Personality Functioning and Antisociality in Youth Accessing Residential Substance Use Withdrawal in Australia

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Introduction

Youth accessing residential substance use disorder (SUD) withdrawal services often present with complex psychosocial difficulties, including co-occurring mental health concerns, antisociality, and trauma. However, little is known about personality dysfunction and antisocial characteristics in this population. This study examined the prevalence and associations of personality dysfunction, antisociality, and early maladaptive schemas (EMS) among youth accessing residential SUD withdrawal in Australia.

Methods

Participants were 100 young adults aged 18–25 years accessing residential withdrawal services through Youth Support and Advocacy Service (YSAS) in Victoria, Australia. General personality dysfunction was assessed using the Level of Personality Functioning Scale – Self Report (LPFS-SR), while antisocial personality dysfunction was measured using the DSM-5 ASPD Impairment Interview. SUDs were assessed using the Structured Clinical Interview for DSM-5 (SCID-5). Participants also completed measures of EMS, antisocial attitudes, aggression, and antisocial behaviour.

Results

All participants met criteria for at least one SUD, with 66% meeting criteria for polysubstance use. Forty-eight percent met threshold for likely general personality disorder and 43% met criteria for likely antisocial personality dysfunction. ASPD-specific dysfunction was associated with greater rates of methamphetamine, alcohol, and sedative use disorders, severe SUD presentations, and polysubstance use. Elevated EMS were common, particularly insufficient self-control (63%), fear of losing control (52%), and abandonment (48%). Fifty-nine percent reported at least one prior arrest.

Discussion and Conclusions

Personality dysfunction and antisocial characteristics appear highly prevalent among youth accessing residential withdrawal services. Findings highlight the potential value of screening for both general and ASPD-specific personality dysfunction to inform integrated and personality-informed interventions within youth SUD treatment.

Implications on communities, practice, policy and/or First Nations communities

Findings support integrating personality-informed, schema-focused, and criminogenic-needs approaches within youth SUD services to improve engagement, reduce externalising behaviour, and better address the complex needs of high-risk youth populations.

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