient care, 6 months of outpatient care, and a wide range of extra services. An extensive follow-up study was conducted with the clients assigned to the two TC programs, at an average of 19 months postdischarge.

Based on the prior research literature, we hypothesized that clients diagnosed with APD would be less responsive to the TC treatment than the other clients who entered the program. Four hypotheses were tested: Compared with clients without APD, (a) APD clients will be less likely to complete treatment; (b) APD clients will be more likely to test positive for drugs at follow-up; (c) APD clients will be more likely to recidivate postdischarge; and (d) APD clients in the Standard treatment program will have more favorable outcomes than those in the Abbreviated Inpatient treatment program, because of the longer phase of inpatient treatment at the Standard facility.

## METHODS

### Subjects

Persons who sought treatment at the Central Intake Division (CID) run by the DC Alcohol and Drug Abuse Services Administration (ADASA) or who were ordered by the court to obtain treatment were eligible to participate in the DCI. A complete description of the process and eligibility criteria are available in the DCI Project preliminary outcome studies (Nemes, Wish, & Messina, 1997).

A total of 412 clients were randomly assigned to the Standard ( $n = 194$ ) or Abbreviated Inpatient ( $n = 218$ ) residential TC programs. An effort to locate and re-interview all 412 clients began in January of 1995, 31 months after the first client left treatment. To qualify for a follow-up interview, clients must have completed a tracking information form and signed a consent form at the baseline interview, agreeing to participate in the follow-up. We successfully re-interviewed 380 (93%) of the 408 clients in the target sample (4 respondents were deceased and dropped from the follow-up study). Of the 28 clients not followed-up, 2 refused to participate and 3 were scheduled multiple times but never kept their appointments. Twenty-three persons could not be contacted.

### Data Collection

Applications for research with human subjects were submitted to the Institutional Review Board (IRB) at the University of Maryland, College Park, by the Center For Substance Abuse Research (CESAR) on November 10, 1994. The applications were reviewed and approved by

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