

Personality Disorders



Announcements

- Workshops:
 - Schizophrenia Spectrum & Other Disorders 11/22
 - 5:15pm-6:15pm
 - 6:15pm-7:15pm
 - 7:15pm-8:15pm
 - Look for sign-ups for next Wednesday & Friday
- Additional Exercises will be posted on Website over the weekend

Personality

- **Personality - More or less stable, characteristic way a person thinks, feels & behaves in a variety of situations.**

- Oh, so & so is sooooo dramatic...
- He's such an outgoing well
- Can't say boo to Olivia, she's so hypersensitive...
- Joe keeps himself to himself, but warms up when with his friends.
- Melissa really "comes into her own" when she's organizing events
- Could charm the birds out of the trees
- Will eat you for breakfast
- Wouldn't say boo to a goose
- Sam needs to be handled with kid gloves...
- Quivering mass of insecurity.

Personality Disorders



- People with personality traits that are so exaggerated & inflexible that they distress themselves or cause problems in their school, work, or interpersonal relationships have a **PERSONALITY DISORDER**.
- Chronic: Origins in childhood & persists through adulthood.



- 
1. I am not a worrier.
 2. I really like most people I meet.
 3. I have a very active imagination.
 4. I tend to be cynical and skeptical of others' intentions.
 5. I'm known for my prudence and common sense.
 6. I often get angry at the way people treat me.
 7. I shy away from crowds of people.
 8. Aesthetic and artistic concerns aren't very important to me.
 9. I'm not crafty or sly.
 10. I would rather keep my options open than plan everything in advance.
 11. I rarely feel lonely or blue.
 12. I am dominant, forceful, and assertive.
 13. Without strong emotions, life would be uninteresting to me.
 14. Some people think I'm selfish and egotistical.
 15. I try to perform all the tasks assigned to me conscientiously.

NEO PI-R™

Revised NEO Personality Inventory (NEO PI-R)

Paul T. Costa, Jr., Ph.D. and Robert R. McCrae, Ph.D.



Medians — Form 5 (Self-Report)

PMR Orthopaedic Assessment Resources, Inc. 10111 Via USA/THUSA, Ft. Lauderdale, FL 33326/TEL: 305.533.0311/FAX:

Compared with the responses of other people, your responses suggest that you can be described as:

- | | | |
|---|--|--|
| ☐ Sensitive, emotional, and prone to experience feelings that are upsetting. | ☐ Generally calm and able to deal with stress, but you sometimes experience feelings of guilt, anger, or sadness. | ☐ Secure, hardy, and generally relaxed even under stressful conditions. |
| ☐ Extraverted, outgoing, active, and high-spirited. You prefer to be around people most of the time. | ☐ Moderate in activity and enthusiasm. You enjoy the company of others but you also value privacy. | ☐ Introverted, reserved, and serious. You prefer to be alone or with a few close friends. |
| ☐ Open to new experiences. You have broad interests and are very imaginative. | ☐ Practical but willing to consider new ways of doing things. You seek a balance between the old and the new. | ☐ Down-to-earth, practical, traditional, and pretty much set in your ways. |
| ☐ Compassionate, good-natured, and eager to cooperate and avoid conflict. | ☐ Generally warm, trusting, and agreeable, but you can sometimes be stubborn and competitive. | ☐ Hardheaded, skeptical, proud, and competitive. You tend to express your anger directly. |
| ☐ Conscientious and well-organized. You have high standards and always strive to achieve your goals. | ☐ Dependable and moderately well-organized. You generally have clear goals but are able to set your work aside. | ☐ Easygoing, not very well-organized, and sometimes careless. You prefer not to make plans. |

www.personalitytest.net/ipip/index.html

Cloninger's Tri-Dimensional Personality Model



Cloninger, C.R. (1987) A Systematic Method for Clinical Description & Classification of Personality Variants, Arch Gen Psychiatry, 44, 573-588

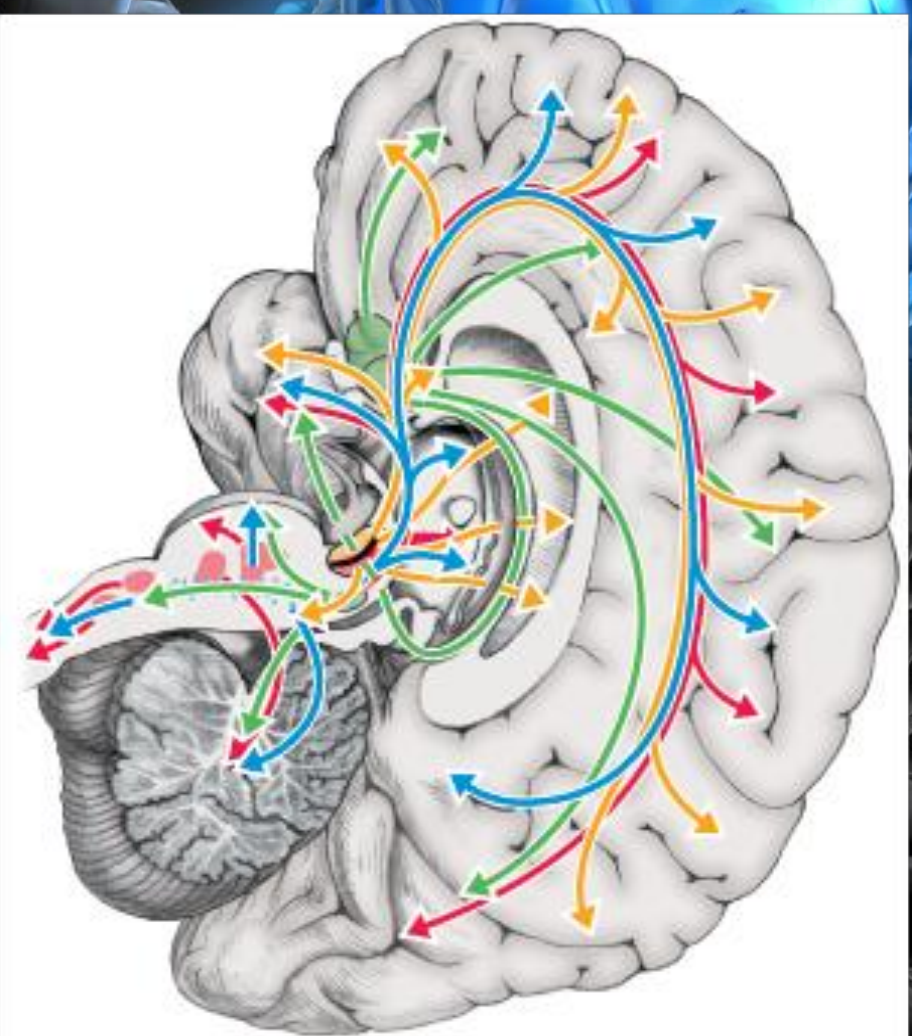
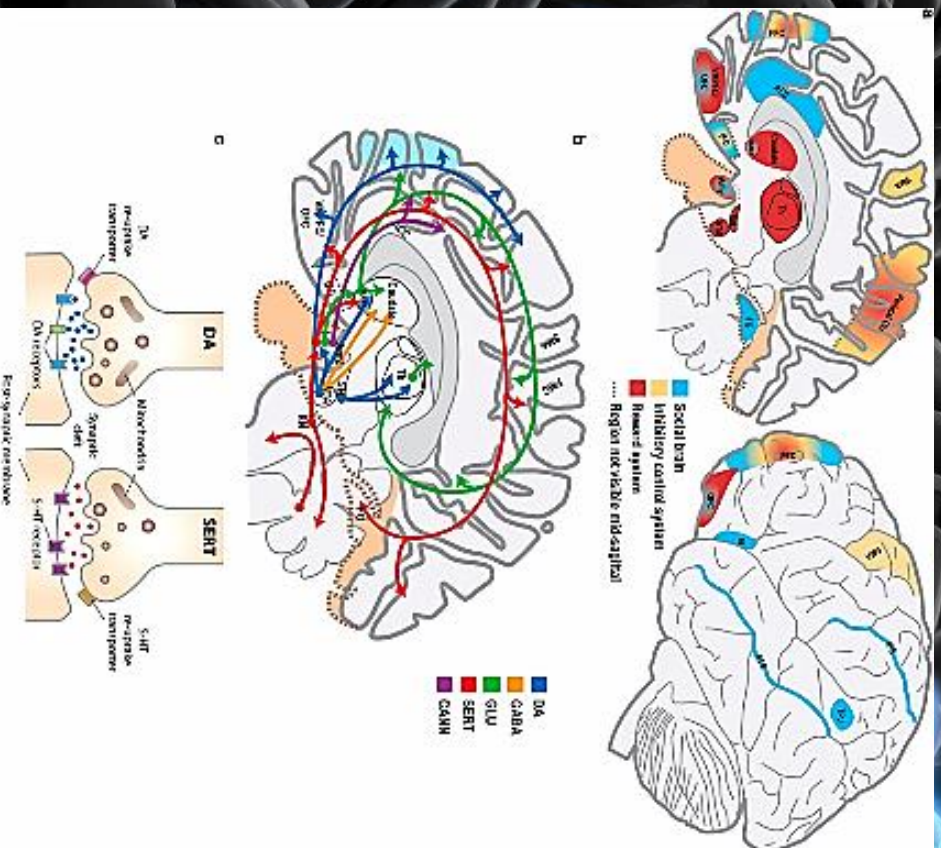
Table 1.—Three Major Brain Systems Influencing Stimulus-Response Characteristics

Brain System (Related Personality Dimension)	Principal Monoamine Neuromodulator	Relevant Stimuli	Behavioral Response
Behavioral activation (novelty seeking)	Dopamine	Novelty Potential reward Potential relief of monotony or punishment	Exploratory pursuit Appetitive approach Active avoidance, escape
Behavioral inhibition (harm avoidance)	Serotonin	Conditioned signals for punishment, novelty, or frustrative nonreward	Passive avoidance, extinction
Behavioral maintenance (reward dependence)	Norepinephrine	Conditioned signals for reward or relief of punishment	Resistance to extinction

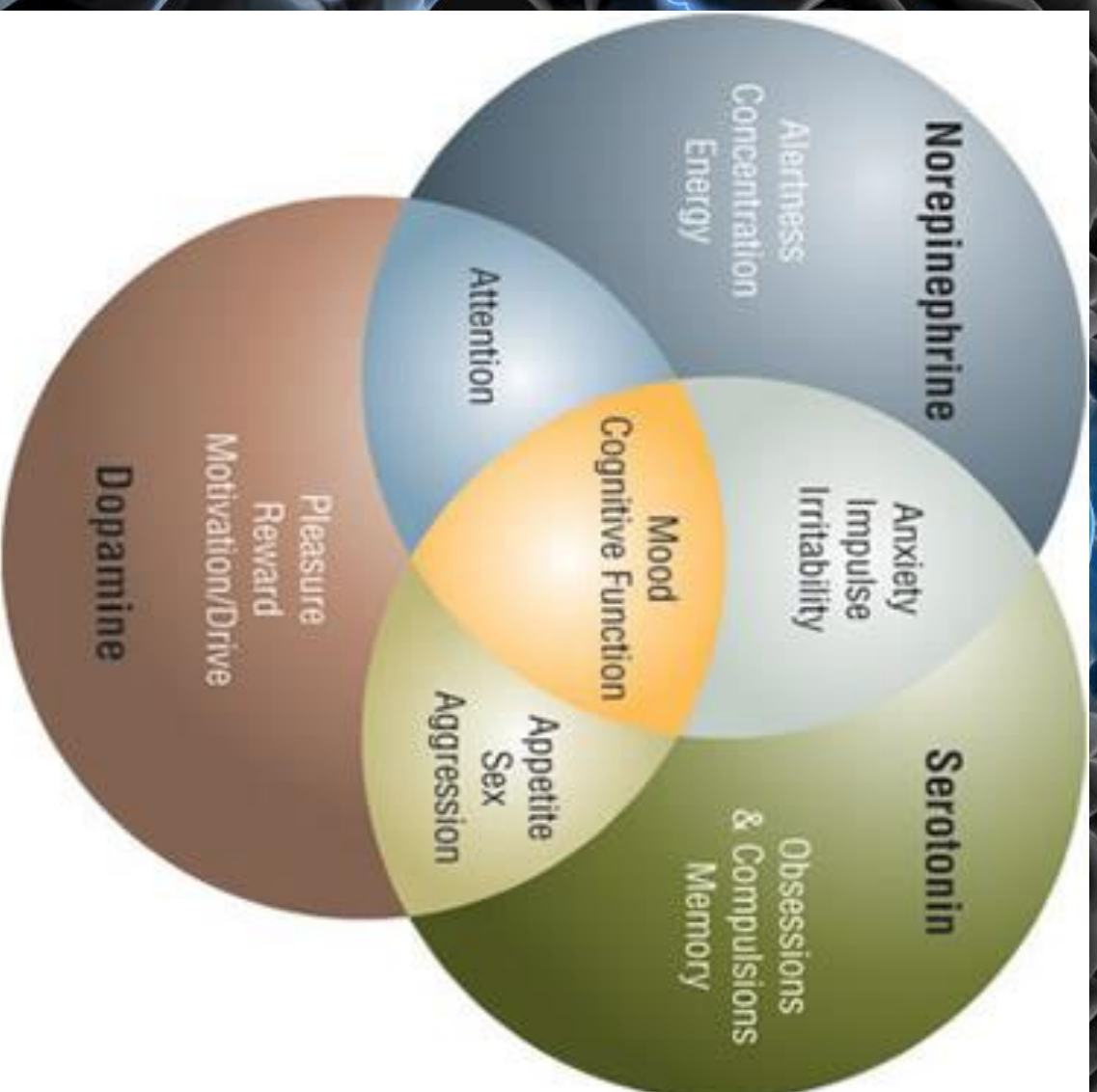
DSM 5 Dimensional Diagnostic Approach

Personality Overview:

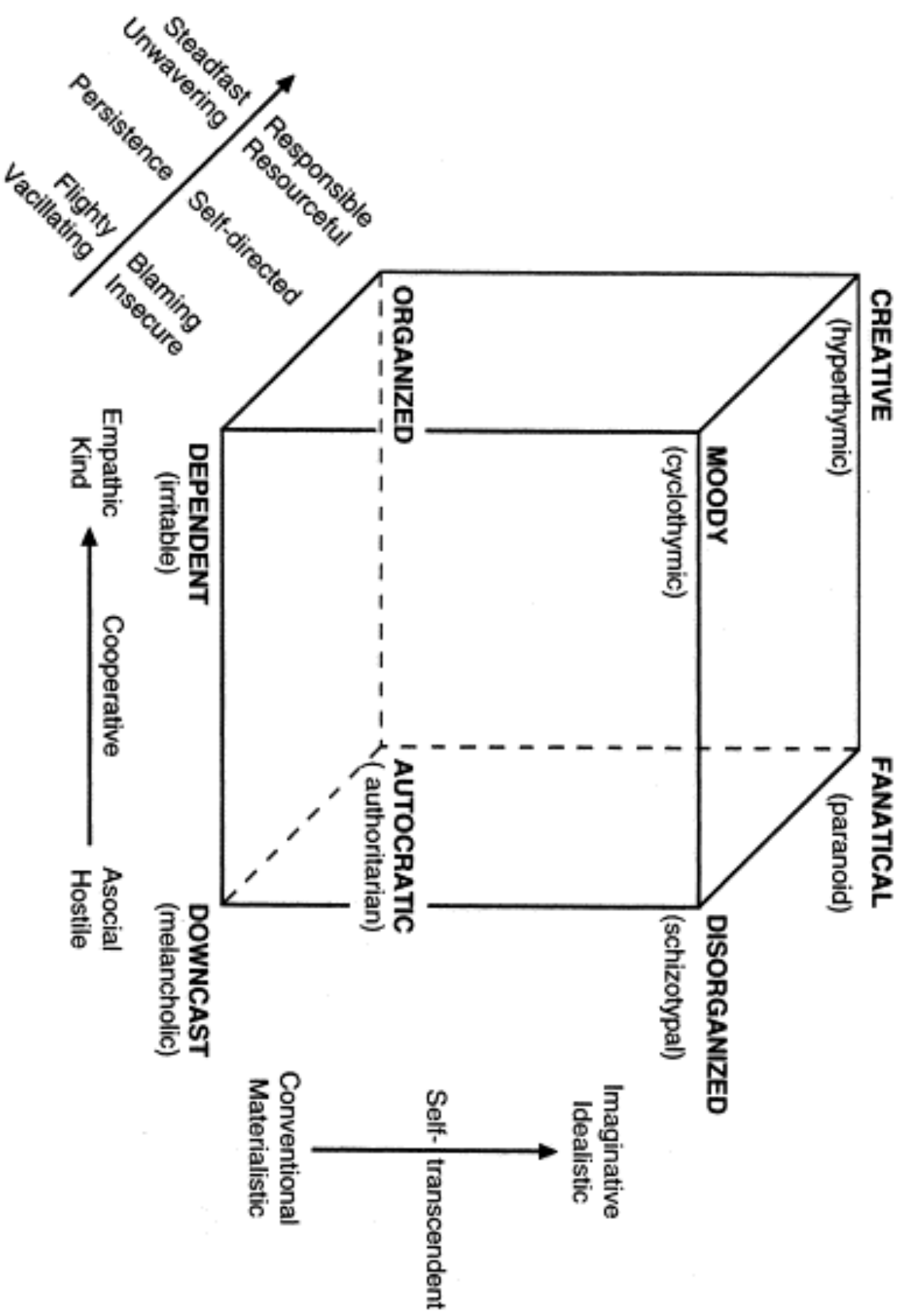
- 5 Broad Trait Domains
 - **Negative Affectivity**
 - Emotional lability, submissiveness, suspiciousness, hostility, depressivity, insecurity
 - **Detachment**
 - Restricted affectivity, depressivity, suspiciousness, withdrawal, anhedonia, intimacy avoidance
 - **Antagonism**
 - Manipulativeness, deceitfulness, grandiosity, attention seeking, callousness, hostility
 - **Disinhibition**
 - Irresponsibility, impulsivity, distractibility, risk taking
 - **Psychoticism**
 - Unusual beliefs & experiences, eccentricity, cognitive & perceptual dysregulation



Noradrenergic, Serotoninergetic, & Dopaminergic Systems



Psychological Characteristics of the Noradrenergic, Serotonergic, & Dopaminergic Systems



DSM-5 Dimensional Assessment

0

Very little or
Not At All
Descriptive

1

Mildly
Descriptive

2

Moderately
Descriptive

3

Extremely
Descriptive

Negative Affectivity

Trait facets:

Experiences negative emotions frequently and intensely
Emotional lability, anxiousness, separation insecurity, perseveration, submissiveness, hostility, depressivity, suspiciousness, (lack of) restricted affectivity

Detachment

Trait facets:

Withdrawal from other people and from social interactions.
Restricted affectivity, depressivity, suspiciousness, withdrawal, anhedonia, intimacy avoidance,

Antagonism

Trait facets:

Engaging in behaviors that put the person at odds with other people.
Manipulativeness, deceitfulness, grandiosity, attention seeking, callousness, hostility

Disinhibition

Trait facets:

Engaging in behaviors on impulse, without reflecting on potential future consequences.
NOTE: Compulsivity is the opposite of disinhibition and, if present, should be recorded at the facet level as rigid perfectionism in the absence of other disinhibition facets.
Irresponsibility, impulsivity, distractibility, risk taking, (lack of) rigid perfectionism

Psychoticism

Trait facets:

Unusual and bizarre experiences
Unusual beliefs & experiences, eccentricity, cognitive & perceptual dysregulation

Personality Disorders

- Personality types are *categorical*. They are descriptions that center on a few striking features.
- DSM 5 lists 10 personality disorders, each which has a few prominent characteristics.
- The DSM 5 provides a detailed set of criteria for each disorder. To be diagnosed, a persona must show 4 or 5 of these specific criteria.
- The 10 PD's are grouped into 3 clusters based on descriptive similarities.

Personality Disorders

THREE CLUSTERS:

- A: Odd or Eccentric Behaviors
- B: Dramatic, Emotional Erratic Behaviors
- C: Anxious or Fearful Behaviors



Personality Disorders: Diagnostic Issues

Controversies Associated with the Classification of Personality Disorders

- Overlap among disorder symptoms
- Difficulty distinguishing between normal and abnormal behavior
- Gender Biases
- Problems of “Degree” rather than problems of “Kind”
- Co-morbidities w/ other PD’s

Personality Disorder

Features	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Histrionic	Narcissistic	Avoidant	Dependent	Obsessive-compulsive
Relationship problems	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature	Prominent feature
Suspicious/distrustful	Central feature									
Hostile										
Blames others										
Deceitful				Central feature	Central feature					
Controlling/manipulative	Prominent feature			Central feature					Prominent feature	Central feature
Jealous										
Sensitive			Prominent feature					Central feature	Prominent feature	
Aloof/isolated		Central feature								
Self-absorbed	Prominent feature	Prominent feature	Prominent feature	Prominent feature			Central feature	Prominent feature		Prominent feature
Self-critical								Prominent feature	Central feature	Prominent feature
Impulsive/reckless										
Grandiose/egocentric			Prominent feature			Central feature	Central feature			
Emotionally unstable	Prominent feature				Central feature					
Overly emotional					Central feature					
Depressed/helpless	Prominent feature								Prominent feature	
Anxious/tense			Prominent feature						Central feature	
Cognitive/perceptual egocentricities	Prominent feature		Central feature							Prominent feature
Attention deficiencies			Prominent feature				Prominent feature			
Psychotic like episodes	Prominent feature	Prominent feature	Prominent feature							

Central feature
 Prominent feature

Lifetime Prevalence of Antisocial Personality Disorder by Gender

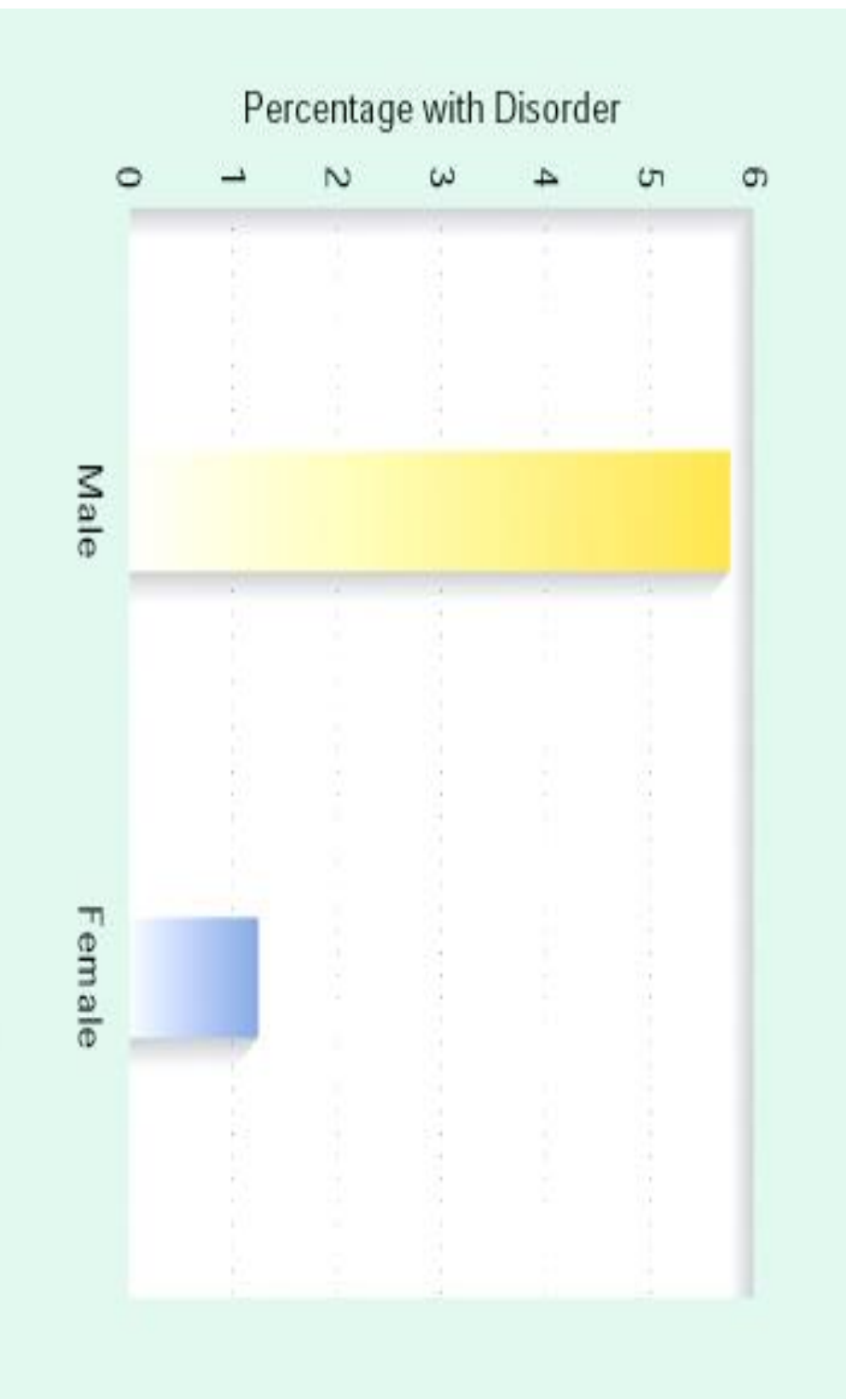
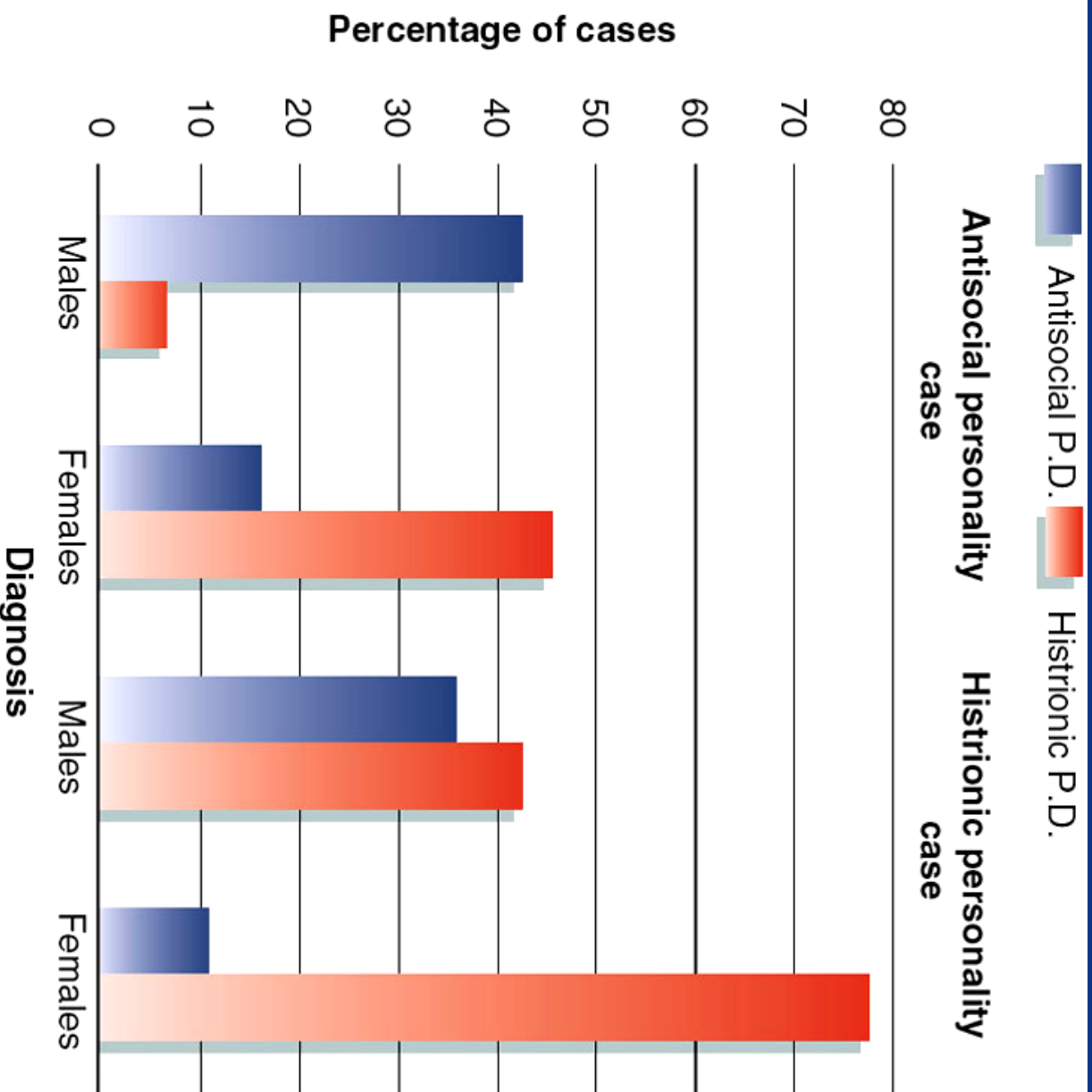


TABLE 12.2 Statistics and Development of Personality Disorders

Disorder	Prevalence*	Gender Differences*	Course
Paranoid personality disorder	In the clinical population: 6.3%–9.6% In the general population: 1.5%–1.8%	Approximately equal among men and women	Insufficient information
Schizoid personality disorder	In the clinical population: 1.4%–1.9% In the general population: 0.9%–1.2%	Slightly more common among men	Insufficient information
Schizotypal personality disorder	In the clinical population: 6.4%–5.7% In the general population: 0.7%–1.1%	Slightly more common among men	Chronic; some go on to develop schizophrenia
Antisocial personality disorder	In the clinical population: 3.9%–5.9% In the general population: 1.0%–1.8%	Much more common among men	Dissipates after age 40 (Hare, McPherson, & Forth, 1988)
Borderline personality disorder	In the clinical population: 28.5% In the general population: 1.4%–1.6%	Approximately equal among men and women	Symptoms gradually improve if individuals survive into their 30s (Zanarini et al., 2006); approximately 6% die by suicide (Perry, 1993)
Histrionic personality disorder	In the clinical population: 8.0%–9.7% In the general population: 1.2%–1.3%	Slightly more common among women	Chronic
Narcissistic personality disorder	In the clinical population: 5.1%–10.1% In the general population: 0.1%–0.8%	Slightly more common among men	May improve over time (Cooper & Ronningstam, 1992; Gunderson, Ronningstam, & Smith, 1991)
Avoidant personality disorder	In the clinical population: 21.5%–24.6% In the general population: 1.4%–2.5%	Slightly more common among women	Insufficient information
Dependent personality disorder	In the clinical population: 13.0%–15.0% In the general population: 0.9%–1.0%	Much more common among women	Insufficient information
Obsessive-compulsive personality disorder	In the clinical population: 6.1%–10.5% In the general population: 1.9%–2.1%	Slightly more common among men	Insufficient information

Evidence of Gender Bias in Ascribing PD Diagnoses



The Case of Robert and Karen

Robert is 10 years old. He attends school, but is often in trouble because he is inattentive or rebellious towards the teacher. He has friends in class, but frequently gets into physical fights with them and on one occasion hurt a classmate. He teases his younger brother at home, and prefers to be outside playing baseball with friends rather than completing homework or chores.

Karen is a 35-year-old single woman. She is depressed because she wants to have children but has not found a suitable partner. Karen has recently quit her job and spends most of her time talking with friends on the telephone. She has no immediate plans to return to work, and will look to her family to provide for her during this difficult time.

The Case of Robert and Karen

Karen is 10 years old. She attends school, but is often in trouble because she is inattentive or rebellious towards the teacher. She has friends in class, but frequently gets into physical fights with them and on one occasion hurt a classmate. She teases her younger brother at home, and prefers to be outside playing baseball with friends rather than completing homework or chores.

Robert is a 35-year-old single man. He is depressed because he wants to have children but has not found a suitable partner. Robert has recently quit his job and spends most of his time talking with friends on the telephone. He has no immediate plans to return to work, and will look to his family to provide for him during this difficult time.

Co-Morbidity Rates Across Personality Disorders

TABLE 12.4 Diagnostic Overlap of Personality Disorders

Odds Ratio[†] of People Qualifying for Other Personality Disorder Diagnoses

Diagnosis	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Histrionic	Narcissistic	Avoidant	Dependent	Obsessive-Compulsive
Paranoid		2.1	37.3*	2.6	12.3*	0.9	8.7*	4.0*	0.9	5.2*
Schizoid	2.1		19.2	1.1	2.0	3.9	1.7	12.3*	2.9	5.5*
Schizotypal	37.3*	19.2		2.7	15.2*	9.4	11.0	3.9*	7.0	7.1
Antisocial	2.6	1.1	2.7		9.5*	8.1*	14.0*	0.9	5.6	0.2
Borderline	12.3*	2.0	15.2*	9.5*		2.8	7.1*	2.5*	7.3*	2.0
Histrionic	0.9	3.9	9.4	8.1*	2.8		13.2*	0.3	9.5	1.3
Narcissistic	8.7*	1.7	11.0	14.0*	7.1*	13.2*		0.3	4.0	3.7*
Avoidant	4.0*	12.3*	3.9*	0.9	2.5*	0.3	0.3		2.0	2.7
Dependent	0.9	2.9	7.0	5.6	7.3*	9.5	4.0	2.0		0.9
Obsessive-compulsive	5.2*	5.5*	7.1	0.2	2.0	1.3	2.0	2.7	0.9	

[†]The “odds ratio” indicates how likely it is that a person would have both disorders. The odds ratios with an asterisk (*) indicate that, statistically, people are likely to be diagnosed with both disorders—with a higher number meaning people are more likely to have both. Some higher odds ratios are not statistically significant because the number of people with the disorder in this study was relatively small.

Source: Reprinted, with permission, from Zimmerman, M., Rothschild, L., & Chelminski, I. (2005). The prevalence of DSM-IV personality disorders in psychiatric outpatients. *American Journal of Psychiatry*, 162, 1911–1918, © 2005 American Psychiatric Association.

Personality Disorders: Cluster A Odd or Eccentric Behavior

Paranoid personality disorder

Chronic and pervasive mistrust and suspicion of other people that is unwarranted and maladaptive.

Schizoid personality disorder

Chronic lack of interest in and avoidance of interpersonal relationships, emotional coldness toward others.

Schizotypal personality disorder

Chronic pattern of inhibited or inappropriate emotion and social behavior, aberrant cognitions, disorganized speech.

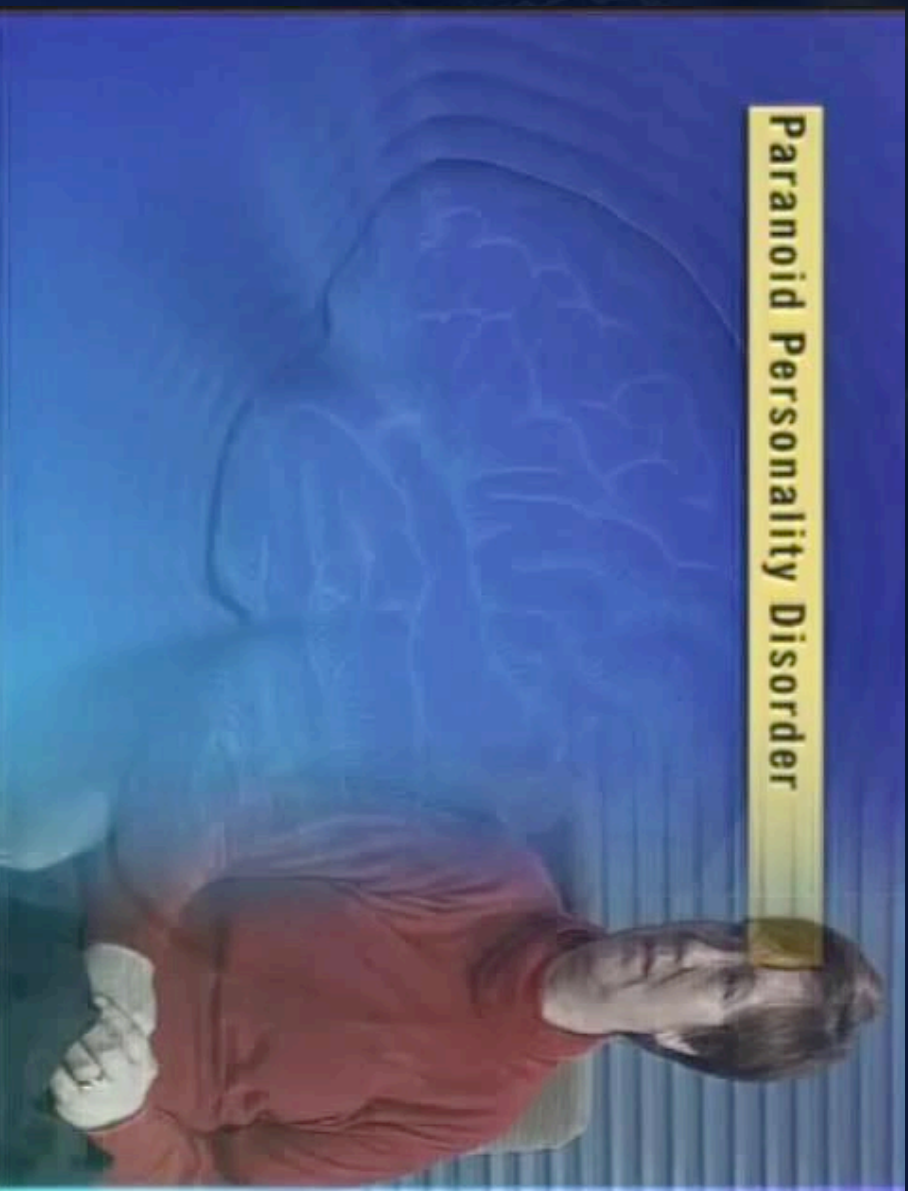
Weak

Relationship to Schizophrenia

Strong

Paranoid Personality Disorder

- A.** A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
1. Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her.
 2. Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates.
 3. Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her.
 4. Reads hidden demeaning or threatening meanings into benign remarks or events.
 5. Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights.
 6. Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.
 7. Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.
- B.** Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, or another psychotic disorder and is not attributable to the physiological effects of another medical condition.



Paranoid Personality Disorder



PARANOID extreme suspicion

Biological Influences

- Possible but unclear link with schizophrenia

Psychological Influences

- Thoughts that people are malicious, deceptive, and threatening
- Behavior based on mistaken assumptions about others

CAUSES

Social/Cultural Influences

- “Outsiders” may be susceptible because of unique experiences (e.g., prisoners, refugees, people with hearing impairments, and the elderly)
- Parents’ early teaching may influence

Treatment

- Difficult because of client’s mistrust and suspicion
- Cognitive work to change thoughts
- Low success rate

Schizoid Personality Dx

- A.** A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
1. Neither desires nor enjoys close relationships, including being part of a family.
 2. Almost always chooses solitary activities.
 3. Has little, if any, interest in having sexual experiences with another person.
 4. Takes pleasure in few, if any, activities.
 5. Lacks close friends or confidants other than first-degree relatives.
 6. Appears indifferent to the praise or criticism of others.
 7. Shows emotional coldness, detachment, or flattened affectivity.
- B.** Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder and is not attributable to the physiological effects of another medical condition.
- Note: If criteria are met prior to the onset of schizophrenia, add "premorbid," e.g., "schizoid personality disorder (premorbid)."



Schizoid Personality Dx

SCHIZOID social isolation

Psychological Influences

- Very limited range of emotions
- Apparently cold and unconnected
- Unaffected by praise or criticism

Biological Influences

- May be associated with lower density of dopamine receptors

CAUSES

Social/Cultural Influences

- Preference for social isolation
- Lack of social skills
- Lack of interest in close relationships, including romantic or sexual

Treatment

- Learning value of social relationships
- Social skills training with role playing

Schizotypal Personality Dx

- A.** A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships, as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
1. Ideas of reference (excluding delusions of reference).
 2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense", in children and adolescents, bizarre fantasies or preoccupations).
 3. Unusual perceptual experiences, including bodily illusions.
 4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped).
 5. Suspiciousness or paranoid ideation.
 6. Inappropriate or constricted affect.
 7. Behavior or appearance that is odd, eccentric, or peculiar.
 8. Lack of close friends or confidants other than first-degree relatives.
 9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.
- B.** Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder.



Schizotypal Personality Dx



SCHIZOTYPAL suspicion and odd behavior

Biological Influences

- Genetic vulnerability for schizophrenia but without the biological or environmental stresses present in that disorder

CAUSES

Psychological Influences

- Unusual beliefs, behavior, or dress
- Suspiciousness
- Believing insignificant events are personally relevant ("ideas of reference")
- Expressing little emotion
- Symptoms of major depressive disorder

Social/Cultural Influences

- Preference for social isolation
- Excessive social anxiety
- Lack of social skills

Treatment

- Teaching social skills to reduce isolation and suspicion
- Medication (haloperidol) to reduce ideas of reference, odd

A woman with dark hair, wearing a red dress, is shown from the chest up. She is holding a clear glass perfume bottle and spraying the liquid onto her neck. Her eyes are closed, and she has a serene expression. The background is a solid dark red color.

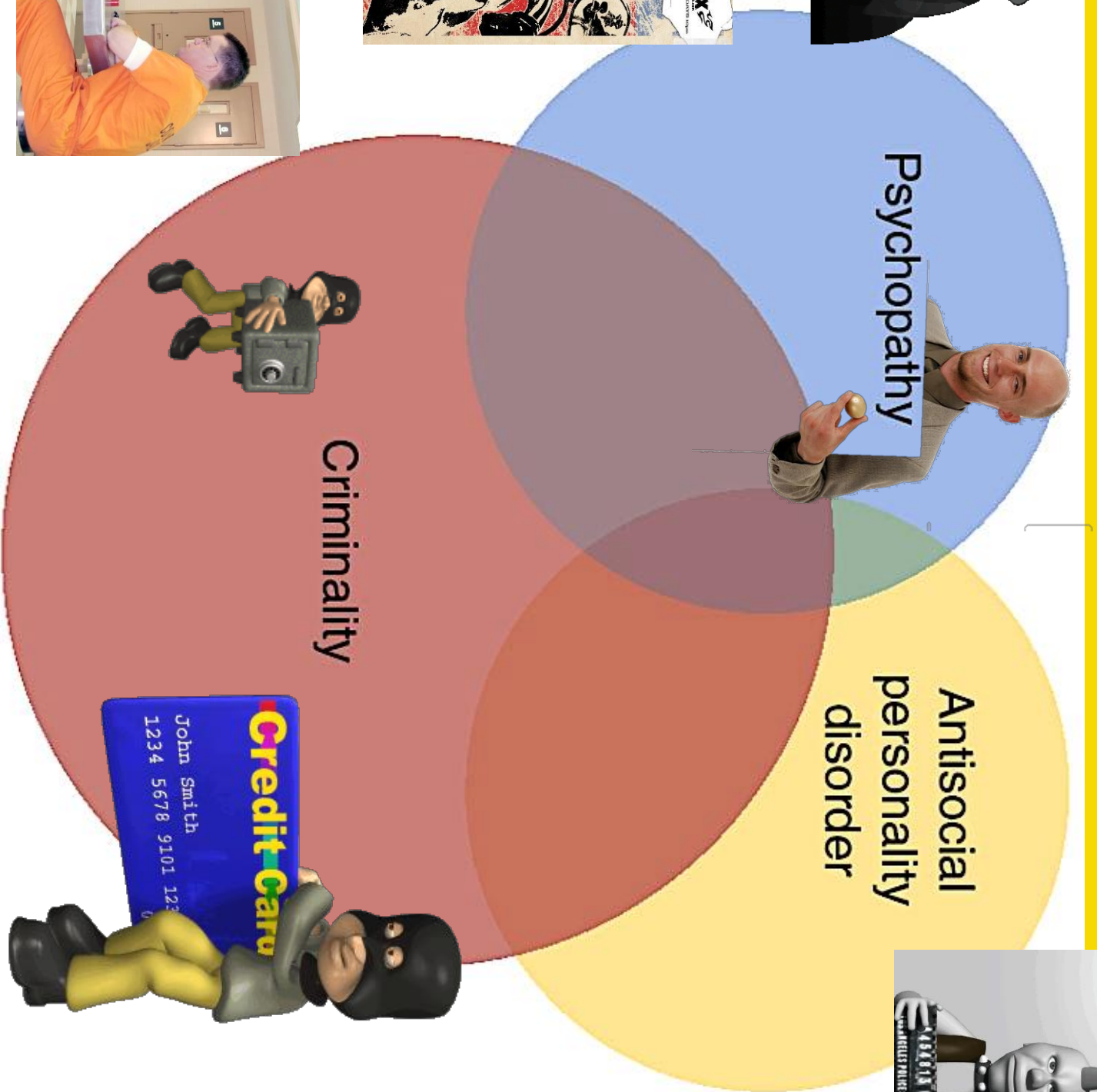
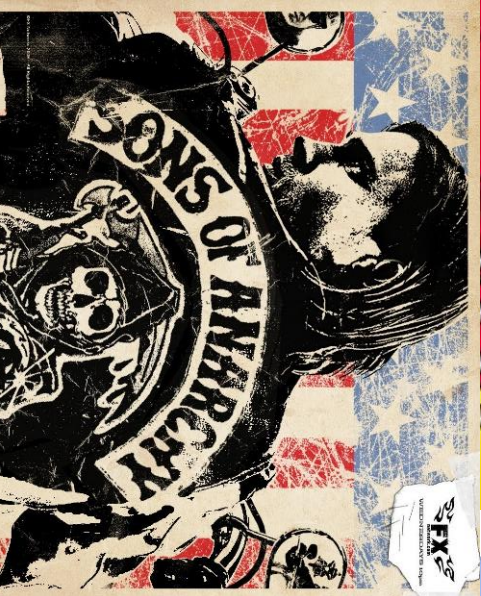
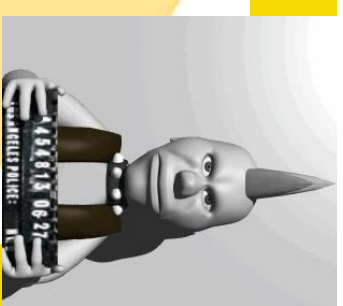
Personality Disorders: **Cluster B**

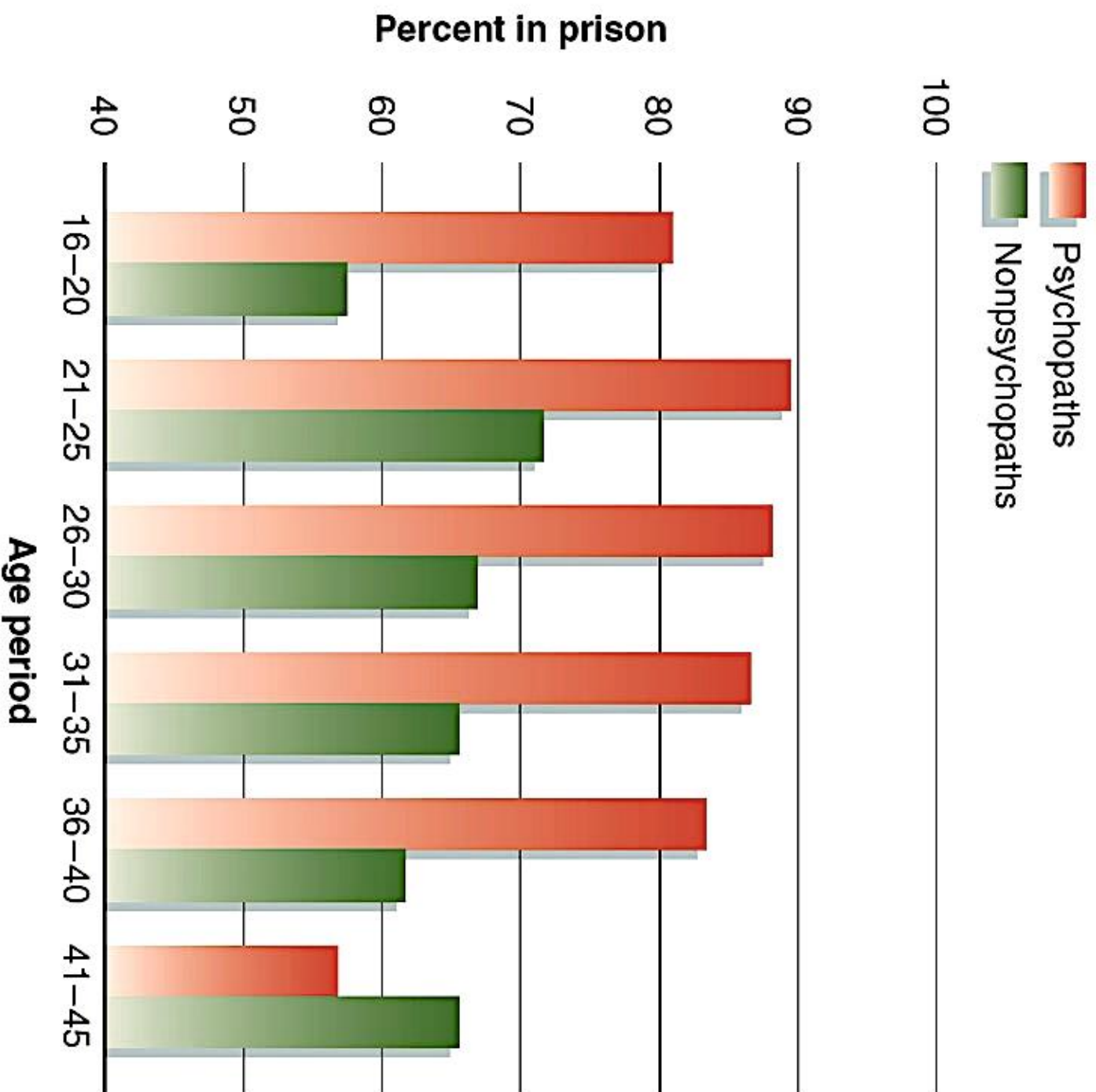
• Dramatic, Emotional or Erratic Behaviors

- Antisocial Personality Dx
- Histrionic Personality Dx
- Borderline Personality Dx
- Narcissistic Personality Dx

Personality Disorders: Antisocial PD

- **Antisocial personality disorder**
 - **Historical perspective**
 - **Sociocultural factors**
 - **Antisocial behavior and criminality**
 - **Profile of the antisocial personality**
 - **Diagnostic features**





Anti-Social Personality Disorder Vignette

A. 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.
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.

Dissocial Personality Disorder

Symptoms

No Guilt

Failure to learn from experience/
punishment

Blames Others

Plausible Rationalisation for Errors

ANTISOCIAL violation of others' rights

Psychological Influences

- Difficulty learning to avoid punishment
- Indifferent to concerns of others

Biological Influences

- Genetic vulnerability combined with environmental influences
- Abnormally low cortical arousal
- High fear threshold

CAUSES

Social/Cultural Influences

- Criminality
- Stress/exposure to trauma
- Inconsistent parental discipline
- Socioeconomic disadvantage

Treatment

- Seldom successful (incarceration instead)
- Parent training if problems are caught early
- Prevention through preschool programs

Brain Regions Associated with Anti-Social Personality Disorder



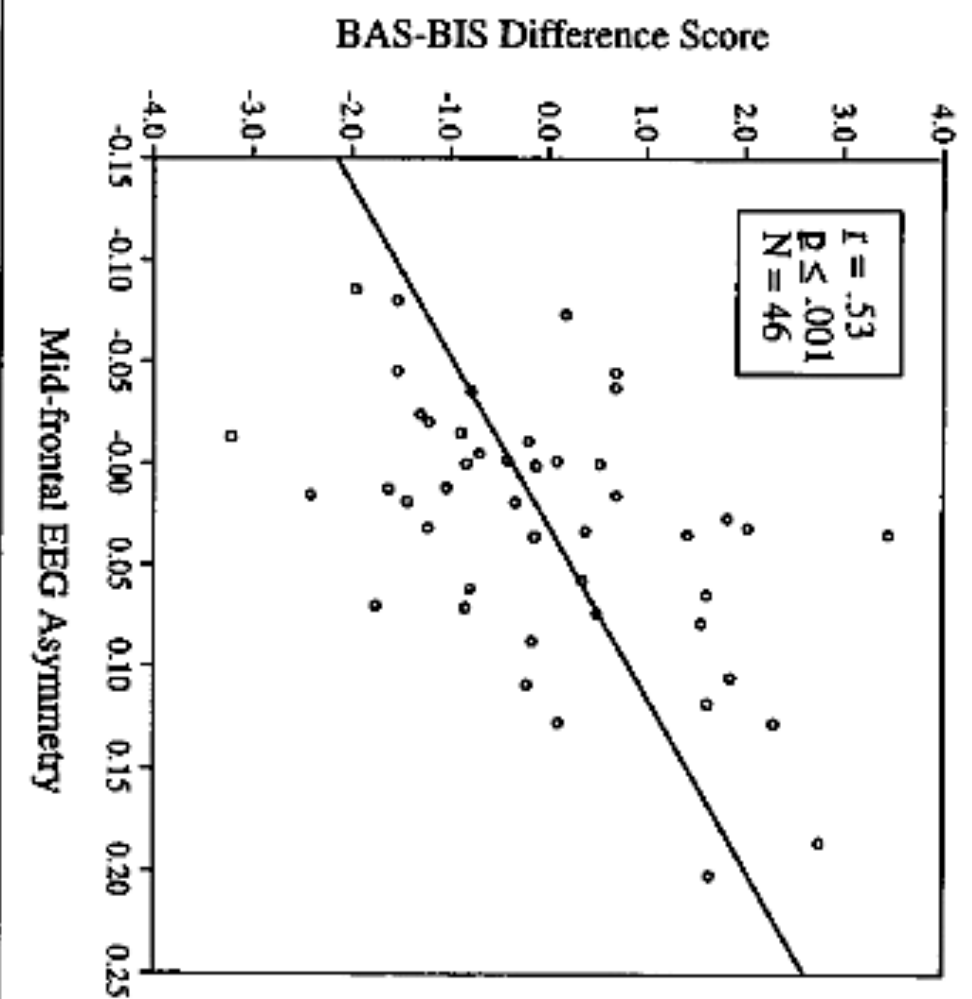
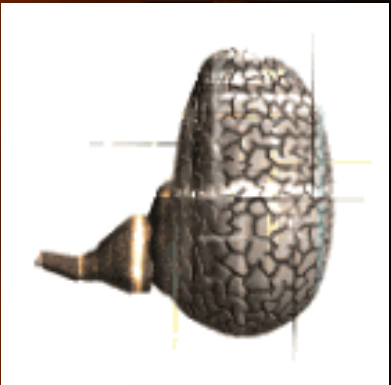
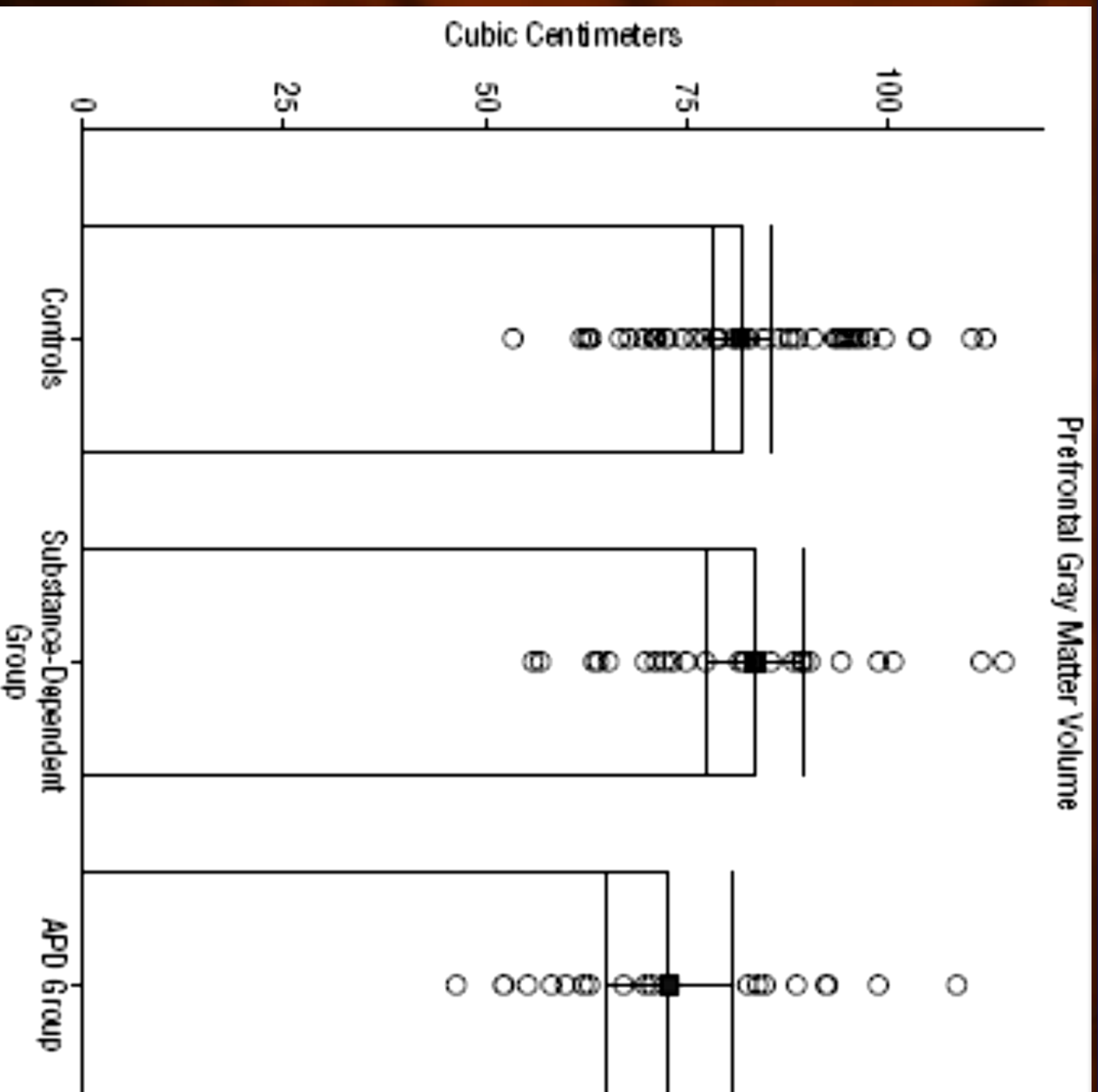


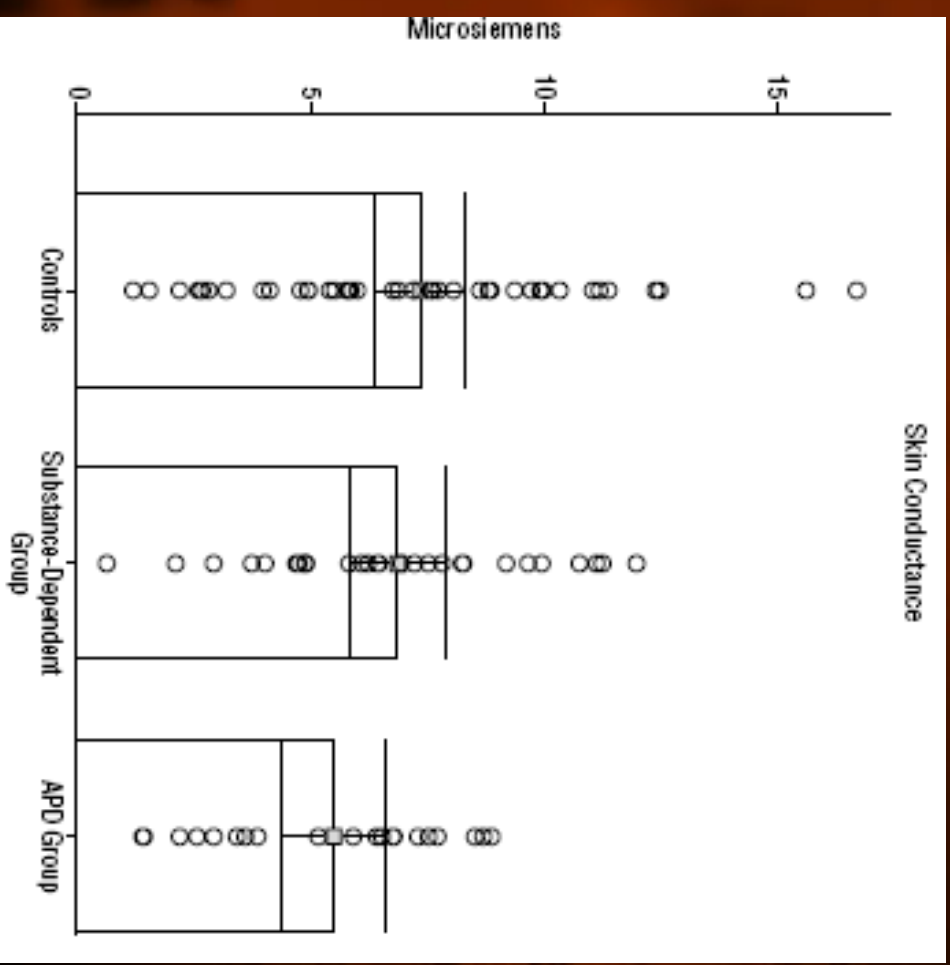
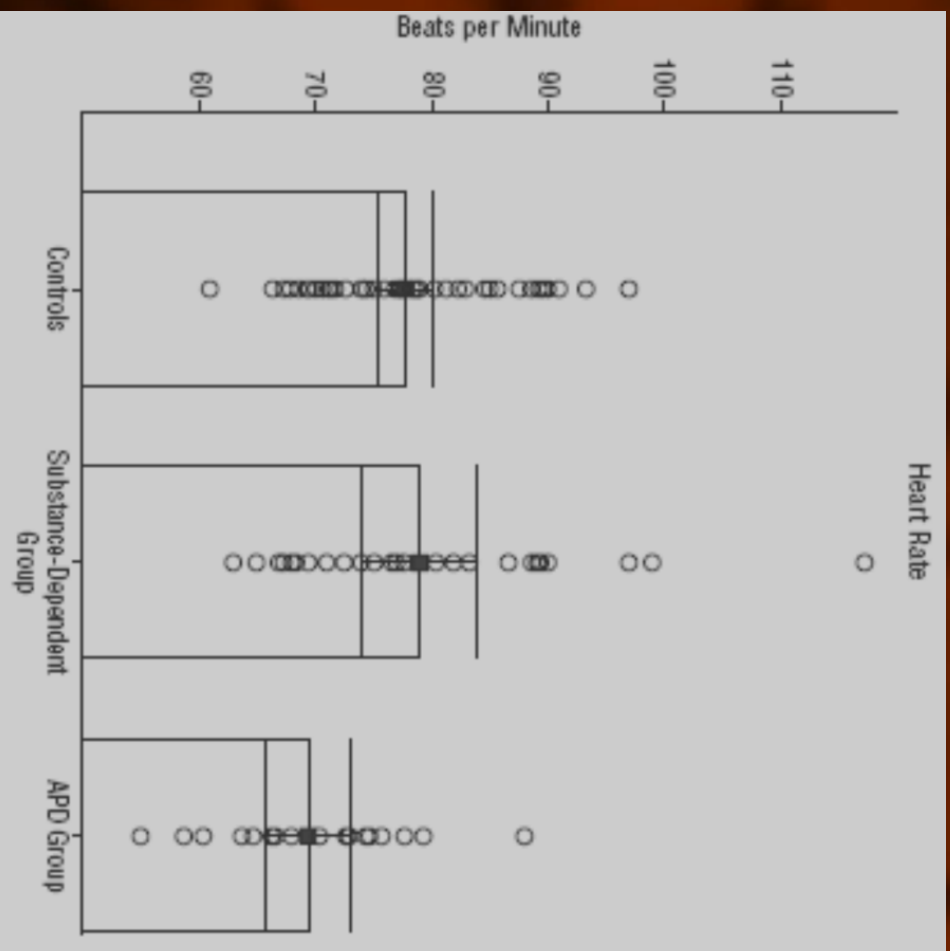
Fig. 1. Scatter plot of the correlation between mid-frontal (F3 and F4) electroencephalogram (EEG) asymmetry and BAS-BIS difference scores (score for Behavioral Approach System, BAS, minus score for Behavioral Inhibition System, BIS). Higher EEG asymmetry scores reflect greater relative left-frontal activation. Higher BAS-BIS difference scores reflect greater relative BAS activity.



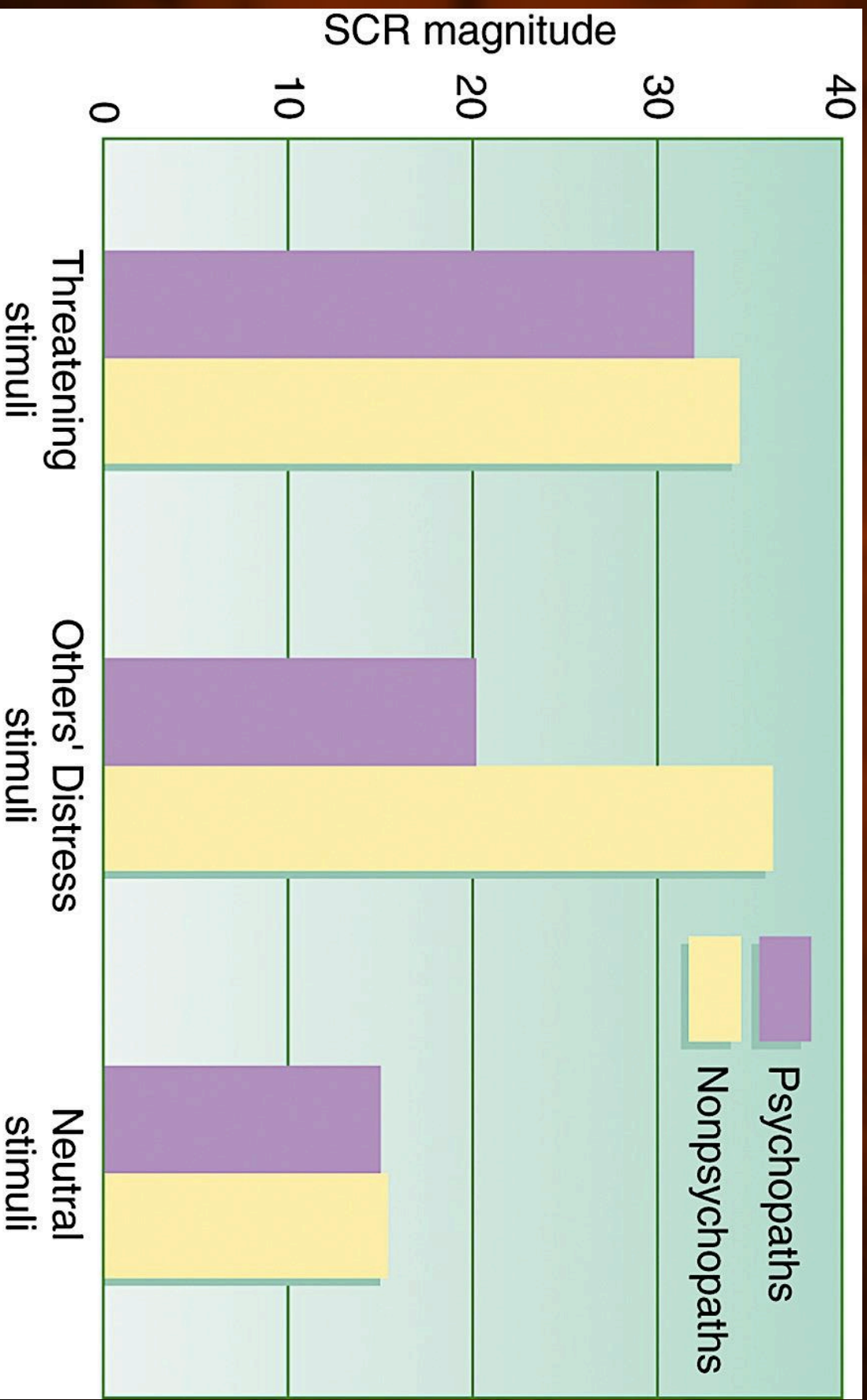
Reduced Prefrontal Grey Matter Volume in APD



Hypo-Arousal Hypothesis: Reduced Heart Rate & Skin Conductance Levels in APD



Deficits in Empathic Reactivity Among Psychopaths



Histrionic Personality Disorder



TABLE 12.7 Diagnostic Criteria for Histrionic Personality Disorder

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Is uncomfortable in situations in which he or she is not the center of attention.
2. Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior.
3. Displays rapidly shifting and shallow expression of emotions.
4. Consistently uses physical appearance to draw attention to self.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization, theatricality, and exaggerated expression of emotion.
7. Is suggestible (i.e., easily influenced by others or circumstances).
8. Considers relationships to be more intimate than they actually are.





HISTRIONIC **excessively** **emotional**

Biological Influences

- Possible link to antisocial disorder
 - women histrionic/men antisocial

Psychological Influences

- Vain and self-centered
- Easily upset if ignored
- Vague and hyperbolic
- Impulsive; difficulty delaying gratification

CAUSES

Social/Cultural Influences

- Overly dramatic behavior attracts attention
- Seductive
- Approval-seeking

Treatment

- Little evidence of success
- Rewards and fines
- Focus on interpersonal relations



Diagnostic Criteria for Narcissistic Personality Disorder

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
 2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
 3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
 4. Requests excessive admiration.
 5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
 6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
 7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
 8. Is often envious of others or believes that others are envious of him or her.
 9. Shows arrogant, haughty behaviors or attitudes.
-



Oscillations in Attachment



BORDERLINE tumultuous instability

Psychological Influences

- Suicidal
- Erratic moods
- Impulsivity

Biological Influences

- Familial link to mood disorders
- Possibly inherited tendencies (impulsivity or volatility)

CAUSES

Social/Cultural Influences

- Early trauma, especially sexual/physical abuse
- Rapid cultural changes (immigration) may trigger symptoms

Treatment

- Dialectical behavior therapy (DBT)
- Medication:
 - tricyclic antidepressants
 - minor tranquilizers
 - lithium

Note: Cluster B also includes Narcissistic Personality Disorder.

Borderline Personality Disorder Vignette

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

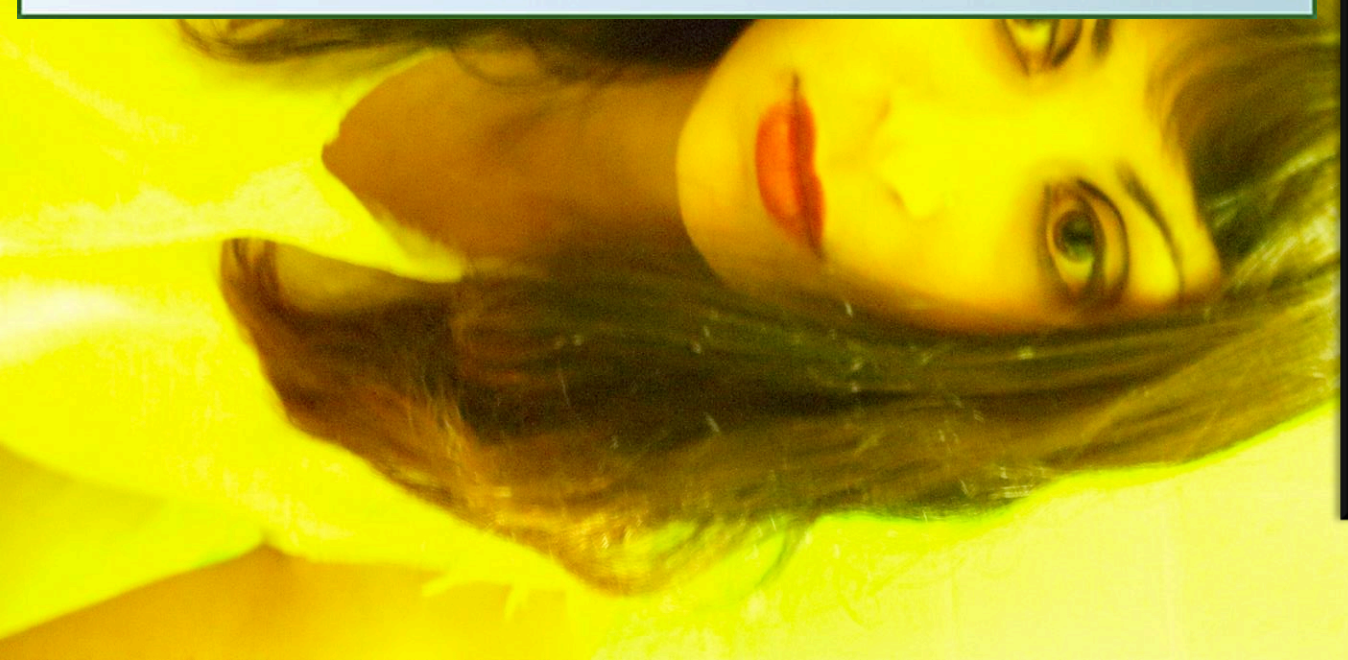
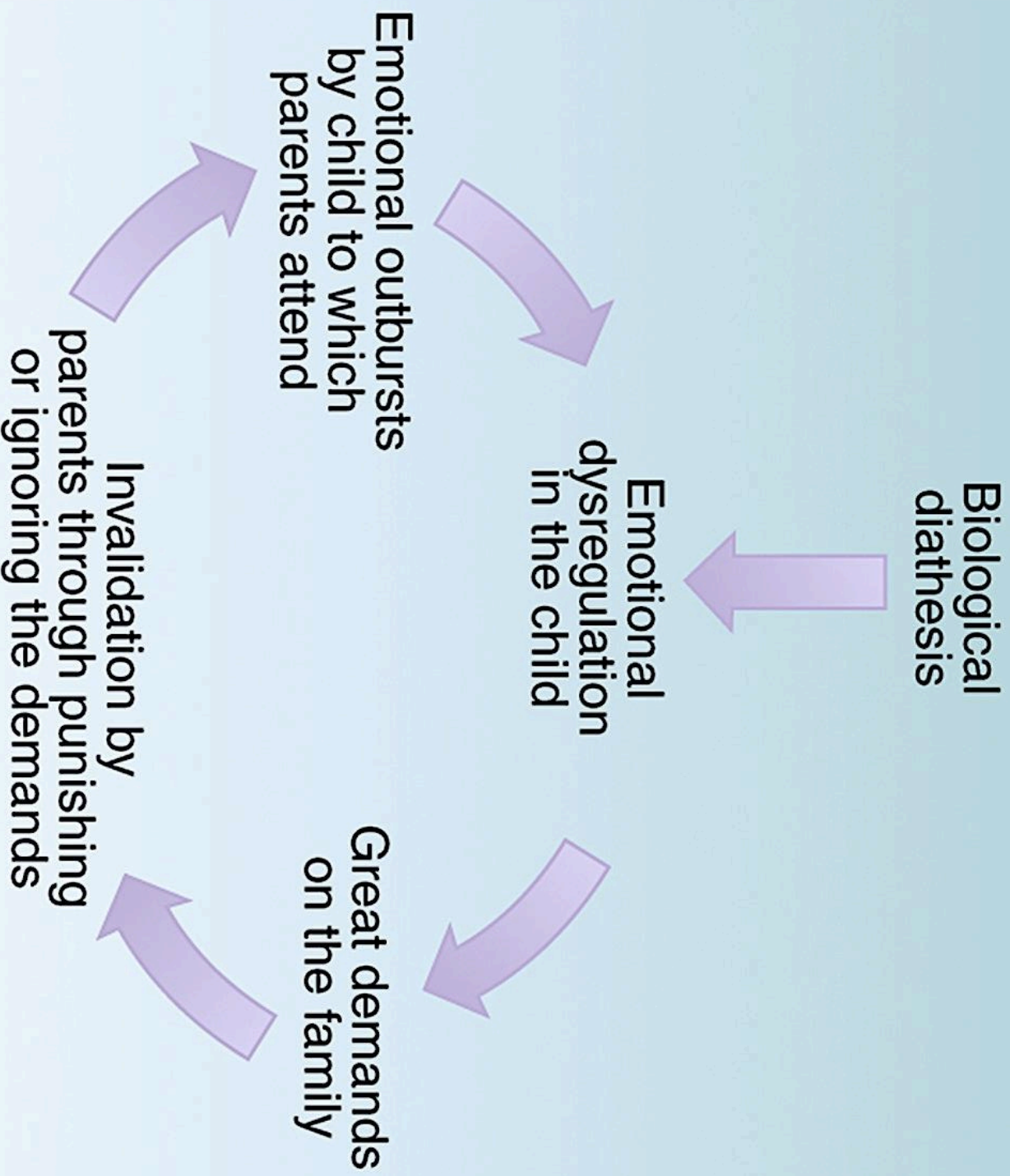
1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.



Borderline Personality Disorder Vignette



Operant Shaping of Borderline Behaviors



Miss Hollywood



Personality Disorders: Cluster C

Anxious or Fearful Behaviors

Avoidant personality disorder

Pervasive anxiety, a sense of inadequacy, and a fear of being criticized, which leads to the avoidance of social interactions and nervousness.



Dependent personality disorder:

Pervasive selflessness, need to be cared for, fear of rejection, leading to total dependence on and submission to others.



Obsessive-compulsive personality disorder

Pervasive rigidity in one's activities and interpersonal relationships, including emotional constriction, extreme perfectionism, and anxiety about even minor disruptions in one's routine.



Avoidant Personality Disorder



TABLE 12.9 Diagnostic Criteria for Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.
2. Is unwilling to get involved with people unless certain of being liked.
3. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.
4. Is preoccupied with being criticized or rejected in social situations.
5. Is inhibited in new interpersonal situations because of feelings of inadequacy.
6. Views self as socially inept, personally unappealing, or inferior to others.
7. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.



AVOIDANT *inhibition*

Biological Influences

- Innate characteristics may cause rejection

Psychological Influences

- Low self-esteem
- Fear of rejection, criticism leads to fear of attention
- Extreme sensitivity
- Resembles social phobia

CAUSES

Social/Cultural Influences

- Insufficient parental affection

Treatment

- Behavioral intervention techniques sometimes successful
 - systematic desensitization
 - behavioral rehearsal
- Improvements usually modest

Dependent Personality Disorder



TABLE 12.10 Diagnostic Criteria for Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others.
2. Needs others to assume responsibility for most major areas of his or her life.
3. Has difficulty expressing disagreement with others because of fear of loss of support or approval. (Note: Do not include realistic fears of retribution.)
4. Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).
5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant.
6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care of himself or herself.
7. Urgently seeks another relationship as a source of care and support when a close relationship ends.
8. Is unrealistically preoccupied with fears of being left to take care of himself or herself.





DEPENDENT

pervasive need to be taken care of

Psychological Influences

- Early “loss” of caretaker (death, rejection, or neglect) leads to fear of abandonment
- Timidity and passivity

Treatment

- Very little research
- Appear as ideal clients
- Submissiveness negates independence

Biological Influences

- Each of us born dependent for protection, food, and nurturance

CAUSES

Social/Cultural Influences

- Agreement for the sake of avoiding conflict
- Similar to Avoidant in
 - inadequacy
 - sensitivity to criticism
 - need for reassurance

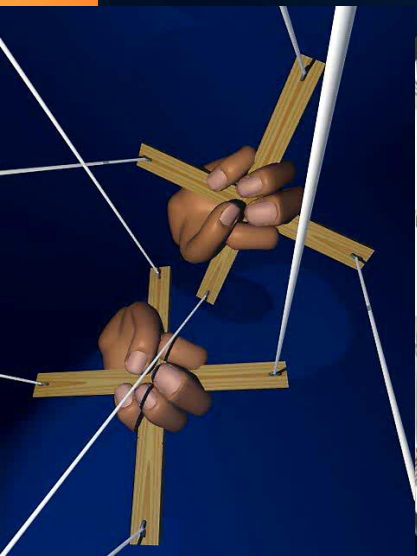
BUT

- for those same shared reasons
- Avoidants withdraw
 - Dependents cling

TABLE 12.11 Diagnostic Criteria for
Obsessive-Compulsive
Personality Disorder

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.
2. Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met).
3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity).
4. Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification).
5. Is unable to discard worn-out or worthless objects even when they have no sentimental value.
6. Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things.
7. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes.
8. Shows rigidity and stubbornness.



OBSESSIVE- COMPULSIVE *fixation on details*

Psychological Influences

- Generally rigid
- Dependent on routines
- Procrastinating

Treatment

- Little information
- Therapy
 - attack fears behind need
 - relaxation or distraction techniques redirect compulsion to order

Biological Influences

- Distant relation to OCD
- Probable weak genetic role
 - predisposition to structure combined with parental reinforcement

CAUSES

Social/Cultural Influences

- Very work-oriented
- Poor interpersonal relationships

Features	Personality Disorder									
	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Histrionic	Narcissistic	Avoidant	Dependent	Obsessive-compulsive
Relationship problems										
Suspicious/distrustful										
Hostile										
Blames others										
Deceitful										
Controlling/manipulative										
Jealous										
Sensitive										
Aloof/isolated										
Self-absorbed										
Self-critical										
Impulsive/reckless										
Grandiose/egocentric										
Emotionally unstable										
Overly emotional										
Depressed/helpless										
Anxious/tense										
Cognitive/perceptual egocentricities										
Attention deficiencies										
Psychotic-like episodes										

 Central feature
 Prominent feature



Cognitive Schemas/Scripts Associated with Specific Personality Disorders

Examples of Maladaptive Cognitions Hypothesized to Be Associated with Each

Personality Disorder	Maladaptive Cognitions
Avoidant	If people <i>know</i> the real me, they will reject me.
Dependent	I need people to survive, and I need constant encouragement and reassurance.
Obsessive-compulsive	I know what's best.
Paranoid	People <i>should</i> do better and try harder.
	Don't trust anyone.
Antisocial	Be on guard.
	I am entitled to <i>break</i> rules.
Narcissistic	Others are exploitative.
	Since I am special, I <i>deserve</i> special rules.
Histrionic	I am better than others.
Schizoid	People are there to serve or admire me.
	Others are unrewarding.
	Relationships are messy and undesirable.

Source: Beck & Freeman (1990).

Biopsychosocial Model Underlying the Development of PD's

