Personality Disorders

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Outline

- **Personality and Personality Disorders**

I. Personality Disorder Diagnosis
II. Personality Disorder Types
III. Treatment of Personality Disorders

What is personality?

- **“Enduring patterns of perceiving, relating to, and thinking about the environment and oneself, which are exhibited in a wide range of important social and personal contexts”**

What is personality disorder?

- **Personality disorders are "enduring patterns of perceiving, relating to, and thinking about the environment and oneself" that "are exhibited in a wide range of important social and personal contexts," and "are inflexible and maladaptive, and cause either significant functional impairment or subjective distress" (DSM-IV, p. 630)**

DSM-IV-TR Personality Disorders

- Cluster A: Odd or Eccentric
- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

- Cluster B: Dramatic, Emotional, or Erratic
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder

- Cluster C: Anxious or Fearful
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder

Personality Disorder Clusters

- Three clusters with clinical similarity
  - Odd/Eccentric
  - Dramatic/Erratic
  - Anxious/Fearful

Key Features of the DSM-5 Personality Disorders

Table 15.1 Key Features of the DSM-5 Personality Disorders

	Key Features	Included in the Alternative DSM-5 Model for Personality Disorders?
Cluster A (odd/eccentric)		
Paranoid	Distrust and suspiciousness of others	No
Schizoid	Detachment from social relationships and restricted range of emotional expression	No
Schizotypal	Lack of capacity for close relationships, cognitive distortions, and eccentric behavior	Yes
Cluster B (dramatic/erratic)		
Antisocial	Disregard for and violation of the rights of others	Yes
Borderline	Instability of interpersonal relationships, self-image, and affect, as well as marked impulsivity	Yes
Histrionic	Excessive emotionally and attention seeking	No
Narcissistic	Grandiosity, need for admiration, and lack of empathy	Yes
Cluster C (anxious/fearful)		
Avoidant	Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation	Yes
Dependent	Excessive need to be taken care of, submissive behavior, and fears of separation	No
Obsessive-compulsive	Preoccupation with order, perfection, and control	Yes

Common Risk Factors Across the Personality Disorders

- **Children in the Community Study**
  - **Findings suggest disorders related to early adversity (abuse or neglect increase risk)**
  - **Unaffected or aversive parenting styles were linked to increased rates of personality disorders**
- **Twin studies suggest moderately high heritability with personality disorders**

Odd/Eccentric Cluster

- **Some similarity to, but less severe than, schizophrenia**
  - **Paranoid Personality Disorder**
  - **Schizotypal Personality Disorder**
  - **Schizoid Personality Disorder**

Diagnostic Criteria for: Paranoid Personality Disorder

- **Presence of four or more of the following signs of distrust and suspiciousness, beginning in early adulthood and shown in many contexts:**
  - **Unjustified suspiciousness of being harmed, deceived, or exploited**
  - **Unwarranted doubts about the loyalty or trustworthiness of friends or associates**
  - **Reluctance to confide in others because of suspiciousness**
  - **The tendency to read hidden meanings into the benign actions of others**
  - **Bears grudges for perceived wrongs**
  - **Angry reactions to perceived attacks on character or reputation**
  - **Unwarranted suspiciousness of the fidelity of partner**

Diagnostic Criteria for: Schizoid Personality Disorder

- **Presence of four or more of the following signs of aloofness and flat affect from early adulthood across many contexts:**
  - **Lack of desire for or enjoyment of close relationships**
  - **Almost always prefers solitude to companionship**
  - **Little interest in sex**
  - **Few or no pleasurable activities**
  - **Lack of friends**
  - **Indifference to praise or criticism**
  - **Flat affect, emotional detachment**

Schizotypal Personality Disorder

- Unusual and eccentric thoughts and behaviors (psychoticism), interpersonal detachment, and suspiciousness
- Odd beliefs or magical thinking
  - Telepathic, clairvoyant, ideas of reference
- Illusions
  - Feels the presence of a force or person not actually present
- Odd/eccentric behavior or appearance
  - Wears strange clothes
  - Talks to self
- Affect is flat; aloof from others

Diagnostic Criteria for: Schizotypal Personality Disorder

- **Presence of five or more of the following signs of unusual thinking, eccentric behavior, and interpersonal deficits from early adulthood across many contexts:**
  - **Ideas of reference**
  - **Peculiar beliefs or magical thinking, e.g., belief in extrasensory perception**
  - **Unusual perceptions, e.g., distorted feelings about one's body**
  - **Peculiar patterns of thought and speech**
  - **Suspiciousness or paranoia**
  - **Inappropriate or restricted affect**
  - **Odd or eccentric behavior or appearance**
  - **Lack of close friends**
  - **Anxiety around other people that does not diminish with familiarity**

Schizotypal Personality Disorder

- **Similar to schizophrenia**
  - **Individuals with schizotypal PD show problems similar to those found in schizophrenia**
    - **Highly heritable (~60%)**
    - **Cognitive and neuropsychological deficits**
    - **Enlarged ventricles**
    - **Less temporal gray matter**

Dramatic/Erratic Cluster

- **Antisocial Personality Disorder**
- **Borderline Personality Disorder**
- **Histrionic Personality Disorder**
- **Narcissistic Personality Disorder**

Antisocial Personality Disorder

- Pervasive disregard for the rights of others
- Pattern of irresponsible behaviors
  - Poor work record, breaking laws, being irritable and physically aggressive, defaulting on debts, being reckless and impulsive, neglecting to plan ahead, little regard for truth, and little remorse for misdeeds
- Evidence of conduct disorder before age 15
- Much more common in men than women
- Comorbid substance use very common

Antisocial Personality Disorder

- Psychopathy (sociopathy) (Cleckley)
  - Predates DSM diagnosis
- Focuses on internal thoughts and feelings
  - Poverty of emotion
    - Negative emotions
      - Lacks shame, remorse and anxiety; does not learn from mistakes
    - Positive emotions
      - Merely an act used to manipulate others; superficially charming
  - Impulsivity
    - Behave irresponsibly for thrills
- Psychopathy Checklist – revised (Hare) Scale

Diagnostic Criteria for: Antisocial Personality Disorder

- Age at least 18
- Evidence of conduct disorder before age 15
- Pervasive pattern of disregard for the rights of others since the age of 15 as shown by at least three of the following:
  - 1. Repeated law breaking
  - 2. Deceitfulness, lying
  - 3. Impulsivity
  - 4. Irritability and aggressiveness
  - 5. Reckless disregard for own safety and that of others
  - 6. Irresponsibility as seen in unreliable employment or financial history
  - 7. Lack of remorse

Etiology of Antisocial Personality Disorder

- **Problems with research**
  - Conducted with mostly with criminals
  - Different measurements (APD vs. psychopathy)
- **Genetics**
  - Antisocial behavior heritable (40-50%)
  - Genetic risk for APD, psychopathy, conduct disorder, and substance abuse related
- **Family environment**
  - Lack of warmth, high negativity, and parental inconsistency predict APD
  - Poverty, exposure to violence
  - Family environment interacts with genetics

Etiology of Antisocial Personality Disorder

- **Fearlessness**
  - **Lack of fear or anxiety**
  - **Low baseline levels of skin conductance; less reactive to aversive stimuli**
- **Impulsivity**
  - **Lack of response to threat when pursuing rewards**
- **Deficits in empathy**
  - **Not in tune with the emotional reactions of others**

Borderline Personality Disorder (BPD)

- Impulsive, self-damaging behaviors
- Unstable, stormy, intense relationships
- Emotional reactivity
  - Feelings towards others can change drastically and inexplicably very quickly
  - Emotions are intense, erratic, shift abruptly—often from passionate idealization to contemptuous anger
- Frantic efforts to avoid abandonment
- Unstable sense of self
- Anger-control problems
- Chronic feelings of emptiness
- Recurrent suicidal gestures
- Transient psychotic or dissociative symptoms

Borderline Personality Disorder (BPD)

- Later in life, most no longer meet diagnostic criteria
- Cormorbidity high with PTSD, MDD, substance-related, eating disorders, and schizotypal PD
  - Comorbidity predicts less chance of symptom remission

Diagnostic Criteria for Borderline Personality Disorder

- **Presence of five or more of the following in many contexts beginning in early adulthood:**
  - **Frantic efforts to avoid abandonment**
  - **Unstable interpersonal relationships in which others are either idealized or devalued**
  - **Unstable sense of self**
  - **Self-damaging, impulsive behaviors in at least two areas, such as spending, sex, substance abuse, reckless driving, binge eating**
  - **Recurrent suicidal behavior, gestures, or self-injurious behavior (e.g., cutting self)**
  - **Chronic feelings of emptiness**
  - **Recurrent bouts of intense or poorly controlled anger**
  - **During stress, a tendency to experience transient paranoid thoughts and dissociative symptoms**

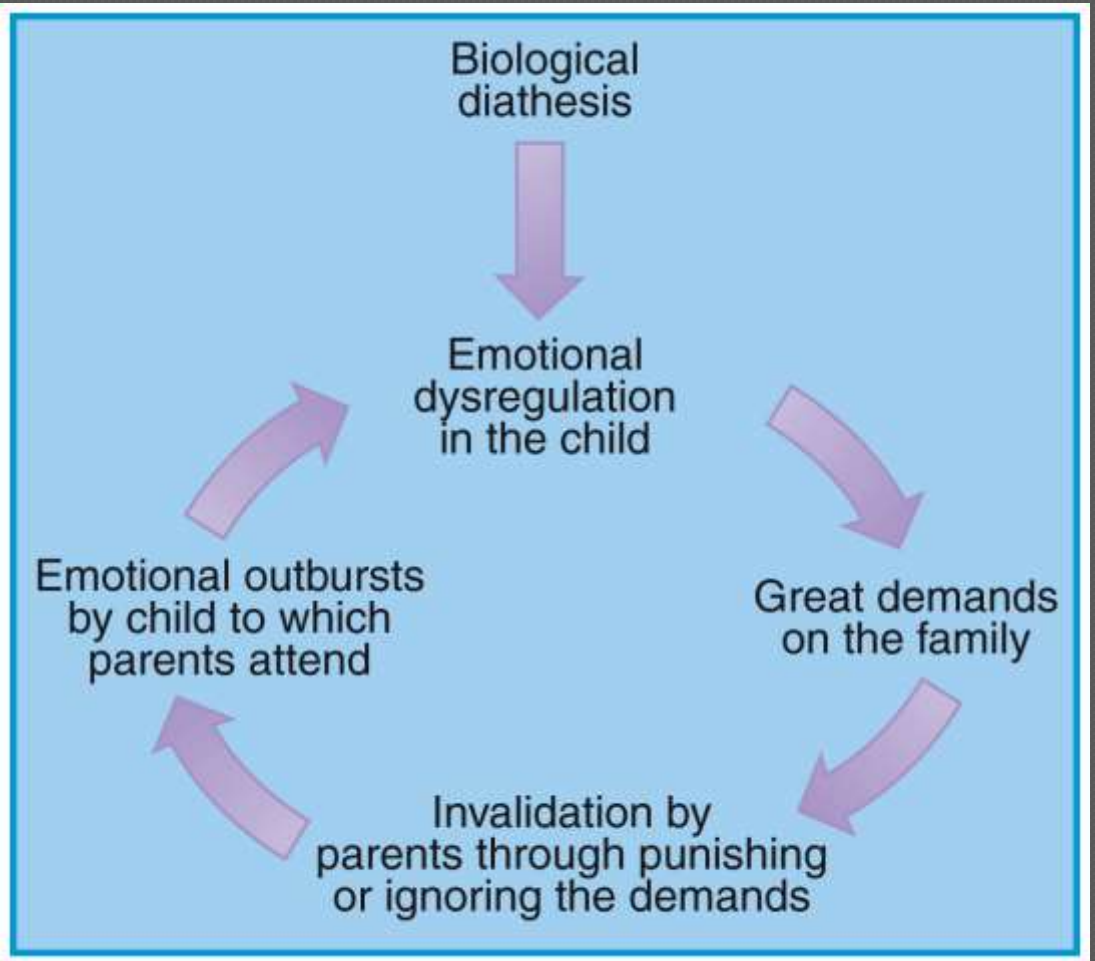
Etiology of Borderline Personality Disorder (BPD): Neurobiological Factors

- **Genetic component**
  - **Highly heritable (60%)**
  - **May play a role in impulsivity and emotional dysregulation**
- **Decreased functioning of serotonin system**
- **Increased activation of amygdala**

Etiology of Borderline Personality Disorder (BPD): Social Environmental Factors

- **Parental separation, verbal and emotional abuse during childhood**
- **Linehan's Diathesis-Stress Theory**
  - **Individuals with BPD have difficulty controlling their emotions (emotional dysregulation)**
    - **Possible biological diathesis**
  - **Family invalidates or discounts emotional experiences and expression**
  - **Interaction between extreme emotional reactivity and invalidating family → BPD**

Linehan's Diathesis-Stress Theory of BPD



Diagnostic Criteria: Histrionic Personality Disorder

- **Presence of five or more of the following signs of excessive emotionality and attention seeking shown in many contexts by early adulthood:**
  - **Strong need to be the center of attention**
  - **Inappropriate sexually seductive behavior**
  - **Rapidly shifting expression of emotions**
  - **Use of physical appearance to draw attention to self**
  - **Speech that is excessively impressionistic and lacking in detail**
  - **Exaggerated, theatrical emotional expression**
  - **Overly suggestible**
  - **Misreads relationships as more intimate than they are**

Narcissistic Personality Disorder

- Grandiose view of self
  - Preoccupied with fantasies of success
- Self-centered
  - Demands constant attention and adulation
  - Lack of empathy
  - Feelings of arrogance, envy, entitlement
- Sensitive to criticism
  - Enraged when not admired
- Seeks out high-status partners

Diagnostic Criteria for: Narcissistic Personality Disorder

- **Presence of five or more of the following shown by early adulthood in many contexts:**
  - **Grandiose view of one's importance**
  - **Preoccupation with one's success, brilliance, beauty**
  - **Belief that one is special and can be understood only by other high-status people**
  - **Extreme need for admiration**
  - **Tendency to exploit others**
  - **Lack of empathy**
  - **Envious of others**
  - **Arrogant behavior or attitudes**

Etiology of Narcissistic Personality Disorder

- **Kohut's Self-Psychology Model**
  - Characteristics mask low self-esteem
  - In childhood, narcissist valued as a means to increase parent's own self-esteem
    - Not valued for his or her own competency and self-worth
  - Parental emotional coldness and overemphasis on child's achievements reported by narcissists
- **Social cognitive model**
  - Narcissist has low self-esteem
  - Interpersonal relationships are a way to bolster sagging self-esteem rather than increase closeness to others
  - Lab studies reveal cognitive biases that maintain narcissism

Anxious/Fearful Cluster

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive Compulsive Personality Disorder

Avoidant Personality Disorder

- Fears criticism, rejection, or disapproval
- Avoids interpersonal situations
- Restrained and inhibited in interpersonal situations
  - Feelings of inadequacy, inferiority
- Avoids taking risks or trying new activities
  - Does not want to risk embarrassment
- High comorbidity with social anxiety disorder
  - Related to Japanese syndrome called taijin kyofusho (*taijin means "interpersonal" and kyofusho means "fear"*)
- High comorbidity with major depression

Diagnostic Criteria for: Avoidant Personality Disorder

- **A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to criticism as shown by four or more of the following starting in early adulthood in many contexts:**
  - **Avoidance of occupational activities that involve significant interpersonal contact, because of fears of criticism or disapproval**
  - **Unwilling to get involved with people unless certain of being liked**
  - **Restrained in intimate relationships because of the fear of being shamed or ridiculed**
  - **Preoccupation with being criticized or rejected**
  - **Inhibited in new interpersonal situations because of feelings of inadequacy**
  - **Views self as socially inept or inferior**
  - **Unusually reluctant to try new activities because they may prove embarrassing**

Diagnostic Criteria for: Dependent Personality Disorder

- **An excessive need to be taken care of, as shown by the presence of at least five of the following beginning in early adulthood and shown in many contexts:**
  - **Difficulty making decisions without excessive advice and reassurance from others**
  - **Need for others to take responsibility for most major areas of life**
  - **Difficulty disagreeing with others for fear of losing their support**
  - **Difficulty doing things on own because of lack of self-confidence**
  - **Doing unpleasant things as a way to obtain the approval and support of others**
  - **Feelings of helplessness when alone because of lack of confidence in ability to handle things without others**
  - **Urgently seeking new relationship when one ends**
  - **Preoccupation with fears of having to take care of self**

Obsessive-Compulsive Personality Disorder

- A perfectionist
- Preoccupied with rules, details, schedules, and organization
- Overly focused on work
  - Little time for leisure, family, and friends
- Reluctant to make decisions or delegate
- "Control freaks"
  - Rigid and inflexible, especially morality
- OCPD different from OCD
  - Does not have the obsessions/compulsions of OCD
- Most frequently comorbid with Avoidant PD
- Very little research into etiology

Diagnostic Criteria for Obsessive-Compulsive Personality Disorder

- **Intense need for order and control, as shown by the presence of at least four of the following beginning by early adulthood and evidenced in many contexts:**
  - **Preoccupation with rules, details, and organization to the extent that the point of an activity is lost**
  - **Extreme perfectionism interferes with task completion**
  - **Excessive devotion to work to the exclusion of leisure and friendships**
  - **Inflexibility about morals and values**
  - **Difficulty discarding worthless items**
  - **Reluctance to delegate unless others conform to one's standards**
  - **Miserliness**
  - **Rigidity and stubbornness**

Maladaptive Cognitions Associated with Personality Disorders

Table 15.5 Examples of Maladaptive Cognitions Hypothesized to Be Associated with Each Personality Disorder

Personality Disorder	Maladaptive Cognitions
Avoidant	If people get to know the real me, they will reject me.
Dependent	I am not capable of making a decision without reassurance.
Obsessive-compulsive	I know what's best. If things get disorganized, horrible mistakes will happen.
Paranoid	It is foolish to trust anyone.
Antisocial	People ask for exploitation—they let down their guard.
Narcissistic	I am better than others, and people who can't understand that don't deserve my time.
Histrionic	People are there to admire me.
Schizoid	Relationships are more hassle than reward.

Source: Adapted from Beck & Freeman (1990).

Treatment of Borderline PD

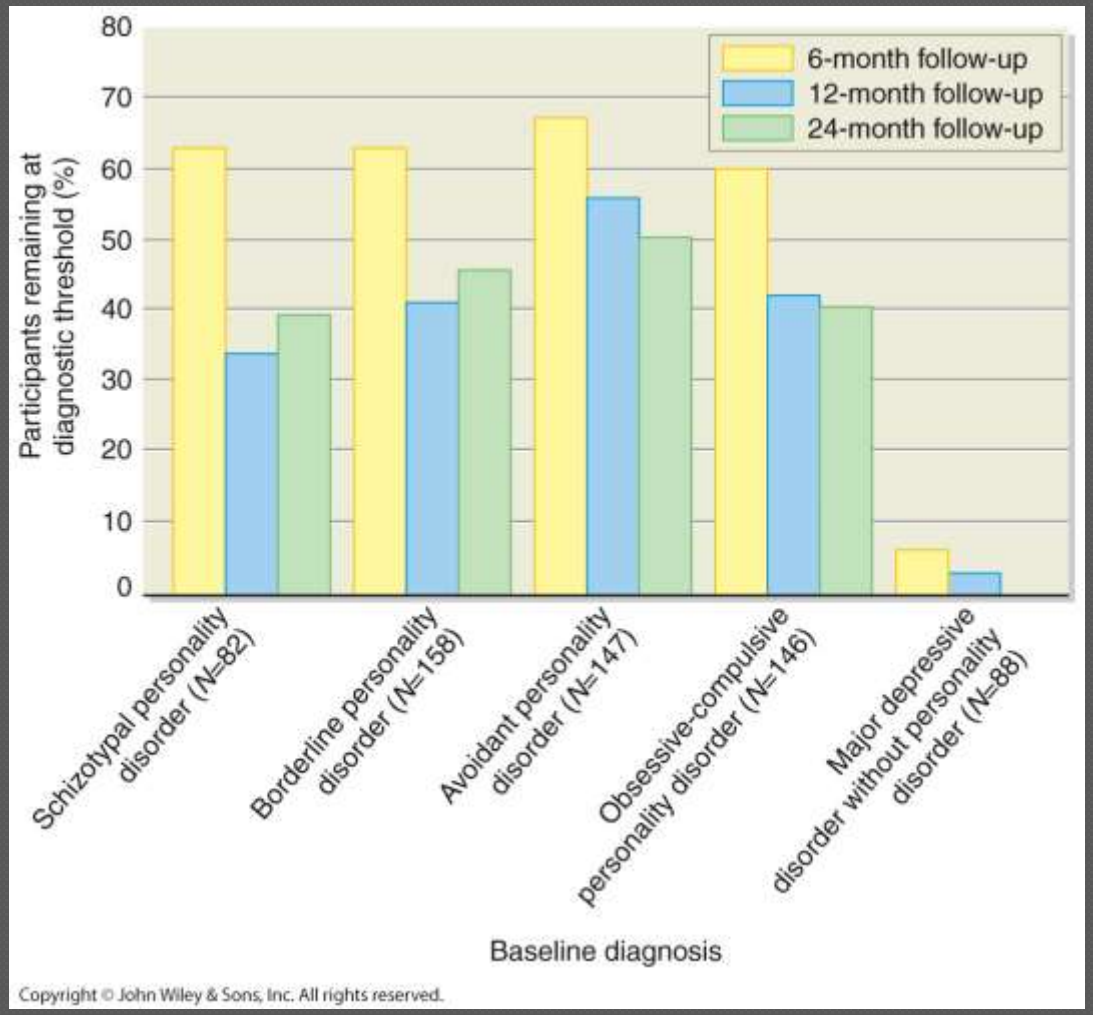
- **Difficult to treat**
  - **Interpersonal problems play out in therapy**
  - **Attempts to manipulate therapist**
- **Medications**
  - **Antidepressants**
  - **Mood stabilizers**
- **Dialectical Behavioral Therapy (Linehan, 1987)**
  - **Acceptance and empathy plus CBT**
  - **Emotion-regulation techniques**
  - **Social skills training**
- **Mentalization-based therapy**
  - **Fail to think about their own and other's feelings**
- **Schema-focused cognitive therapy**
  - **Identify maladaptive assumptions that underlie cognitions**

Treatment of Schizotypal Personality Disorder, Avoidant Personality Disorder, and Psychopathy

- **Schizotypal PD: Antipsychotic and antidepressant medications**
- **Avoidant PD: Same treatments as social anxiety disorder**
  - **Antidepressant medications**
  - **Social skills training**
- **Psychopathy: psychotherapy: either CBT or psychodynamic**

THANK YOU

Test–Retest Stability for Personality Disorders and Major Depressive Disorder



Personality Disorders

- **Longstanding, pervasive, inflexible, extreme, and persistent patterns of behavior and inner experience**
  - **Unstable positive sense of self**
  - **Unable to sustain close relationships**
- **DSM-5 retains 3-cluster format of the DSM-IV-TR**
- **Alternative DSM-5 Model for Personality Disorders included in the appendix of the DSM-5**
- **Reason changes are being considered and included in appendix:**
  - **Half who met diagnostic criteria for one DSM-IV-TR personality disorder met diagnostic criteria for another personality disorder**
  - **Some of the DSM-IV-TR personality diagnoses are rare (< 2%)**
  - **Many people who seem to have serious personality problems do not fit any of the personality disorder diagnoses**
  - **Individuals with a personality disorder can vary a good deal from one another in the nature of their personality traits and the severity of their condition**
  - **To capture subsyndromal symptoms better**