

Review

Why are programmes for offenders with personality disorder not informed by the relevant scientific findings?

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This paper examines the evidence to justify intervening in those with personality disorder, specifically antisocial personality disorder (ASPD) as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association 1994). The evidence from randomized controlled trials in the mental health literature is reviewed and found to be deficient with only five trials satisfying Cochrane criteria, all of which had a reduction in substance misuse as their primary outcome, rather than a change in the personality disorder *per se*.

Next, I consider the contribution of Thomas Kuhn to explain why it is difficult to develop a scientific basis in forensic mental health. I argue that, because forensic mental health is inclusive in its purpose (interacting with the law, social services and the penal system, all of which have different rules and agendas), it is difficult to develop a consensus on fundamentals, this consensus being a hallmark of a science.

Finally, I argue that despite the absence of evidence from mental health, providers for ASPD are in a fortunate position in being able to draw upon the correctional literature. This is relevant, provided that we agree that a reduction in offending is the primary outcome. While mental health can learn much from correctional practice, it can also enhance the efficacy of the latter by, for instance, drawing attention to the specific vulnerabilities of the personality structure that might impede programme delivery in correctional settings. Means of achieving a conjunction of mental health and correctional practice are urgently required as this would be beneficial to both.

Keywords: antisocial personality disorder; treatment; correctional programmes; systematic reviews

It is a characteristic of the design of scientific research that exquisite attention is devoted to methodological problems that can be solved, while the pretense is made that the ones that cannot be solved are really nothing to worry about.

(Lewontin 1995, p. 25)

1. INTRODUCTION

One of the most striking memories from this meeting was the discontinuity between the sophistication of many of the scientific papers, especially those from a developmental perspective, and the failure to translate these findings into clinical practice. This was best illustrated by one of the speakers who, after a very erudite exposition on the developmental origins of psychopathy, seemed at a loss to explain how his findings might inform the management of a difficult, out of control, teenager when questioned by a clinician.

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One contribution of 11 to a Discussion Meeting Issue 'The neurobiology of violence: implications for prevention and treatment'.

The rhetorical nature of the title underscores this dissonance between the research evidence and clinical practice. Clearly, as the above example demonstrates, there is a significant gap between what is known and what we need to know if we are to conduct clinical practice based on scientific evidence in this area. Despite this gap, clinicians will still have to deliver a service even though this will always be playing 'catch up' with the scientific evidence. This paper has two purposes: (i) to answer the question posed in the title and (ii) to come up with some practical recommendations to fill the 'gap' between the scientific evidence and clinical practice.

Returning to the title, even if the proposition implied is true, it poses a question that can be answered at a number of levels. In this paper, each of the following will be considered in turn:

- (i) What is the nature of the scientific evidence for effective interventions in offenders with personality disorder?
- (ii) If such evidence exists, under which conditions can mental health professionals ignore such evidence?