

Personality Disorders

Psychological disorders characterized by inflexible and enduring behavior patterns that impair social functioning.

Thanks for Slides

Michael McCloskey, Ph.D.

Assistant Professor

**Clinical Neuroscience &
Psychopharmacology Research Unit**

The University of Chicago

What is a Personality Disorder?

DSM-5 Personality Disorder General Criteria

A. A enduring pattern of inner experience & behavior that deviates markedly from expectations of the individual's culture in 2 or more of the following areas...

-cognition

-affect

-interpersonal functioning

-impulse control

DSM-5 Personality Disorders

General Criteria

- B. The pattern is **inflexible** and **pervasive** across a broad range of personal and social situations.
- C. Clinically significant distress or impairment (occupational, social).
- D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.
- E. Not a manifestation of another mental disorder
- F. Not attributable to drugs or medical conditions

Old Axis I vs. Axis II

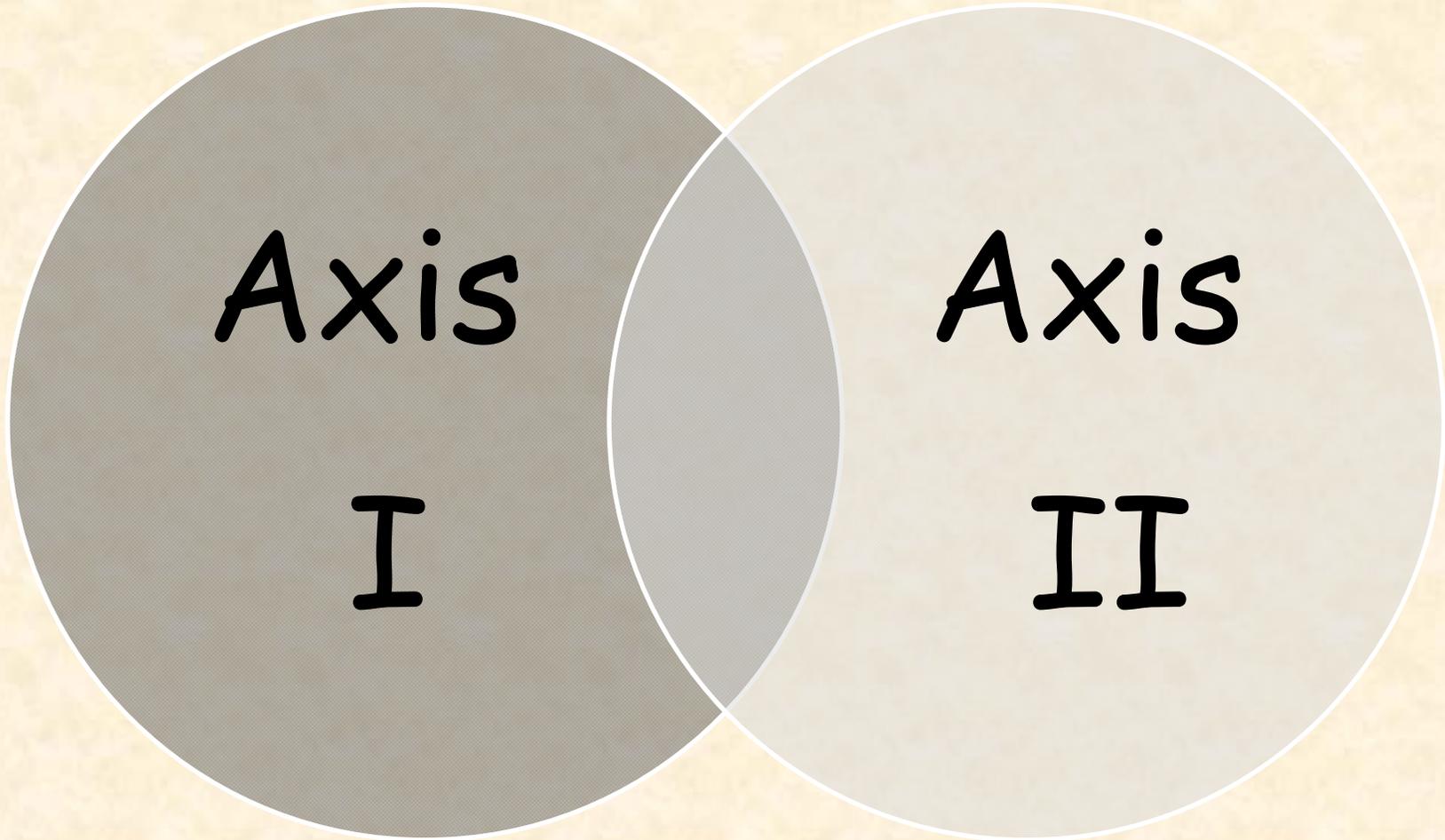
Axis I - Mental Illness

- Psychoses, Mood Disorders, Anxiety Disorders, Substance Abuse Disorders.
- Thought to be "more" biochemical in nature
- More responsive to medications
- More likely to be perceived by the individual as a problem

Axis II - Personality Disorder

- Personality Disorders, Developmental Disabilities, Learning Disorders
- Thought to be "more" environmental/learned
- Less responsive to medications
- Less likely to be perceived by the individual as a problem

Overlap



Personality Disorders: Facts and Statistics

- Prevalence of Personality Disorders
 - About 10% of the general population
 - Rates are higher in inpatient and outpatient settings
- Origins and Course of Personality Disorders
 - Thought to begin in childhood
 - Run a chronic course
 - Comorbidity rates are high

Reframing the “problem” of Personality Disorders

- One way to understand personality disorders is that the person coped in the best way they knew how, in response to difficult circumstances, and at that past time (typically during childhood), it helped them to survive. (i.e., ADAPTIVE)



Reframing the “problem” of Personality Disorders



- However, those old coping mechanisms tend not to work very well in adulthood, and have become ineffective, or **MALADAPTIVE**.

What are the different types of personality disorders?

- **Cluster A**
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder
- **Cluster B**
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
- **Cluster C**
 - Avoidant Personality Disorder
 - Dependent Personality Disorder
 - Obsessive-Compulsive Personality Disorder

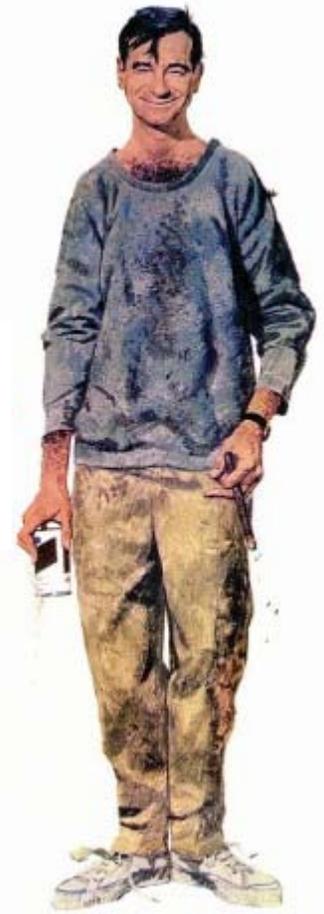
Common Characteristics of Personality Disorders

- Pattern of problematic relationships
- Tendency to blame difficulties on others, or on "bad luck"
- A lack of personal responsibility
- Impaired ability to learn from previous experience

Personality Traits



The Odd Couple



Personality Disorders and Addiction

- Pattern of problematic relationships
- *In active addiction, a person's primary relationship is with their substance of choice - all other relationships come second to that one.*



Personality Disorders and Addiction

- Tendency to blame difficulties on others, or on "bad luck"



- *Working through the symptom of "denial," or working from a state of "precontemplation" to an "action" stage of change is one key to recovery success*

Personality Disorders and Addiction

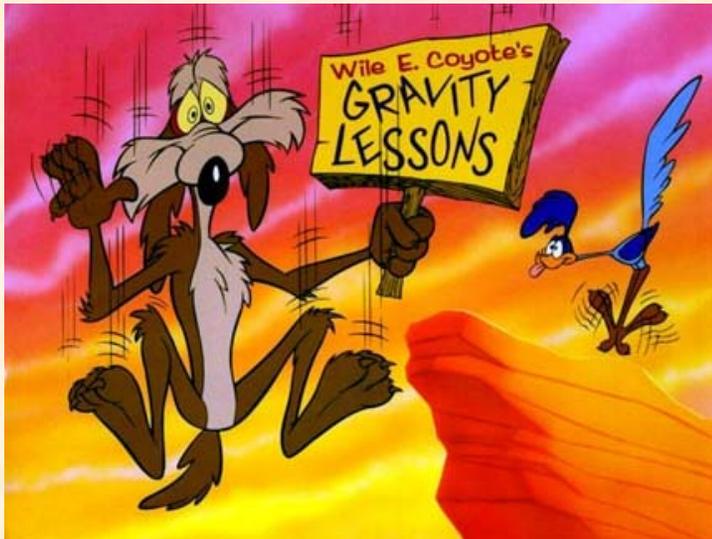
- A lack of personal responsibility
- *Owning personal responsibility for actively participating in one's own recovery is another key to recovery success (12-Step inventories & amends-making)*

**Change??
Moi???**
I don't think so.



Personality Disorders and Addiction

- Impaired ability to learn from previous experience



- *"Doing the same thing over and over again, and expecting a different result"* description of addictive "insanity"

Cluster A: Odd/Eccentric

A. Schizoid

B. Schizotypal

C. Paranoid

Schizoid Personality Disorder

- People with schizoid personality disorder avoid relationships and do not show much emotion



They genuinely prefer to be alone and do not secretly wish for popularity.

Schizoid Personality Disorder

- They tend to seek jobs that require little social contact
- Their social skills are often weak and they do not show a need for attention or acceptance
- They are perceived as humorless and distant and often are termed "loners."

Schizoid PD Description

- SELF-VIEW:
 - Different, Empty
- VIEW OF OTHERS:
 - More trouble than worth, impediment to freedom
- BELIEFS:
 - Core beliefs are "Relationships are problematic ," "Life is less complicated without other people "
 - I need plenty of space
- THREAT:
 - Compliance, complications
- STRATEGY:
 - Isolation
- AFFECT:
 - Flat (not to be confused with depressed)

Schizotypal Personality Disorder

- Characterized by a need for social isolation, odd behavior and thinking, and often unconventional beliefs such as being convinced of having extra sensory abilities.
- Some people believe that schizotypal personality disorder is a mild form of schizophrenia.



Schizotypal PD Description

- **SELF-VIEW:**
 - Outsider, defective
- **VIEW OF OTHERS:**
 - Strange, scary, yet desire for social contact
- **BELIEFS:**
 - Core beliefs: "I do not fit in", "I must protect myself from threats"
 - There are reasons for everything. Things don't happen by chance
- **THREAT:**
 - World (don't understand)
- **STRATEGY:**
 - Social isolation
 - Retreat into delusional ideas
- **AFFECT:**
 - Anxiety, Depression

Schizotypal PD

- **Associated Features:**
 - Interpersonal relatedness impaired w/rare reciprocation of the expressions or gestures of others
 - Few close friends
 - Features of Borderline Personality are often present and may justify both diagnoses
 - History of Major Depressive Disorder common (> 50%)

Paranoid Personality Disorder

- Paranoid personality disorder is characterized by a distrust of others and a constant suspicion that people around you have sinister motives.



Paranoid Personality Disorder

- They search for hidden meanings in everything and read hostile intentions into the actions of others.
- They are quick to challenge the loyalties of friends and loved ones and often appear cold and distant to others. They usually shift blame to others and tend to carry long grudges.

Paranoid PD Description

- **SELF-VIEW:**
 - Vulnerable
- **VIEW OF OTHERS:**
 - Adversaries
- **BELIEFS:**
 - *Core beliefs:* The world is threatening and I must protect myself
 - I can only rely on myself, no one else
- **THREAT:**
 - EVERYONE!!!!!!
- **STRATEGY:**
 - Don't trust anyone, social isolation
- **AFFECT:**
 - Hostile, anxious, dysphoric

Paranoid PD

- **Associated Features:**
 - During high stress transient psychotic symptoms may occur (Do not warrant additional diagnosis)
 - Predispose to Delusional Disorder and Schizophrenia, Paranoid Type
 - Substance Abuse, Depression common

Cluster B: Dramatic, Emotional, or Erratic

A. Borderline

B. Narcissistic

C. Antisocial

D. Histrionic

Borderline Personality Disorder

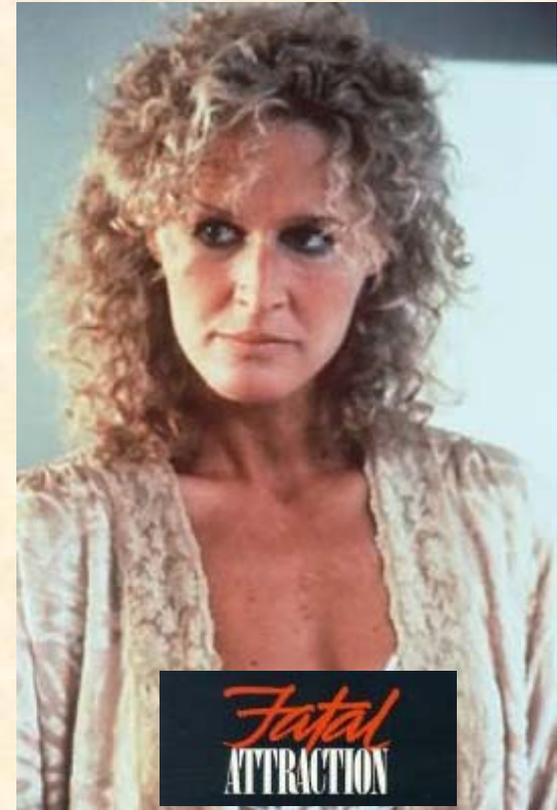
Characterized by mood instability and poor self-image



People with this disorder are prone to constant mood swings and bouts of anger.

Borderline Personality Disorder

- They will take their anger out on themselves, causing themselves injury
- Suicidal threats and actions are not uncommon



They are quick to anger when their expectations are not met.

Borderline PD Description

- **SELF-VIEW:**
 - Unstable and fragmented, helpless, victims
- **VIEW OF OTHERS:**
 - The cause of and answer to all life's problems
- **BELIEFS:**
 - Core beliefs are "I am unlovable," "No one is ever there to meet my needs, to be strong for me, to care for me"
 - I can't cope on my own. I need someone to rely on
- **THREAT:**
 - Abandonment
- **STRATEGY:**
 - Demand love, test love
- **AFFECT:**
 - Anger, Depression, Anxiety

Borderline Conflicts

- I Love/Hate you.
- I Love/Hate me.
- Everything is perfect/a disaster.
- I trust everyone/no one.
- I crave/fear intimacy.

Borderline PD

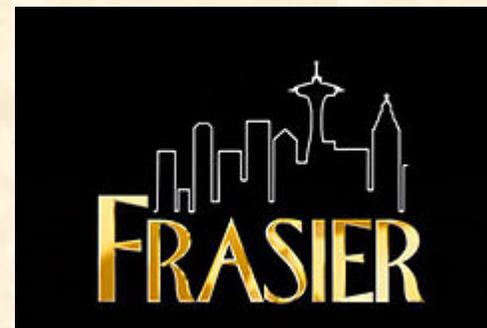
- **Associated Features:**
 - Up to 10% of persons with BPD eventually die by their own hand
 - High co-morbidity with Mood Disorders
 - Marked mood shifts, unpredictable
 - Undermining one's own success
 - some symptoms may improve by midlife
 - Over 50% report childhood maltreatment

Treating Borderline PD

- Patience, patience, patience
- They will push your buttons
- They will “drop bombs” in treatment - usually right as the session is over.
- Will “start fires” in group - say something that will set others off.
- Looking for control
- Counselor must stay in control
- Dialectical Behavioral Therapy - DBT

Narcissistic Personality Disorder

- Characterized by self-centeredness
- They exaggerate their achievements, expecting others to recognize them as being superior



Narcissistic Personality Disorder

They tend to be choosy about picking friends, since they believe that not just anyone is worthy of being their friend.



They are generally uninterested in the feelings of others and may take advantage of them.

Narcissistic PD Description

- SELF-VIEW:
 - Superior, special
- VIEW OF OTHERS:
 - "less equal", servants, threat
- BELIEFS:
 - Core beliefs are "I am special and other people should recognize how special I am," "No one's needs should interfere with my own"
 - It's intolerable if I'm not accorded my due respect or don't get what I'm entitled to
- THREAT:
 - Being average (narcissistic facade?)
- STRATEGY:
 - Demand special treatment, begrudge others
- AFFECT:
 - Anger

Narcissistic PD

- Associated Features:
 - May attain significant achievement, but they rarely accept them as "enough" or derive pleasure from them
 - Self-esteem, outwardly high, is actually quite fragile with a need for constant attention and admiration
 - Other PD are often common
 - Adjustment Disorders are common

Antisocial Personality Disorder

- antisocial personality disorder is characterized by a lack of conscience



- People with this disorder are prone to criminal behavior, believing that their victims are weak and deserving of being taken advantage of. They tend to lie and steal

Antisocial Personality Disorder

- They are careless with money and take action without thinking about consequences



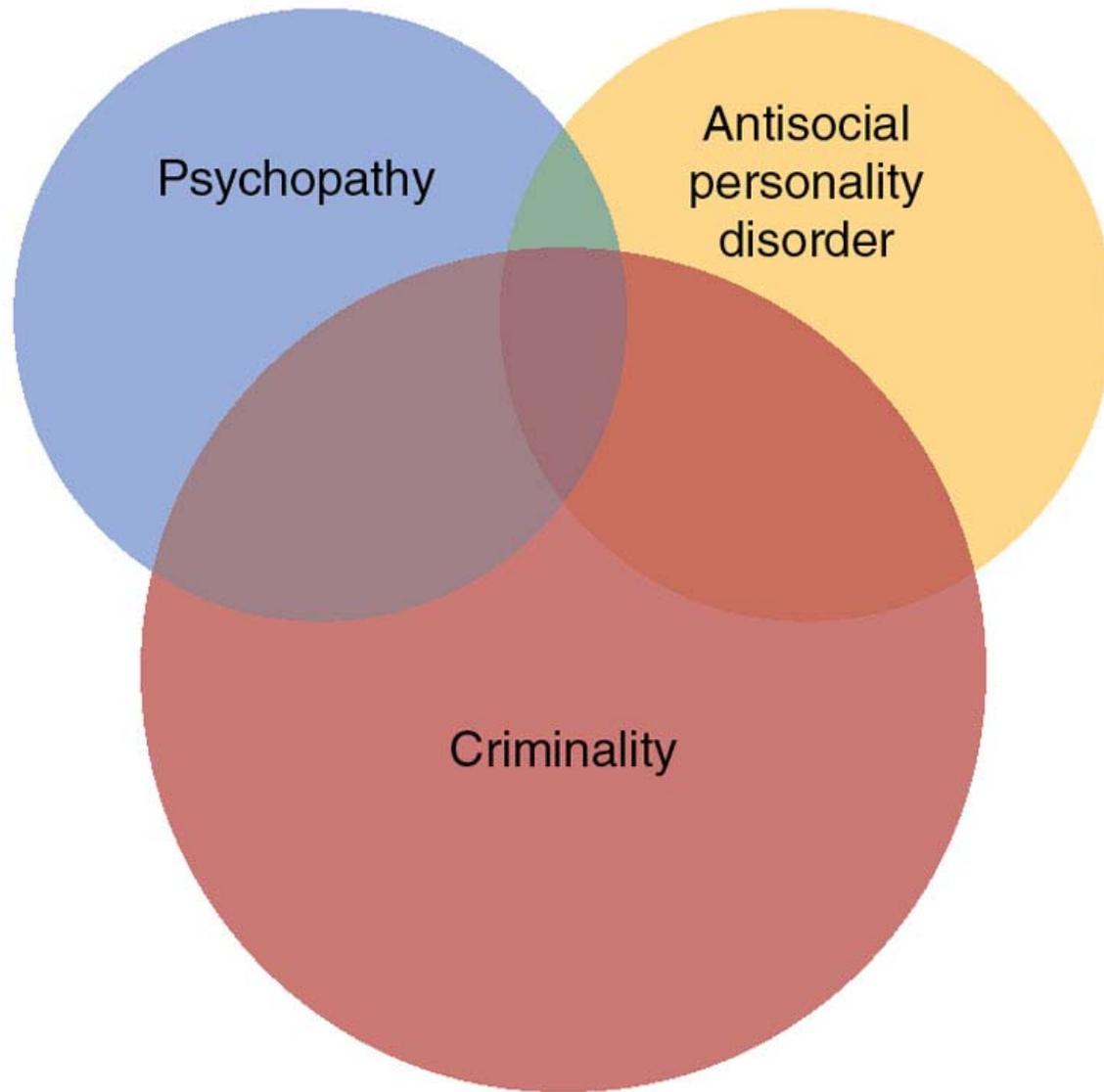
They are often aggressive and are much more concerned with their own needs than the needs of others.

Antisocial PD Description

- SELF-VIEW:
 - Superior, unconcerned
- VIEW OF OTHERS:
 - Suckers, inferior, means to an end
- BELIEFS:
 - Core beliefs are "People are there to be taken," "If I want something, I should do whatever is necessary to get it"
 - If people can't take care of themselves, that's their problem
 - I can get away with things so I don't need to worry about bad consequences
- THREAT:
 - ???
- STRATEGY:
 - Take what you want.
- AFFECT:
 - Irritability, anger when blocked from goals.

Antisocial PD

- Associated Features:
 - Diminishes in midlife
 - Substance abuse and early sex experiences
 - High levels of criminality



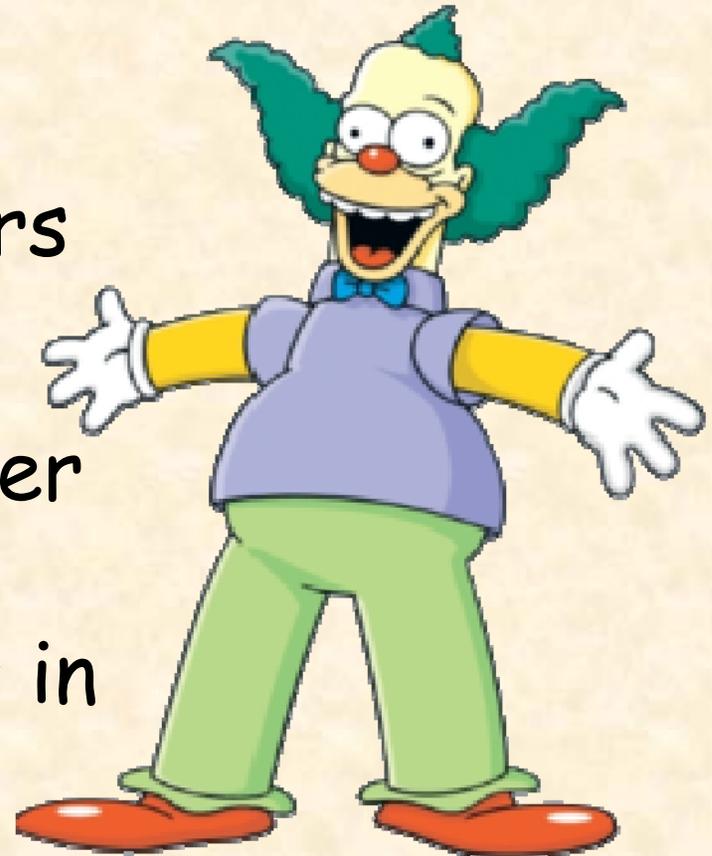
Treating AntiSocial PD

- Group Therapy is risky – ASPD may manipulate group – learns how to be a better manipulator
- Connect actions to consequences.



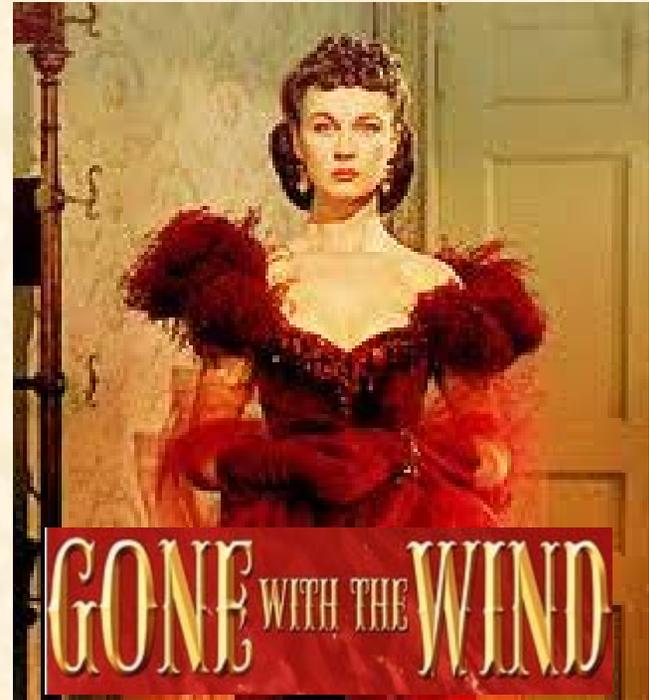
Histrionic Personality Disorder

- Constant attention seekers
- They need to be the center of attention all the time, often interrupting others in order to dominate the conversation.



Histrionic Personality Disorder

- They may dress provocatively or exaggerate illnesses in order to gain attention.



They also tend to exaggerate friendships and relationships, believing that everyone loves them

Histrionic PD Description

- **SELF-VIEW:**
 - "Hey! I'm here!"
- **VIEW OF OTHERS:**
 - Objects to be won over
- **BELIEFS:**
 - Core beliefs are "In order to be happy I need other people to pay attention to me , " "Unless I entertain or impress people, I am nothing "
 - It is awful for people to ignore me
- **THREAT:**
 - Being ignored, forgotten
- **STRATEGY:**
 - Entertain, draw attention to self
- **AFFECT:**
 - Anxiety, depression when ignored

Histrionic PD

- Associated Features:
 - Attempts to control other persons while establishing dependent relationship
 - Often overly trusting
 - Comorbidity with somatization

Cluster C: Anxious or Fearful

A. Avoidant

B. Obsessive-compulsive

C. Dependent

Avoidant Personality Disorder

- Characterized by a pervasive pattern of social inhibition, feelings of inadequacy, and extreme sensitivity to negative evaluation.
- Consider themselves to be socially inept or personally unappealing, and avoid social interaction for fear of being ridiculed or humiliated.



Avoidant PD Description

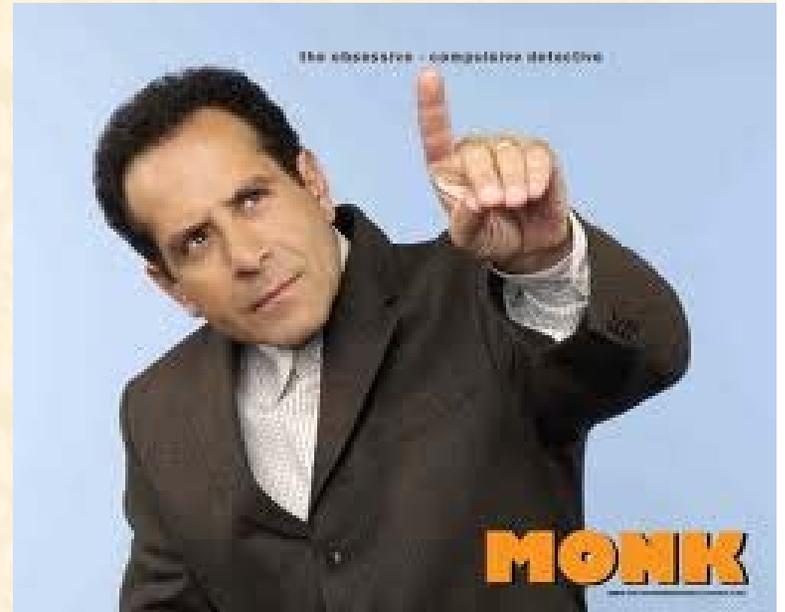
- **SELF-VIEW:**
 - Socially inept and incompetent in academic and/or work situations
- **VIEW OF OTHERS:**
 - Potentially critical, uninterested, and demeaning
- **BELIEFS:**
 - *Core beliefs:* I am no good...worthless...unlovable. I cannot tolerate unpleasant feelings
 - If people got close, they would discover the 'real me' and reject me--that would be intolerable . It is best to stay clear of risky involvement
- **THREAT:**
 - Rejection, demeaned, humiliation, "found out"
- **STRATEGY:**
 - Avoid, Avoid, Avoid
- **AFFECT:**
 - Dysphoria - anxiety and sadness

Avoidant PD

- Associated Features:
 - Phobias
 - Depression
 - Anxiety

Obsessive Compulsive Personality Disorder

- Characterized by a general psychological inflexibility, rigid conformity to rules and procedures, perfectionism, and excessive orderliness.



- People with OCPD tend to stress perfectionism above all else, and feel anxious when they perceive that things aren't "right".

Obsessive Compulsive PD Description

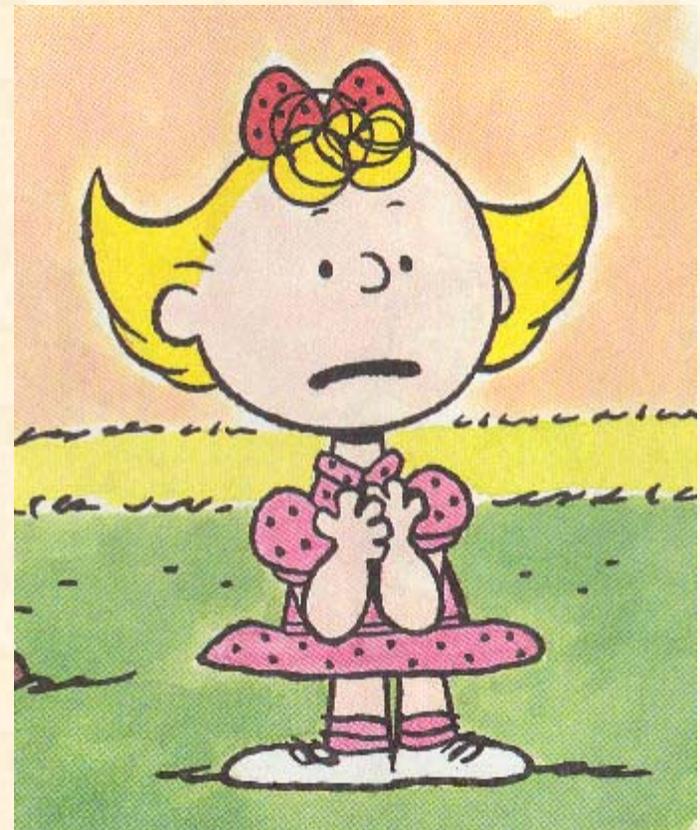
- **SELF-VIEW:**
 - Responsible for themselves and others . Often core image of selves as inept / helpless
- **VIEW OF OTHERS:**
 - Too casual, often irresponsible, self-indulgent, or incompetent
- **BELIEFS:**
 - Core beliefs are "I could be overwhelmed," "I am basically disorganized or disoriented"
 - If I don't have systems, everything will fall apart
 - If I fail in this, I am a failure as a person
- **THREAT:**
 - Flaws, mistakes, disorganization, or imperfections -loss of control
- **STRATEGY:**
 - Be perfect, control everything.
- **AFFECT:**
 - Anxiety, irritability - and depression when "failure" occurs

Obsessive-Compulsive PD

- **Associated Features and Disorders:**
 - Difficulty expressing tender feelings
 - Depression
 - Type A -increased incidence of myocardial infarction

Dependent Personality Disorder

- Characterized by a pervasive psychological dependence on other people.
- Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others



Dependent PD Description

- **SELF-VIEW:**
 - Needy, weak, helpless and incompetent
- **VIEW OF OTHERS:**
 - Caretakers, protectors, super-competent
- **BELIEFS:**
 - *Core beliefs:* I am helpless, I am all alone in the world
 - I need other people--specifically, a strong person--in order to survive
 - If I am not loved I cannot be happy
- **THREAT:**
 - Rejection, abandonment
- **STRATEGY:**
 - Cultivate relationship, subjugate own needs for "security"
- **AFFECT:**
 - Anxiety (relations strained), Depression (relation over), Euphoria (relationship good)

Why is it important to assess for Personality Disorders?

- Know/understand who you are treating
- Consequences of under-diagnosis
- Consequences of over-diagnosis

Consequences of under-diagnosis

- Prevalence of PD = 10% ± 2%
- PD Associated with
 - Increased suicide risk
 - Increased violence/criminality risk
 - Increased social /occupational difficulties
 - Poorer response to treatment for Axis I disorders
- Not recognizing PD can produce poor outcomes for treatment.

Consequences of over-diagnosis

- STIGMA, STIGMA, STIGMA
 - Permanent Record
 - Influences future diagnoses
 - Influences how mental health provider interacts with patient

The Counselor's Role

- It's like a game of chess.
- You are the player and a piece in the game.
- The client will try to make me angry/guilty/sorry by doing "A". I will counter the move by doing "B".

