antisocial personality disorder is about twice as common in the general population as in clinical settings. The risk to males is higher than the risk to females. The association between antisocial personality disorder and substance-related disorders is high. Males with substance-related disorders are more likely to have antisocial personality disorder than females. However, in such families, the risk of antisocial personality disorder is not equally high for both males and females. Studies indicate that both genetic and environmental factors contribute to the development of antisocial behavior. Both adopted and biological children of parents with antisocial personality disorder have an increased risk of developing antisocial personality disorder, and substance-related disorders. Environmental factors such as parental neglect and child abuse play a significant role in the development of antisocial behavior. Genetic factors are also important, with a strong association between antisocial personality disorder and schizophrenia. The diagnosis of antisocial personality disorder is made using the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The criteria for diagnosis include a pattern of behavior that is antisocial, such as lying, stealing, or using illegal substances. The criteria also include a lack of empathy and a failure to conform to social norms. The disorder typically begins in childhood or adolescence and continues into adulthood. Antisocial personality disorder is a chronic condition and is associated with a high risk of criminal behavior and substance abuse. Treatment for antisocial personality disorder typically involves psychotherapy and medication. Individuals with antisocial personality disorder may have difficulties in forming relationships, holding down a job, and following the law. The prognosis for antisocial personality disorder is generally poor, with a high rate of relapse following treatment. However, with the right treatment, individuals with antisocial personality disorder can improve their quality of life and reduce their risk of criminal behavior. The role of genetics in the development of antisocial personality disorder is an area of ongoing research. Studies have shown a genetic contribution to the disorder, with a higher rate of antisocial behavior in relatives of individuals with the disorder. The exact genetic mechanisms underlying the disorder are not yet fully understood. The diagnosis of antisocial personality disorder is made using the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The criteria for diagnosis include a pattern of behavior that is antisocial, such as lying, stealing, or using illegal substances. The criteria also include a lack of empathy and a failure to conform to social norms. The disorder typically begins in childhood or adolescence and continues into adulthood. Antisocial personality disorder is a chronic condition and is associated with a high risk of criminal behavior and substance abuse. Treatment for antisocial personality disorder typically involves psychotherapy and medication. Individuals with antisocial personality disorder may have difficulties in forming relationships, holding down a job, and following the law. The prognosis for antisocial personality disorder is generally poor, with a high rate of relapse following treatment. However, with the right treatment, individuals with antisocial personality disorder can improve their quality of life and reduce their risk of criminal behavior. The role of genetics in the development of antisocial personality disorder is an area of ongoing research. Studies have shown a genetic contribution to the disorder, with a higher rate of antisocial behavior in relatives of individuals with the disorder. The exact genetic mechanisms underlying the disorder are not yet fully understood.

Diagnostic criteria for 301.7 Antisocial Personality Disorder

A. There is 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

(continued)
Diagnostic criteria for 301.7 Antisocial Personality Disorder (continued)

(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 (see p. 90) with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

301.83 Borderline Personality Disorder

Diagnostic Features

The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Individuals with Borderline Personality Disorder make frantic efforts to avoid real or imagined abandonment (Criterion 1). The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans (e.g., sudden despair in reaction to a clinician’s announcing the end of the hour; panic or fury when someone important to them is just a few minutes late or must cancel an appointment). They may believe that this “abandonment” implies they are “bad.” These abandonment fears are related to an intolerance of being alone and a need to have other people with them. Their frantic efforts to avoid abandonment may include impulsive actions such as self-mutilating or suicidal behaviors, which are described separately in Criterion 5.

Individuals with Borderline Personality Disorder have a pattern of unstable and intense relationships (Criterion 2). They may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most
problems that do not meet criteria for Conduct Disorder or Adjustment Disorder may be coded as **Child or Adolescent Antisocial Behavior** (see "Other Conditions That May Be a Focus of Clinical Attention," p. 684). Conduct Disorder is diagnosed only if the conduct problems represent a repetitive and persistent pattern that is associated with impairment in social, academic, or occupational functioning.

### Diagnostic criteria for Conduct Disorder

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 three (or more) of the following criteria in the past 12 months, 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 parental or parental surrogate home (or once without returning for a lengthy period)
15. is often truant from school, beginning before age 13 years

(continued)
313.81 Oppositional Defiant Disorder

### Diagnostic criteria for Conduct Disorder (continued)

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.

**Code based on type:**

- **312.81 Conduct Disorder, Childhood-Onset Type:** onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years
- **312.82 Conduct Disorder, Adolescent-Onset Type:** absence of any criterion characteristic of Conduct Disorder prior to age 10 years
- **312.89 Conduct Disorder, Unspecified Onset:** age at onset is not known

**Specify severity:**

- **Mild:** few if any conduct problems in excess of those required to make the diagnosis and conduct problems cause only minor harm to others
- **Moderate:** number of conduct problems and effect on others intermediate between “mild” and “severe”
- **Severe:** many conduct problems in excess of those required to make the diagnosis or conduct problems cause considerable harm to others

For individuals over age 18 years, a diagnosis of Conduct Disorder can be given only if the criteria are not also met for Antisocial Personality Disorder. The diagnosis of Antisocial Personality Disorder cannot be given to individuals under age 18 years.

### 313.81 Oppositional Defiant Disorder

**Diagnostic Features**

The essential feature of Oppositional Defiant Disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months (Criterion A) and is characterized by the frequent occurrence of at least four of the following behaviors: losing temper (Criterion A1), arguing with adults (Criterion A2), actively defying or refusing to comply with the requests or rules of adults (Criterion A3), deliberately doing things that will annoy other people (Criterion A4), blaming others for his or her own mistakes or misbehavior (Criterion A5), being touchy or easily annoyed by others (Criterion A6), being angry and resentful (Criterion A7), or being spiteful or vindictive (Criterion A8). To qualify for Oppositional Defiant Disorder, the behaviors must occur more frequently than is typically observed in individuals of comparable age and developmental level and must lead to significant impairment in social, academic, or occupational functioning (Criterion B). The diagnosis is not made if the disturbance in behavior occurs exclusively during the course of a Psychotic or Mood Disorder (Criterion C) or if criteria are met for Conduct Disorder or Antisocial Personality Disorder (in an individual over age 18 years).