

**MENTAL HEALTH CARE FOR INDIVIDUALS WITH ANTISOCIAL
PERSONALITY DISORDER: AN INTEGRATIVE REVIEW**

**ASSISTÊNCIA À SAÚDE MENTAL PARA INDIVÍDUOS COM TRANSTORNO DE
PERSONALIDADE ANTISSOCIAL: INTEGRATIVE REVIEW**

**ASISTENCIA A LA SALUD MENTAL PARA INDIVIDUOS CON TRASTORNO DE
PERSONALIDAD ANTISOCIAL: REVISIÓN INTEGRADORA**

 <https://doi.org/10.56238/sevened2025.036-150>

**Lara Vitória Luppi Novais¹, Silvio Vieira de Sá², Marcelle Paiano³, Thamires
Fernandes Cardoso da Silva Rodrigues⁴, Flávia Cristina Vieira Frez⁵, Aline Zulin⁶,
Roberta Tognollo Borotta Uema⁷, Ivi Ribeiro Back⁸, Luana Cristina Bellini Cardoso⁹**

ABSTRACT

This study conducts a systematic review of the literature on mental health care for individuals with antisocial personality disorder. This is, characterized by a persistent pattern of disregard for the rights of others and violation of social norms, presents significant challenges for treatment due to comorbidity with other disorders, resistance to treatment, and social stigma. The review highlights the complexity of managing antisocial personality disorder and the need for specific therapeutic approaches. Programs such as Systems Training for Emotional Predictability and Problem Solving and psychoeducation have shown potential for reducing symptoms and increasing treatment adherence. Additionally, mentalization-based therapy and pharmacotherapy, with the use of medications such as inhaled loxapine, emerge as promising therapeutic tools. However, the literature points to the need for more research and greater investment in training healthcare professionals. Integrating scientific evidence into

¹ Graduated in Nursing. Universidade Estadual de Maringá. Paraná, Brazil.

E-mail: laravitorialuppi@gmail.com Orcid: 0009-0002-7065-7895

Lattes: <https://lattes.cnpq.br/88888892876104106>

² Graduated in Nursing. Universidade Estadual de Maringá. Paraná, Brazil.

E-mail: silviovieiradesa30@gmail.com Orcid: 0009-0007-1531-2225

Lattes: <http://lattes.cnpq.br/4763386300323446>

³ Dr. in Nursing. Universidade Estadual de Maringá. Paraná, Brazil. E-mail: mpaiano@uem.br

Orcid: 0000-0002-7597-784X Lattes: <http://lattes.cnpq.br/4789507500516133>

⁴ Dr. in Nursing. Universidade Estadual de Maringá. Paraná, Brazil. E-mail: tfcsrodrigues2@uem.br

Orcid: 0000-0001-7942-4989 Lattes: <http://lattes.cnpq.br/8208033624439525>

⁵ Dr. in Pharmaceutical Sciences. Universidade Estadual de Maringá. Paraná, Brazil.

E-mail: fcvfrez2@uem.br Orcid: 0000-0002-4579-7127

Lattes: <http://lattes.cnpq.br/9897261755057966>

⁶ Dr. in Nursing. Universidade Estadual de Maringá. Paraná, Brazil. E-mail: azulini2@uem.br

Orcid: 0000-0001-6749-762X Lattes: <http://lattes.cnpq.br/6884330899760263>

⁷ Postdoctorate researcher in Nursing. Universidade Estadual de Maringá. Paraná, Brazil.

E-mail: rtbuema2@uem.br Orcid: 0000-0002-8755-334X

Lattes: <http://lattes.cnpq.br/5869168752371219>

⁸ Dr. in Nursing. Universidade Estadual de Maringá. Paraná, Brazil. E-mail: irback2@uem.br

Orcid: 0000-0002-7867-8343 Lattes: <http://lattes.cnpq.br/7542375988573939>

⁹ Dr. in Nursing. Universidade Estadual de Maringá. Paraná, Brazil. E-mail: luana.bellini@hotmail.com

Orcid: 0000-0001-8460-1177 Lattes: <http://lattes.cnpq.br/0919079640702697>

clinical practice is essential to optimize care for these patients and reduce the impact of antisocial personality disorder on the lives of individuals and society.

Keywords: Antisocial Personality Disorder. Mental Health Services. Nursing Care.

RESUMO

O presente estudo realiza uma revisão sistemática da literatura acerca da assistência à saúde mental de indivíduos com Transtorno de Personalidade Antissocial. Este é caracterizado por um padrão persistente de desrespeito aos direitos dos outros e violação de normas sociais, apresenta desafios significativos para o tratamento, devido à comorbidade com outros transtornos, à resistência ao tratamento e ao estigma social. A revisão evidencia a complexidade do manejo do transtorno de personalidade antissocial e a necessidade de abordagens terapêuticas específicas. Programas como o Systems Training for Emotional Predictability and Problem Solving e a psicoeducação demonstram potencial para a redução de sintomas e o aumento da adesão ao tratamento. Além disso, a terapia baseada em mentalização e a farmacoterapia, com o uso de medicamentos como a loxapina inalatória, emergem como promissoras ferramentas terapêuticas. No entanto, a literatura aponta para a necessidade de mais pesquisas e de maior investimento em treinamento de profissionais de saúde. A integração de evidências científicas à prática clínica é fundamental para otimizar o cuidado a esses pacientes e reduzir o impacto do transtorno de personalidade antissocial na vida dos indivíduos e da sociedade.

Palavras-chave: Transtorno da Personalidade Antissocial. Serviços de Saúde Mental. Cuidados de Enfermagem.

RESUMEN

El presente estudio realiza una revisión sistemática de la literatura sobre la asistencia a la salud mental de individuos con Trastorno de Personalidad Antisocial. Este se caracteriza por un patrón persistente de desprecio por los derechos de los demás y de violación de las normas sociales, y presenta desafíos significativos para el tratamiento debido a la comorbilidad con otros trastornos, la resistencia al tratamiento y el estigma social. La revisión pone de manifiesto la complejidad del manejo del trastorno de personalidad antisocial y la necesidad de enfoques terapéuticos específicos. Programas como Systems Training for Emotional Predictability and Problem Solving y la psicoeducación muestran potencial para la reducción de síntomas y el aumento de la adherencia al tratamiento. Además, la terapia basada en la mentalización y la farmacoterapia, con el uso de medicamentos como la loxapina inhalatoria, emergen como herramientas terapéuticas prometedoras. No obstante, la literatura señala la necesidad de más investigaciones y de una mayor inversión en la capacitación de los profesionales de la salud. La integración de la evidencia científica en la práctica clínica es fundamental para optimizar la atención a estos pacientes y reducir el impacto del trastorno de personalidad antisocial en la vida de los individuos y de la sociedad.

Palabras clave: Trastorno de la Personalidad Antisocial. Servicios de Salud Mental. Cuidados de Enfermería.



1 INTRODUCTION

Antisocial Personality Disorder (APD) is demonstrated by the Diagnostic and Statistical Manual of Mental Disorders – DSM-V having as its main characteristic, a diffuse pattern of indifference and violation of the rights of others, which appears in childhood or early adolescence and continues in adult life. This pattern has also been referred to as psychopathy, sociopathy, or dissocial personality disorder. This conduct disorder must have its onset before the age of 15 and cannot be diagnosed in patients under 18 years of age. In addition, antisocial personality disorder has a continuity until adulthood, thus having a chronic course (DSM-V, 2014).

Epidemiological studies have shown a prevalence of 2-3% of individuals with APD in the general population, with a higher percentage among men (3%) than women (1%). Since the diagnostic criteria for APD are currently based on behavior, they are thus different from psychopathy, which is based on interpersonal and affective relationships. However, there is controversy involving such differentiations, given that authors such as Coid and Ullrich (2010) claim that APD and Psychopathy are not distinct diagnostic entities and that they are in a continuous scale of evolution of severity, with psychopathy having the place of greatest severity in this continuous scale.

The etiology of APD has been the subject of studies in recent years. Through a meta-analytic review, Ferguson (2010) identified that 56% of the variation in antisocial behavior can be explained through genetic influences. However, in addition to this fact, in large proportion, there are environmental factors, which contribute to the development and maintenance of the TPA. Such environmental factors, particularly early in life, can significantly affect brain development and thus increase the risk of antisocial behavior (Glenn; Johnson; Raine, 2013). In line with these statements, Kumari *et al.* (2013), observed a direct relationship between the role of psychosocial deprivation, physical and/or sexual abuse in childhood, and reduction in the thalamic volume of the brain of these individuals in adulthood, a fact that caused an additional brain deficit, which may have negative implications for the management of APD.

APD has high rates of comorbidity with different psychiatric disorders, and according to Mueser *et al.* (2012), when APD is co-morbid, the negative effects will be exacerbated. This is due to the fact that individuals with APD face significant difficulties in seeking appropriate help, adhering to treatment, coping with the disease, and building a therapeutic

alliance. Thus negatively impairing the prognosis, management, and treatment of both mental illness and many concomitant physical conditions.

Finally, the fact that TPA has been recognized by Glenn is a point of discussion and problematic; Johnson; Raine (2013), as one of the most difficult forms of psychopathology to treat. Based on factors such as the rare search for treatment by these individuals or even low adherence to treatment, as well as factors external to the patient himself, such as health care providers opposed to the treatment of these individuals or the lack of trials on the treatment of APD. However, although there is still much work to be done in the treatment domain due to the fact that there is a narrow range of recommendations for the treatment of adults with APD (McGauley *et al.*, 2011). The evidence emerging from treatments over the past few decades suggests that the latest methods hold promise in effectively treating this extremely complex disorder.

These challenges point to the need for a more integrated, empathetic, and evidence-based approach to improving health care for people with antisocial personality disorder. Understanding these dynamics is crucial to improving mental health services, formulating more effective health policies, and promoting an integrated care approach that addresses the complex needs of this population. Thus, the objective of this study was to identify in the literature the mental health care offered to individuals with antisocial personality disorder.

2 METHODOLOGY

This is an integrative review of the literature, which followed the guidelines of the PRISMA Protocol (Moher, 2009). The research question was formulated based on the PICo strategy (Hulley; Newman; Cummings, 2015). This investigation is based on an exploratory review of scientific production, relevant studies in a certain area. It is described in five stages: identification of the research question; identification of relevant studies; selection of studies; data analysis; synthesis and presentation of data (JBI, 2015).

The research question, the objective of the study and the agreement descriptors were elucidated by the mnemonic combination PICo: P Population; I Interest; Co Context. And it presents the following guiding question: how is mental health care offered to individuals with antisocial personality disorder described in the literature?

The inclusion criteria were: original articles, published in the last ten years (between July 2014 and August 2024), available in full electronically, not restricted to the language, the place of origin of the productions and the method used. The exclusion criteria were: articles

that distanced themselves from the reflections proposed by this study, literature reviews/reflection, editorials, brief communication, clinical trial projects, abstracts of proceedings, theses, dissertations, course completion work, epidemiological bulletins, management reports, books, official documents of national and international programs.

Data collection took place in August 2024, in the following databases: PubMed, Web of Science, SCOPUS, Cochrane Library, and Virtual Health Library (VHL). These will be searched in the CAPES Journal Portal, based on identification through the Federated Academic Community (CAFe), as a way to standardize the collection in these databases. The following terms included in *the Medical Subject Headings* (MeSH) were used: *Antisocial Personality Disorder; Health Service; Mental Health Service*. It is noteworthy that, for the collection, only keywords were used, discarding the synonyms presented. In order to enhance the collection of articles, a cross-search between keywords was used by means of the Boolean connector "AND", adopting the same combination in all search locations.

The articles were then selected and identified in three stages: 1) Reading of the titles and abstracts of the studies and exclusion of those that did not fit any of the criteria; 2) Full reading of all the articles selected in the first stage; 3) Selection of works that fit the eligibility criteria. The steps were carried out by two researchers independently, and disagreements were discussed until there was consensus. It should be noted that duplicate articles in the databases were excluded after reading in full in order to avoid exclusion errors.

The Rayyan® platform was used to assist in the pre-analysis of articles, selection of duplicates, and analysis of the titles and abstracts of studies appropriate to the inclusion criteria (Ouzzani *et al.*, 2016). In addition, a flowTable was used for transparency of the selection process of the review corpus.

For the level of evidence, the following classification was considered: level I systematic reviews or meta-analyses of Randomized Controlled Clinical Trials (RCTs); level II evidence obtained from at least one well-designed RCT; level III well-designed clinical trials without randomization; level IV from well-defined case-control and cutting studies; level V obtained from systematic reviews of descriptive or qualitative studies; level VI from a single descriptive or qualitative study; and level VII evidence originating from the opinion of authorities and/or a committee of experts (Galvão, 2006).

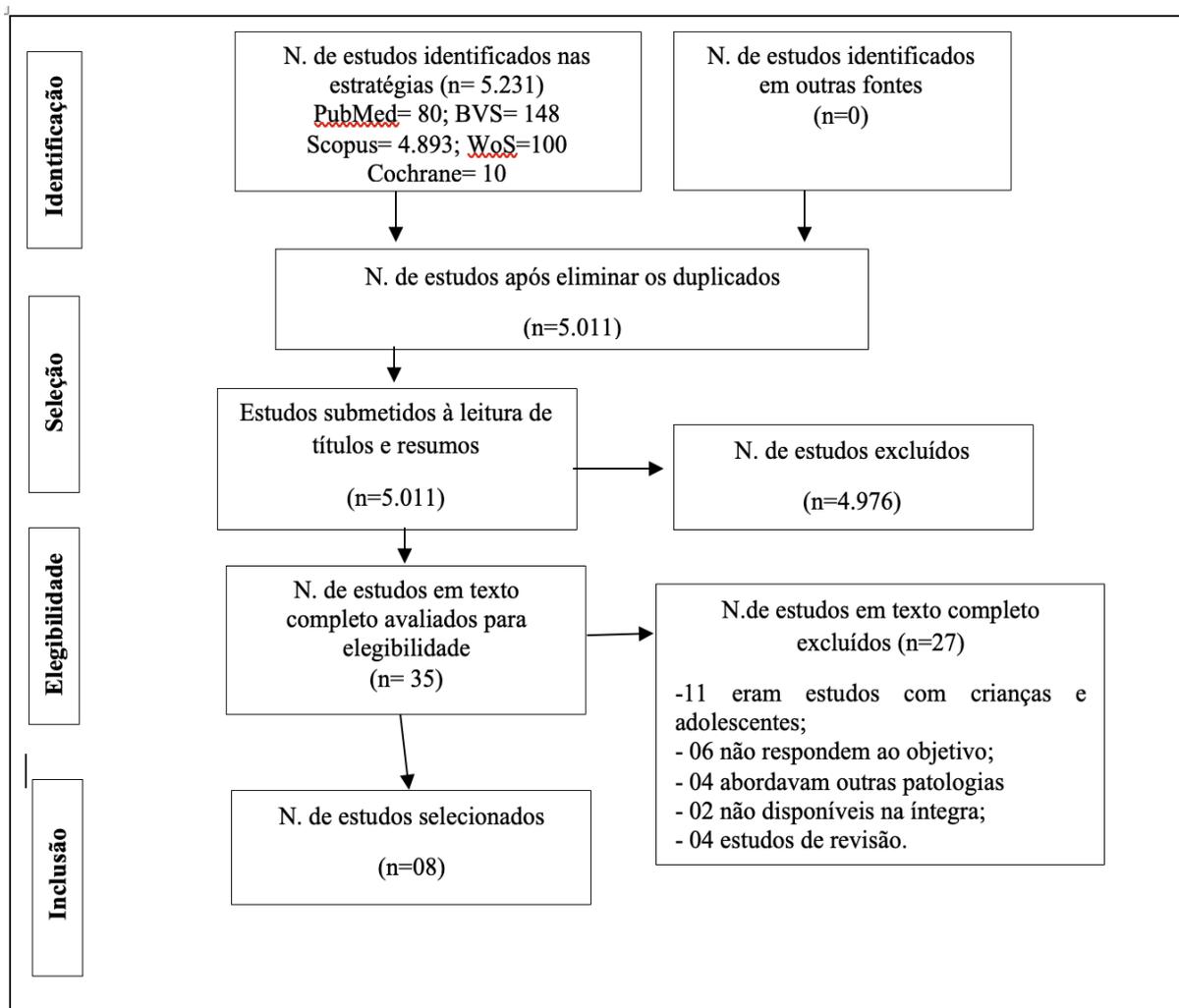
The results were typed into electronic spreadsheets available in the Microsoft Excel 2023® program. It is noteworthy that the study was carried out with data in the public domain, so ethical appreciation was not necessary.

3 RESULTS

A total of 5,231 works were found in the analyzed databases, after a thorough reading and application of the eligibility criteria, 08 articles remained, which include this integrative review (as shown in Figure 1).

Figure 1

Flow of information with the different phases of the systematic review according to the guidance of the PRISMA protocol, 2024



Source: Moher et al., 2009.

All selected studies were published in English (n=8) and were developed in Denmark (n=2), Spain (n=1), United States of America (USA) (n=1), England (n=2), Liberia (n=1) and Norway (n=1). Of the selected works, five are quantitative and three qualitative. The methods used ranged from randomized clinical trials (n=4) classified as evidence level II, to descriptive qualitative studies (n=3) and cross-sectional prospective studies with evidence level VI.

The study population ranged from two to 999 individuals (mean = 500.5). The target subjects were defined as only the adult population, with representation of both sexes, offenders in a semi-open regime, as well as professionals (doctors, nurses, psychologists, therapists, social workers). As expected, the main mental disorder addressed was Antisocial Personality Disorder (n=8), and in addition to this there were: Borderline Personality Disorder (n= 2), Substance Use Disorder (n=1) and Personality Disorder in general (n= 1), as shown in Table 01.

Table 1

Characterization of the articles selected for this integrative review, in the period from 2014 to 2024. Brazil

D	Title	Year/Country	Main results
01	Inhaled Loxapine as a Rapid Treatment for Agitation in Patients with Personality Disorder: A Prospective Study on the Effects of Time (Ferrer <i>et al.</i>)	2022/Spain	Agitation is frequent in patients with personality disorders, especially those with low tolerance and high impulsivity, such as BPD and APD. A quick treatment is essential to avoid consequences such as prolonged hospitalization and use of restraint. Inhaled loxapine, which is rapidly absorbed, appears as an effective alternative, indicated for agitated but non-aggressive patients, as long as they consent. In a study of 30 patients in moderate to severe agitation, loxapine showed significant improvement and no adverse effects, suggesting safety and efficacy in the management of agitation in psychiatric settings.
02	Antisocial personality disorder in group therapy, kindling pro-sociality and mentalizing (Morken <i>et al.</i>)	2022/Norway	The therapists' experience with APD patients in MBT groups revealed four main themes. First, the therapists initially showed insecurity and prejudice, fearing aggressive behavior from the patients, but were positively surprised by their motivation to work on emotional issues. Second, they found it difficult to set clear



			boundaries, and they realized that patients prefer direct communication. Third, they reported that patients often exceed the therapists' comfort level, even though monthly one-on-one sessions help create a healthy distance. Finally, therapists faced challenges in intervening and controlling patients' mental states, often feeling exhausted. Supervision among therapists and an attachment-based approach were pointed out as essential to better deal with countertransference and the emotional challenges of this work.
03	Do People with Borderline Personality Disorder Complicated by Antisocial Personality Disorder Benefit from the STEPPS Treatment Program? (Black <i>et al.</i>)	USA	2016/ Both studies demonstrated a significant improvement in the clinical appearance of patients with APD comorbid to BPD, and this improvement even had characteristics of being greater in the groups of people with BPD plus APD. Thus, STEPPS treatment has been shown to be beneficial for patients diagnosed with APD and who have comorbid BPD. Due to the great overlap between these syndromes, there is a great advantage in the implementation of this evidence-based treatment in patients with APT comorbid to BPD, since at the moment there is no standard treatment for APD.
04	Impulsive lifestyle counseling to prevent dropout from treatment for substance use disorders in people with antisocial personality disorder: A randomized study (Tylstrup; Hesse)	Denmark	2016/ The highest dropout rate was found in patients with APD assigned to TAU (54.1%). The lowest dropout rate was among patients with APD assigned to CLI (41.9%). The present study found support for the efficacy of the Method to reduce treatment abandonment among patients with comorbid SUD and ADT. Concluding that from the evidence of the study it was possible to affirm that people with APD can be treated.



05	Combining cash transfers and cognitive behavioral therapy to reduce antisocial behavior in young men: A mediation analysis of a randomized controlled trial in Liberia (Carpena <i>et al.</i>)	Liberia 2023/L	One of the main findings of this study was that neither Cognitive Behavioral Therapy (CBT) nor Unconditional Cash Transfer (ICT) alone influenced the antisocial behavior of the patients studied, but through the combination of both approaches significant reductions in antisocial behavior were observed.
C	Exploring therapeutic engagement with individuals with a diagnosis of personality disorder in acute psychiatric inpatient settings: A nursing team perspective (Acford; Davies)	England 2021/	Study participants reported having lower levels of perceived understanding and positive emotional response to APD compared to mental health nurses in another study. And they also reported having less therapeutic involvement and greater emotional difficulties with this group of patients.
07	"They're Really PD Today": An Exploration of Mental Health Nursing Students' Perceptions of Developing a Therapeutic Relationship With Patients With a Diagnosis of Antisocial Personality Disorder (Jones; Wright)	England 2015/	This qualitative study investigated the perceptions of nursing students about the challenges of establishing therapeutic relationships with patients diagnosed with APD. This bond is essential to promote positive outcomes, but it can be difficult to establish due to the distrust of these patients. In addition, the article highlights the stigma associated with the diagnosis of APD, often compounded by criminal histories, and recommends that the focus be on the person, not just the disorder. The education and preparation of professionals are essential to offer individualized and effective care, aiming to see the patient beyond their negative characteristics.
08	Psycho-education for substance use and antisocial personality disorder: a randomized trial	Denmark 2015/	This randomized clinical trial provides evidence that through the ILC+ program the usual treatment for individuals with substance abuse disorder comorbid to ADD. There was an improvement in the

	(Thylstrup; Schröder; Hesse)		treatment of these substance use disorders and that more days of abstinence were observed in patients who underwent this treatment, compared to those who underwent only the usual treatment against substance abuse. Regarding the levels of aggression of the patients, no significant effects were found in the psychoeducational treatment compared to the usual treatment. It is possible that the changes cannot be observed, given the short period of the survey.
--	------------------------------	--	---

Source: The authors (2024).

3.1 STRATEGIES AND EFFICACY OF TREATMENT FOR AGITATION IN PATIENTS WITH PERSONALITY DISORDERS

Among one of the greatest demands in psychiatric emergency services is that of patients with agitation, which is characterized by an excess of motor activity, associated with a feeling of internalized tension. If not properly treated, it can trigger violent/aggressive behavior, requiring the use of mechanical or pharmacological restraint, which usually leads to a longer hospitalization time (Ferrer *et al.*, 2022).

Patients diagnosed with personality disorders have a tendency to develop agitation at some point, especially those who have a low tolerance for managing negative emotions, among them: Borderline Personality Disorder and Antisocial Personality Disorder.

Among the treatment options that exist for moderate/severe acute agitation and that are commonly used in emergency services is the oral or intramuscular administration of drugs of the benzodiazepine or antipsychotic class. These medications, as effective as they are, can generate side effects such as: muscle hypotension in the case of benzodiazepines, as well as excessive sedation and antipsychotics can cause extrapyramidal reactions (Ferrer *et al.*, 2022).

Therefore, there is a need for a medication that is effective, easy to apply, with a short latency period and that has its effect in a stable way. Loxapine stands out in its inhaled form. A drug of the class of antipsychotics, but classified as atypical, capable of promoting significant improvement in symptoms of moderate/severe agitation within a short period, and still without side effects recorded by the article. Proving to be a viable and very effective option

in the treatment of agitation, keeping the patient awake and aware of their treatment process, becoming more protagonist of their care (Ferrer *et al.*, 2022).

However, inhaled loxapine demonstrates a restriction regarding its use in cases of agitation where there are already established levels of aggressiveness, or with total lack of control of body movements, due to the fact that it can only be used with the patient's consent (Ferrer *et al.*, 2022).

In this way, the research brings a new formulation for the treatment of agitation, especially in patients with personality disorders, especially APD. It is extremely relevant, given that the treatment of patients with APD is on a global scale, including moments of aggravation and aggravation (Ferrer *et al.*, 2022).

3.2 SCOPE OF TREATMENT OF COMORBIDITIES IN PATIENTS WITH ANTISOCIAL PERSONALITY DISORDER AND THE OPPORTUNITY TO LINK TO HEALTH SERVICES

Individuals diagnosed with APD have a high rate of comorbidities associated with a primary diagnosis. The characteristics that aggregate APD with other personality disorders aggravate the clinical picture of these patients, since the synergism between the disorders results in a more intense impairment of the individual (Tylstrup; Hesse, 2016).

Among the main comorbidities to APD, the following were identified in the articles: Borderline personality disorder (BPD) and Substance use disorder (SUD), which were established as points of contact between these individuals and health services, providing them with the opportunity to seek treatment for these disorders (Black *et al.*, 2016; Tylstrup; Hesse, 2016).

Given the fact that patients diagnosed with APD present great resistance because they seek treatment for this diagnosis in isolation, as well as being marginalized, many times, within the psychiatric care services themselves, the search for treatment of their comorbidities is a window of opportunity to generate changes, in order to reduce antisocial behaviors in these individuals. (Tylstrup; Hesse., 2016).

Through the implementation of the STEPPS program: *Systems Training for Emotional Predictability and Problem Solving*, originally developed for patients diagnosed with Borderline Personality Disorder, but which was comparatively applied to patients with comorbid APD in the study. It obtained a surprising result: There was a significant improvement in the clinical appearance of patients with ADT comorbid with BPD. The

improvement even had characteristics of being greater in the groups of people with BPD plus APD (Black *et al.*, 2016).

Patients with ADP comorbidized with TUS are presented with an approach through psychoeducation, called ILC. Acronym from English: *Impulsive Lifestyle Counseling*. Through this approach, it is intended that patients not only have a lower dropout in treatment, but also to become more self-aware of their behavioral difficulties and how this can affect them and others (Tylstrup; Hesse, 2016).

The study found evidence supporting the effectiveness of the ILC method in reducing treatment dropout among patients with comorbid substance use disorder and antisocial personality disorder. Given the evidence from this study and other recent research, it is demonstrated that individuals with APD can be treated, refuting the theory that has been established among mental health professionals, that these patients are untreatable (Tylstrup; Hesse, 2016).

The implementation of these treatments can provide the generation of bonds between patient and health professional, promoting the creation of a therapeutic relationship, a relationship that has been shown to be capable of generating positive treatment results and an improvement in the individual's own functioning. As well as the results previously demonstrated that demonstrate an alternative to the treatment of ADD patients with comorbidities (Jones; Wright, 2015).

3.3 DIFFICULTIES OF THERAPISTS AND MENTAL HEALTH PROFESSIONALS IN THE CARE OF PATIENTS WITH APD AND THE CHALLENGE OF ESTABLISHING THERAPEUTIC RELATIONSHIPS

The analysis of the texts reveals a comprehensive view of the difficulties faced by therapists and mental health professionals when caring for patients with Antisocial Personality Disorder. These challenges involve developing effective therapeutic bonds, managing negative countertransference, and structuring approaches that respect professional boundaries (Morken *et al.*, 2022; Acford; Davies, 2021; Jones; Wright, 2015).

Mentalization-based treatment (MBT) emerges as a promising option, especially in groups, to help patients with APD develop greater self-awareness and emotional control. However, one of the main obstacles encountered by therapists is negative countertransference, characterized by feelings of aggression, helplessness, and guilt in the face of patients' challenging behaviors. This phenomenon affects the therapist's ability to

maintain the emotional detachment necessary for an empathetic approach, especially when dealing with explosive or aggressive behaviors. Studies show that therapists benefit from peer support and supervision to manage emotional distress and prevent burnout (Morken *et al.*, 2022).

A study demonstrated that the nurses' perspective illustrates similar emotional difficulties when interacting with patients with APD. The stigma associated with personality disorders often intensifies feelings of anger and frustration, which ultimately results in less therapeutic engagement on the part of professionals. To minimize this emotional burden, nurses emphasize the importance of structured approaches and the use of tools to monitor the emotional state of patients, such as "Recovery Action Plans" and "Early Warning Signs". These strategies facilitate the management of interactions with patients and contribute to the creation of a stronger bond that is less affected by emotional stress (Acford; Davies, 2021).

In addition, a well-defined treatment structure is essential for the development of an efficient therapeutic bond with patients diagnosed with APD. At MBT-TPA, biweekly group and monthly one-on-one sessions provide balance between closeness and emotional boundaries, benefiting both patients and therapists. Similarly, nurses report that the presence of a clear admission and discharge plan contributes to the creation of more productive and therapeutic bonds, reducing the negative impact of the emotions involved (Morken *et al.*, 2022; Acford; Davies, 2021).

Setting boundaries and emotional self-control emerge as recurring challenges for professionals. Both therapists and nurses report difficulties in establishing and maintaining boundaries with patients, which is especially important in the case of patients with APD, who often ignore or disrespect these boundaries. The ability to control one's emotions is essential to prevent negative interactions from compromising the quality of treatment. This challenge intensifies in the context of MBT, where therapists report the difficulty of intervening at the right time without compromising the patient's autonomy (Jones; Wright, 2015).

Another critical point is the perception of safety and trust in the work environment. Professionals with experience in forensic environments report a more negative perception and a lower sense of security when dealing with patients with APD, indicating that prior exposure to forensic contexts can increase stigma and hinder the construction of an effective therapeutic relationship. This factor suggests the need for specific training for these professionals to learn to manage their own perceptions and emotions when dealing with this type of patient (Thylstrup; Schrøder; Hesse, 2015).

In summary, the data presented confirm the complexity of working with patients diagnosed with APD, especially due to the emotional impact on the professionals involved. The challenge of maintaining a therapeutic relationship without negative countertransference or stigma compromising care is great, but it can be mitigated with continuous supervision, emotional support among colleagues, and structured approaches. These factors are key to improving the engagement and treatment effectiveness of patients with APD (Morken *et al.*, 2022; Axford; Davies, 2021; Jones; Wright, 2015; Thylstrup; Schröder; Hesse, 2015).

4 DISCUSSION

The results demonstrate that mental health care for people with APD is complex, and still requires many advances. Several obstacles in the treatment and social reintegration of people with APD need to be overcome, among these difficulties: the development of a bond between patient and professional, as well as the stigma that still permeates mental disorders. However, innovative treatments are under development in order to support professionals in the management of these patients, such as the STEPPES Program and Psychoeducation.

In view of the findings of this study, psychomotor agitation is a common and recurrent event among psychiatric patients, as highlighted by Garriga *et al.* (2016). These authors point out that this symptom can occur not only in emergency departments, but also in hospital admissions and even in outpatient settings.

According to the same authors, agitation is characterized by an activity that is generally unproductive and semi-structured. Which usually does not begin with the intrinsic purpose of an aggressive action or violent acts, but can with the escalation of agitation, lead to behavior of such nature (Garrida *et al.*, 2016).

Agitation is a broad and multifactorial syndrome, and it encompasses many psychiatric conditions. Previous studies (Battaglia, 2005; Fountoulakis; Vieta, 2008; Nordstrom; Allen, 2007, apud Garriga *et al.*, 2016), had already shown that it is closely linked to the schizophrenia, personality disorder, (especially borderline and antisocial), as well as other disorders. And that the management of agitation in patients with Personality Disorder, especially APD and BPD, is seen as complex and challenging, given the high prevalence of patients in psychiatric emergency departments.

As pointed out by Patrizi *et al.* (2018), the reassurance of agitated patients is a challenge and it is essential to address the acute symptoms of psychological distress and the beginning of agitation more quickly, avoiding as much as possible the escalation of agitation

to a more serious point that requires more imposing interventions and without being able to count on the patient's cooperation.

Verbal intervention, or verbal de-escalation, consists of talking to the patient with the aim of leading him to a calmer state (Stevenson; Otto, 1998). Garriga *et al.* (2016), corroborate this definition, highlighting the importance of verbal de-escalation to reduce the risk of violence. However, despite the potential of this technique, there is still little scientific evidence to prove its effectiveness (Richamond *et al.*, 2012 apud Garrida *et al.*, 2016).

Drug treatment for episodes of acute agitation is considered an effective way to reassure the patient. It is used when non-pharmacological treatments fail. Drugs of the benzodiazepine class or typical antipsychotics may be recommended, which are sedative drugs, but which can cause serious adverse effects, deleterious to the patient, such as exacerbated sedation, extrapyramidal symptoms, restricting their use (Patrizi *et al.*, 2018).

Thus, the treatment of agitation with a focus on patients diagnosed with personality disorder, among which the most prevalent are Borderline Personality Disorder and Antisocial Personality Disorder, has proven to be a challenge, and there is still no consensus regarding the standard treatment (Patrizi *et al.*, 2018).

Thus, among the options of medications to control agitation, atypical antipsychotics emerge, among which the study by Ferrer *et al.* (2022), describes loxapine in the inhaled form that can reach maximum concentration in the body after just two minutes, being extremely fast to provide the expected results in patients, as well as causing fewer extrapyramidal and sedation symptoms compared to medications commonly used in the clinic.

An international study corroborates the findings of this study, and demonstrates that through a prospective randomized clinical trial, with 41 patients diagnosed with Personality Disorder, 2.4% obtained "better" results after ten minutes of the administration of inhaled loxapine and in twenty minutes a percentage of 48.8% were considered "much better". Demonstrating that inhaled loxapine was fast, effective, safe, and well accepted in agitated patients with personality disorder (Patrizi *et al.*, 2018).

It is worth noting that both studies converge on the importance of this therapy as being able to provide a state of calm in the patient, without the need to impose sedation, and that its non-invasive method facilitates the acceptance of the treatment by individuals with agitation (Patrizi *et al.*, 2018; Ferrer *et al.*, 2022).

Also, Garriga's study *et al.* (2016) points out that in a literature review evidence of clinical trials was found (Allen *et al.*, 2011; Lesem *et al.*, 2011; Kwentus *et al.*, 2012), which corroborate the efficacy of inhaled loxapine in the treatment of acute agitation.

On the other hand, it should be noted that this method of administration, via inhalation, brings with it the limitation that only collaborative patients in a state that is not yet violent/aggressive can be treated. Due to this restriction in the profile of patients who fit as possible users of this medication, this point becomes a caveat to this treatment (Shader; Richard, 2017).

In addition, inhaled loxapine emerges as a promising new therapeutic option in the treatment of agitated patients with personality disorders, among which APT stands out. Promoting the return to a basal state in the patient, as well as allowing him to be autonomous in the choice of his treatment, and not to be sedated and/or to necessarily remain hospitalized. Being able to reestablish calm quickly and effectively (Garriga *et al.*, 2016).

In line with the findings of this review, studies have demonstrated the high prevalence of the diagnosis of APD and other mental disorders in a comorbid manner (Black *et al.*, 2016; Thylstrup; Hesse, 2016; Yakeley; Williams, 2014), states that this comorbidity is considerably and complex, particularly substance use disorder. And that shows itself It is important to diagnose comorbid conditions, as the presence of antisocial personality disorder acts as a negative moderator of treatment response when these conditions are treated by conventional approaches.

Two types of comorbidities were highlighted in the articles analyzed, between BPD and APD, as well as by the diagnoses of concomitant SUD and APD. As well as presenting different treatment strategies: The first being analyzed the effectiveness of the treatment *Systems Training for Emotional Predictability and Problem Solving* (STEPPS) and the second psychoeducational program, the *Impulsive Lifestyle Counseling* (ILC). Both analyzed the effectiveness of these treatments in comparison with traditional approaches carried out in health systems. Demonstrating a superiority in the results of these approaches compared to conventional ones (Black *et al.*, 2016; Thylstrup; Hesse, 2016).

In both treatments, a group approach was used, which can be seen intrinsically as a mode of psychic change, being highlighted for its advantages for individuals with high impulsivity and low affectivity, as it is less provocative than individual therapy, as well as for bringing these individuals closer to their group partners, being able to understand others (Bateman; Tyrer, 2004 apud Yakeley; Williams, 2014).

Patient engagement and maintenance in substance abuse treatment are aimed at in the study of Thylstrup; Hesse (2016), because according to the authors, for the treatment to be effective, it is essential that there is no premature abandonment. Since the Patients who are not on treatment cannot be treated.

According to Yakeley; Williams (2014), up to 75% of individuals with APD abandon treatment, presenting worse clinical outcomes. The authors suggest psychoeducation as a strategy to increase adherence to treatment. Corroborating the findings of this study, which tested the impact of the addition of a brief psychoeducational program, the aforementioned ILC program on the level of abandonment of patients in outpatient treatment of substance abuse comorbid to APD.

Thylstrup *et al.* (2015), emphasize that the brief intervention carried out in the study is in no way a cure for APD, but that it is inserted as a step towards the treatment of this neglected disease. Reiterating that with the reduction of substance use, the possibility of additional interventions and support is opened, potentially increasing the social and psychological stability of the patient.

Due to the wide overlap of comorbidities with APD, many people have likely been excluded from participating in an evidence-based treatment program. The exclusion of individuals with APD from treatment programs, due to concerns about disruptive behaviors, is a common but questionable practice. Studies indicate that these concerns are largely unfounded. Exclusion of these patients limits access to effective treatments and can perpetuate the cycle of problems associated with APD. It is essential to develop therapeutic approaches that take into account the specific needs of these patients (Black *et al.*, 2016).

The beginning of a treatment also symbolizes the creation of a relationship. Where this therapeutic alliance exists, there is the possibility of establishing a relationship of approximation, with the strengthening of the therapeutic bond or the distancing and weakening of this relationship (Bender, 2005).

The concept of therapeutic alliance is usually related to Freud, who in his works observed that it is necessary to convey interest and sympathy to the patient in order to involve them in a collaborative treatment. The term therapeutic alliance was later defined, using psychoanalytic language, as a division by the therapist of the patient's ego, allowing him to differentiate and work with the healthiest elements of the individual, against possible resistances and against his own pathology (Bender, 2005).

This definition is useful in relation to personality disorders because it first recognizes that there will be parts of the personality, that is, the individual's ego, that due to their pathology can affect and frustrate professional help in the treatment of the patient. And it is necessary for the professional to be creative in differentiating and dividing the healthiest elements of the individual, observing their potentialities (Bender, 2005).

Corroborating with Acford and Davies (2021), an international article shows that among the reasons given by patients for the failure of the treatment proposed to them are frustration with treatment and lack of social support. Thus, involvement in treatment is essential for a successful outcome and, according to the authors, requires the development of a constructive and progressive dialogue between patients and clinicians. Because patients with personality disorders may often present fluctuations in their motivations and level of interest, but the function of involvement is to collaboratively prevent a break in treatment, and gradually bring more trust to this therapeutic relationship (Bateman; Tyrer, 2004).

Perhaps the main problem in engaging the patient is creating the patient's analytical trust. Due to the fact that the patient has a systemic difficulty in trusting and believing in the people around them, including their caregivers, as well as in the world itself as a reliable place (Bender, 2005).

In line with this, it is demonstrated that patients with "dramatic" Cluster B personality disorder (antisocial, borderline, histrionic and narcissistic) have as their main problem the formation of a therapeutic alliance and the crossing of limits. Thus, it is of paramount importance to avoid crossing inappropriate lines, in the search to build an alliance with the patient (Bender, 2005).

Through empirical evidence, it was possible to observe that some patients with APD were able to form true therapeutic alliances, which generated positive results. However, according to the same author, patients with this type of disorder have a tendency to build a pseudo-alliance in order to obtain advantages for themselves, especially in correctional environments. Where the therapist is sought to obtain undue privileges for him (Bender, 2005). In this way, the mental health professional has to maintain the ability to be firm, skillful and competent, despite provocation, anxiety and pressure to transgress limits (Bateman; Tyrer, 2004).

Currently, the focus has been placed on training and continuous learning as extremely relevant factors in the development of excellent professionals. And through critical analysis,

the current standard training of mental health professionals is not sufficient to treat and care for patients with APD (Bateman; Tyler, 2004).

Still, another factor that can interfere in the care of patients diagnosed with APD and other mental disorders is countertransference, which was initially introduced by Sigmund Freud, identifying that the patient's influence on the analyst's unconscious feelings can be detrimental to the treatment (Betan *et al.*, 2005).

A number of studies have attempted to operationalize the concept of countertransference by defining countertransference responses as therapists' reactions to patients, which are based on therapists' unresolved conflict. This operationalization was carried out through avoidant behaviors that were analyzed, where it was defined whether a professional performed countertransference through gestures of disapproval, silence, ignoring, among others. Thus, seeking a way to empirically demonstrate this fact, which has already been discussed so much in a theoretical way (Betan *et al.*, 2005).

Study carried out by Betan *et al.* (2005), classifies countertransference into eight dimensions, and relates these dimensions to the type of personality disorder. Demonstrating that it is possible to observe a pattern of countertransference for DSM-IV personality disorders divided by Clusters (A, B, C). Thus, the countertransference mode that the cluster B factor (dramatic/erratic), which is among the pathologies of APD, would be associated with the professional who had behaviors and feelings of being disorganized and overloaded, of feeling helpless and inadequate, or of having an over-involved behavior.

Through this finding, countertransference, which is very common among professionals who treat patients with APD, can use this to their advantage, as the interpellations between countertransference patterns and the characteristics of the personality disorder support the broad view of countertransference reactions as useful in the agnostic understanding of patient dynamics. particularly those involving repetitive interpersonal patterns (Betan *et al.*, 2005).

In short, mental health care for people with APD reveals a challenging scenario, with significant gaps to be filled. Building solid bonds and demystifying mental disorders are crucial to overcoming existing obstacles. However, hope lies in research advances, with initiatives such as STEPPES and Psychoeducation opening up new perspectives for treatment and rehabilitation.

Regarding the limitations of the present study, it is worth noting the small number of articles selected at the end of all phases of refinement of the research, thus having a small

sample of articles to be analyzed, and it may not be possible to verify other sources or relevant data that were not included in the selection of the databases. Finally, it should be stated that due to the fact that all the articles selected for reading in full are of an international nature, inaccuracies regarding the understanding of the content in a more reliable way may have occurred, due to the difference in languages.

The present study can contribute to the addition of scientific content at the national level regarding how health care is provided to individuals with antisocial personality disorder, given that all the selected articles and a large part of the database are produced in English, produced mainly in first world countries. Helping to understand the aspects that involve this disorder that for so many decades have been neglected, even being considered untreatable.

5 FINAL CONSIDERATIONS

The results of this review demonstrated that health care for people with APD is complex and has several obstacles. People with APD tend to develop psychomotor agitation, which is common to the disorder. Thus, some treatment strategies are used by health professionals, such as benzodiazepine medications or antipsychotics. Other treatments can be used in the management of patients with APD, the STEPPS Program and psychoeducation are among the innovative programs in the area.

It was also possible to highlight the difficulties encountered by health professionals, such as: the development of a professional-patient and patient-health service bond, negative countertransference, personalized and effective therapeutic approaches, and the stigma of professionals in relation to TPA.

Thus, there is a gap within the content addressed, given the reduced number of articles selected after rigorous analysis of the seized database. This demonstrates the need and urgency with which this topic needs to be addressed in studies of high methodological quality, providing and outlining the treatment of patients with ADT with greater clarity and reliability.

REFERENCES

- Acfold, E., & Davies, J. (2019). Exploring therapeutic engagement with individuals with a diagnosis of personality disorder in acute psychiatric inpatient settings: A nursing team perspective. *International Journal of Mental Health Nursing*, 28(6), 682–692. <https://doi.org/10.1111/inm.12629>
- Allen, M. H., et al. (2011). Efficacy and safety of loxapine for inhalation in the treatment of agitation in patients with schizophrenia: A randomized, double-blind, placebo-controlled



trial. *Journal of Clinical Psychiatry*, 72(10), 1313–1321.
<https://doi.org/10.4088/JCP.10m06468>

American Psychiatric Association. (2014). *Manual diagnóstico e estatístico de transtornos mentais: DSM-5 (5ª ed.)*. Artmed.

Bateman, A. W., & Tyrer, P. (2004). Services for personality disorder: Organisation for inclusion. *Advances in Psychiatric Treatment*, 10(6), 425–433.
<https://doi.org/10.1192/apt.10.6.425>

Battaglia, J., et al. (1997). Haloperidol, lorazepam, or both for psychotic agitation? A multicenter, prospective, double-blind, emergency department study. *American Journal of Emergency Medicine*, 15(4), 335–340.

Bender, D. S., et al. (2005). The therapeutic alliance in the treatment of personality disorders. *Journal of Psychiatric Practice*, 11(2), 73–87. <https://doi.org/10.1097/00131746-200503000-00001>

Betan, E., et al. (2005). Countertransference phenomena and personality pathology in clinical practice: An empirical investigation. *American Journal of Psychiatry*, 162(5), 890–898.
<https://doi.org/10.1176/appi.ajp.162.5.890>

Black, D. W., et al. (2016). Do people with borderline personality disorder complicated by antisocial personality disorder benefit from the STEPPS treatment program? *Personality and Mental Health*, 10(3), 205–215. <https://doi.org/10.1002/pmh.1326>

Black, D. W. (2015). The natural history of antisocial personality disorder. *The Canadian Journal of Psychiatry*, 60(7), 309–314. <https://doi.org/10.1177/070674371506000702>

Carpna, M. X., et al. (2023). Combining cash transfers and cognitive behavioral therapy to reduce antisocial behavior in young men: A mediation analysis of a randomized controlled trial in Liberia. *PLoS ONE*, 18(3), Article e0273891.
<https://doi.org/10.1371/journal.pone.0273891>

Coid, J., & Ullrich, S. (2010). Antisocial personality disorder is on a continuum with psychopathy. *Comprehensive Psychiatry*, 51(4), 426–433.
<https://doi.org/10.1016/j.comppsy.2009.09.006>

Cunningham, M. D., & Reidy, T. J. (1998). Antisocial personality disorder and psychopathy: Diagnostic dilemmas. *International Journal of Offender Therapy and Comparative Criminology*, 42(4), 339–348. <https://doi.org/10.1177/0306624X9804200407>

Ferguson, C. J. (2010). Genetic contributions to antisocial personality and behavior: A meta-analytic review from an evolutionary perspective. *The Journal of Social Psychology*, 150(2), 160–180. <https://doi.org/10.1080/00224540903366503>

Ferrer, M., et al. (2022). Inhaled loxapine as a rapid treatment for agitation in patients with personality disorder: A prospective study on the effects of time. *Clinical Psychopharmacology and Neuroscience*, 20(3), 482–490.
<https://doi.org/10.9758/cpn.2022.20.3.482>

- Fountoulakis, K., & Vieta, E. (2008). Treatment of bipolar disorder: A systematic review of available data and clinical perspectives. *International Journal of Neuropsychopharmacology*, 11(7), 999–1029. <https://doi.org/10.1017/S1461145708009231>
- Galvão, C. M. (2006). Níveis de evidência. *Acta Paulista de Enfermagem*, 19(2), 134–139. <https://doi.org/10.1590/S0103-21002006000200001>
- Garriga, M., et al. (2016). Assessment and management of agitation in psychiatry: Expert consensus. *The World Journal of Biological Psychiatry*, 17(2), 86–128. <https://doi.org/10.3109/15622975.2015.1132007>
- Glenn, A. L., Johnson, A. K., & Raine, A. (2013). Antisocial personality disorder: A current review. *Current Psychiatry Reports*, 15(12), Article 428. <https://doi.org/10.1007/s11920-013-0427-7>
- Hulley, S. B., Newman, T. B., & Cummings, S. R. (2015). Introdução: Anatomia e fisiologia da pesquisa clínica. In S. B. Hulley (Org.), *Delineando a pesquisa clínica* (pp. 2–14). Artmed.
- Joanna Briggs Institute. (2015). Reviewer's manual: 2015 edition/supplement. JBI.
- Jones, E. S., & Wright, K. M. (2017). “They're really PD today”: An exploration of mental health nursing students' perceptions of developing a therapeutic relationship with patients with a diagnosis of antisocial personality disorder. *International Journal of Offender Therapy and Comparative Criminology*, 61(16), 1–18. <https://doi.org/10.1177/0306624X15594838>
- Kumari, V., et al. (2013). Reduced thalamic volume in men with antisocial personality disorder or schizophrenia and a history of serious violence and childhood abuse. *European Psychiatry*, 28(4), 225–234. <https://doi.org/10.1016/j.eurpsy.2012.03.002>
- Kwents, J., et al. (2012). Rapid acute treatment of agitation in patients with bipolar I disorder: A multicenter, randomized, placebo-controlled clinical trial with inhaled loxapine. *Bipolar Disorders*, 14(1), 31–40. <https://doi.org/10.1111/j.1399-5618.2011.00975.x>
- Lesem, M. D., et al. (2011). Rapid acute treatment of agitation in individuals with schizophrenia: Multicentre, randomised, placebo-controlled study of inhaled loxapine. *British Journal of Psychiatry*, 198(1), 51–58. <https://doi.org/10.1192/bjp.bp.110.081513>
- Masnini, L. A., & Macedo, F. L. (2019). Psicopatia e sociopatia: Uma revisão da literatura. *Revista Interciência*, 1(3), 52–59.
- McGauley, G., et al. (2011). Attachment, mentalization and antisocial personality disorder: The possible contribution of mentalization-based treatment. *European Journal of Psychotherapy & Counselling*, 13(4), 371–393. <https://doi.org/10.1080/13642537.2011.629118>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, 6(7), Article e1000097. <https://doi.org/10.1371/journal.pmed.1000097>

- Morken, K. T. E., et al. (2022). Antisocial personality disorder in group therapy, kindling pro-sociality and mentalizing. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 25(2), 299–313. <https://doi.org/10.4081/ripppo.2022.352>
- Mueser, K. T., et al. (2012). Antisocial personality disorder in people with co-occurring severe mental illness and substance use disorders: Clinical, functional, and family relationship correlates. *Psychosis*, 4(1), 52–62. <https://doi.org/10.1080/17522439.2011.639901>
- Nordstrom, K., & Allen, M. H. (2007). Managing the acutely agitated and psychotic patient. *CNS Spectrums*, 12(S9), 5–11. <https://doi.org/10.1017/S1092852900026286>
- Ogloff, J. R. P., & Daffern, M. (2006). The treatment of personality disordered offenders in forensic mental health settings. *Clinical Psychology Review*, 26(4), 502–514. <https://doi.org/10.1016/j.cpr.2005.12.004>
- Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—A web and mobile app for systematic reviews. *Systematic Reviews*, 5, Article 210. <https://doi.org/10.1186/s13643-016-0384-4>
- Paris, J. (2015). Antisocial personality disorder. *The New England Journal of Medicine*, 372(13), 1260–1268. <https://doi.org/10.1056/NEJMra1410715>
- Patrizi, B., et al. (2019). Inhaled loxapine for agitation in patients with personality disorder: An initial approach. *European Neuropsychopharmacology*, 29(Suppl. 1), S122–S126. <https://doi.org/10.1016/j.euroneuro.2018.10.009>
- Richmond, J. S., et al. (2012). Verbal de-escalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1), 17–25. <https://doi.org/10.5811/westjem.2011.9.6864>
- Shader, R. I. (2017). Inhaled loxapine, and safety issues. *Journal of Clinical Psychopharmacology*, 37(2), 119–121.
- Silva, A. B. M. (2014). *Mentes perigosas: O psicopata mora ao lado* (2^a ed.). Globo.
- Stevenson, S., & Otto, M. P. (1998). Finding ways to reduce violence in psychiatric hospitals. *Journal for Healthcare Quality*, 20(4), 28–32. <https://doi.org/10.1111/j.1945-1474.1998.tb00269.x>
- Thylstrup, B., et al. (2015). Psycho-education for substance use and antisocial personality disorder: A randomized trial. *BMC Psychiatry*, 15, Article 283. <https://doi.org/10.1186/s12888-015-0661-0>
- Thylstrup, B., & Hesse, M. (2016). Impulsive lifestyle counseling to prevent dropout from treatment for substance use disorders in people with antisocial personality disorder: A randomized study. *Addictive Behaviors*, 57, 48–54. <https://doi.org/10.1016/j.addbeh.2016.02.001>
- Yakeley, J., & Williams, A. (2014). Antisocial personality disorder: New directions. *Advances in Psychiatric Treatment*, 20(2), 132–143. <https://doi.org/10.1192/apt.bp.113.011205>