Impulsive Lifestyle Counselling Program for Antisocial Behaviour in Outpatient Substance Abuse Treatment

*Morten Hesse, associate professor
Birgitte Thylstrup, assistant professor
Centre for Alcohol and Drug Research
Aarhus University*

Background: Antisocial personality disorder (ASPD) is associated with harms to the individual and to society. Most patients with ASPD are not seen in treatment settings that focus on their personality, but in criminal justice, social welfare settings, and substance abuse treatment. Few outpatient treatments have been tested for counselling or psycho-education targeting antisocial behaviour, although several studies suggest some modes of substance treatment may be helpful.

The study: This study was a small randomized multicenter feasibility trial of the Impulsive Lifestyle Counselling (ILC) approach, based on the Lifestyle Issues program by Glenn D. Walters. The aims were to adapt and implement a highly structured brief manualised treatment and test the acceptability and feasibility for patients with ASPD in outpatient substance abuse services. The ILC consists of 4 sessions over 4 weeks and a booster session 8 weeks later. Goal of treatment is described as “to help people identify their impulsive thoughts and lifestyle leading to problems with drug use, other people, and the police.” The first four sessions focus on (1) education about the ILC approach, increasing awareness of problems associated with antisocial behaviour, (2) problem solving, (3) streetwise and criminal pride, (4) antisocial and pro-social values. The booster session invites the patient to discuss issues that have come up in previous sessions. Therapists follow a detailed manual, use pre-printed handouts and give out pre-printed homework assignments.

Methods: At baseline, subjects were administered the MINI International Neuropsychiatric Interview (MINI), the Thinking and Behaving Scale (TABS), and the drug and alcohol section from the Addiction Severity Index (ASI). At each session, patients filled out the TABS, the drug and alcohol section, including a question on criminal activities from the ASI, and the Session Rating Scale.

At follow-up, patients completed the ASI drugs and alcohol module including a question on percentage of days abstinent, and the Client Satisfaction Questionnaire.

Results: This pilot trial focused on patients' experience of treatment only. Patients were generally willing to participate in an intervention targeting their problems with their antisocial behaviour. Among the 72 non-psychotic patients who were deemed to have ASPD as their most important psychiatric disorder, 48 were randomized to treatment. Patients rated having received help for ASPD to a higher extent in the experimental group ($p < 0.05$), including higher treatment satisfaction measured with the CSQ-8 ($p = 0.08$). Excluding subjects who never attended treatment from the experimental group, findings for both the CSQ and help for ASPD became significant, supporting that the intervention was responsible for the increase. For other outcomes, small effect sizes favoured the experimental condition, although this study was not designed to assess endpoint outcomes.

Conclusion: The ILC program was virtually cost neutral to service providers. No extra counsellors were hired, and in three settings baseline assessment was carried out by staff. We argue that treatment satisfaction of antisocial patients can be improved with counselling that address their antisocial behaviour. A larger RCT multicentre study is taking place at the CADR to assess the effect of the ILC program on clinical outcomes.

Reference: Thylstrup, B. & Hesse, M. (2011). The Impulsive Lifestyle Counselling Program for Antisocial Behaviour in Outpatient Substance Abuse Treatment. *International Journal of Offender Therapy and Comparative Criminology*, published online 23th of August.