

Advanced Clinical Assessment and Diagnosis

9th week
Personality Disorders

Can a Personality be disorder?

- **Personality trait-** An enduring pattern of perceiving, relating to, and thinking about the environment and others.
- **Personality disorders (PD):** Rigid and unhealthy patterns of thinking, functioning and behaving to other people and situations
 - The concept of PD emerged from psychodynamic theory, which often relies on invisible mental constructs
 - Can PD describes the total person, rather than particular aspects of the person?
 - Should focus on personality patterns- repetitive behaviors and feelings that are problematic, but do not consider PD as an “entity within a person”.

2010)

(Cocoran & Walsh,

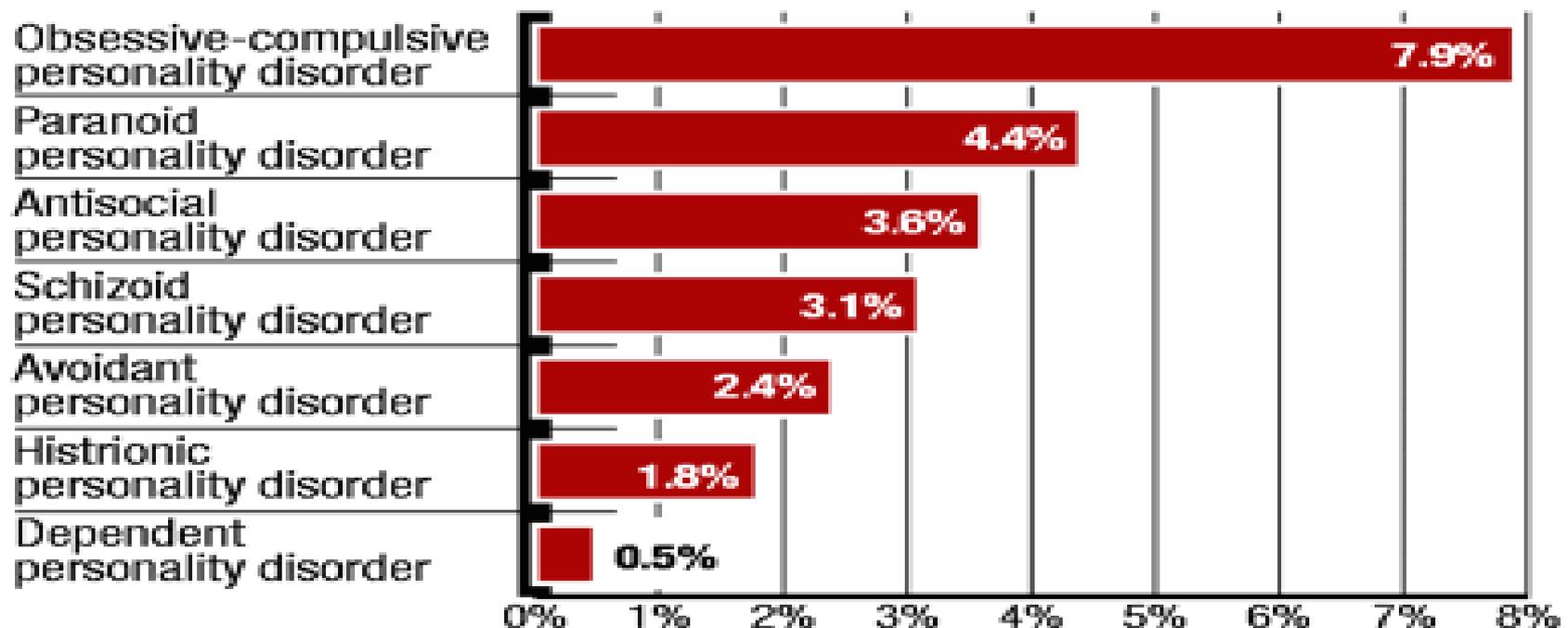
DSM-5 PD Clusters

- Besides “General PD”, DSM-5 groups the 10 diagnoses into three clusters based on shared characteristics:
 - Cluster A - The odd and eccentric behaviors
 1. Paranoid PD
 2. Schizoid PD
 3. Schizotypal PD
 - Cluster B - The dramatic and emotional behaviors
 4. Antisocial PD
 5. Borderline PD
 6. Histrionic PD
 7. Narcissistic PD
 - Cluster C - The anxious and fearful behaviors
 8. Avoidant PD
 9. Dependent PD
 10. Obsessive-Compulsive PD
 - Other PDs
 11. Personality change due to another medical condition: labile, disinhibited, aggressive, apathetic, paranoid, other, combined, unspecified type

The Nature of PD

- In at least 2 of the following 4 areas, behavior patterns are malfunctioned because of their personality
 1. Cognition
 2. Affectivity
 3. Interpersonal functioning
 4. Impulse control

An estimated 14.8% of American adults (30.8 million) meet criteria for at least one of the studied PD



Source: 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions conducted by NIAAA/NIH

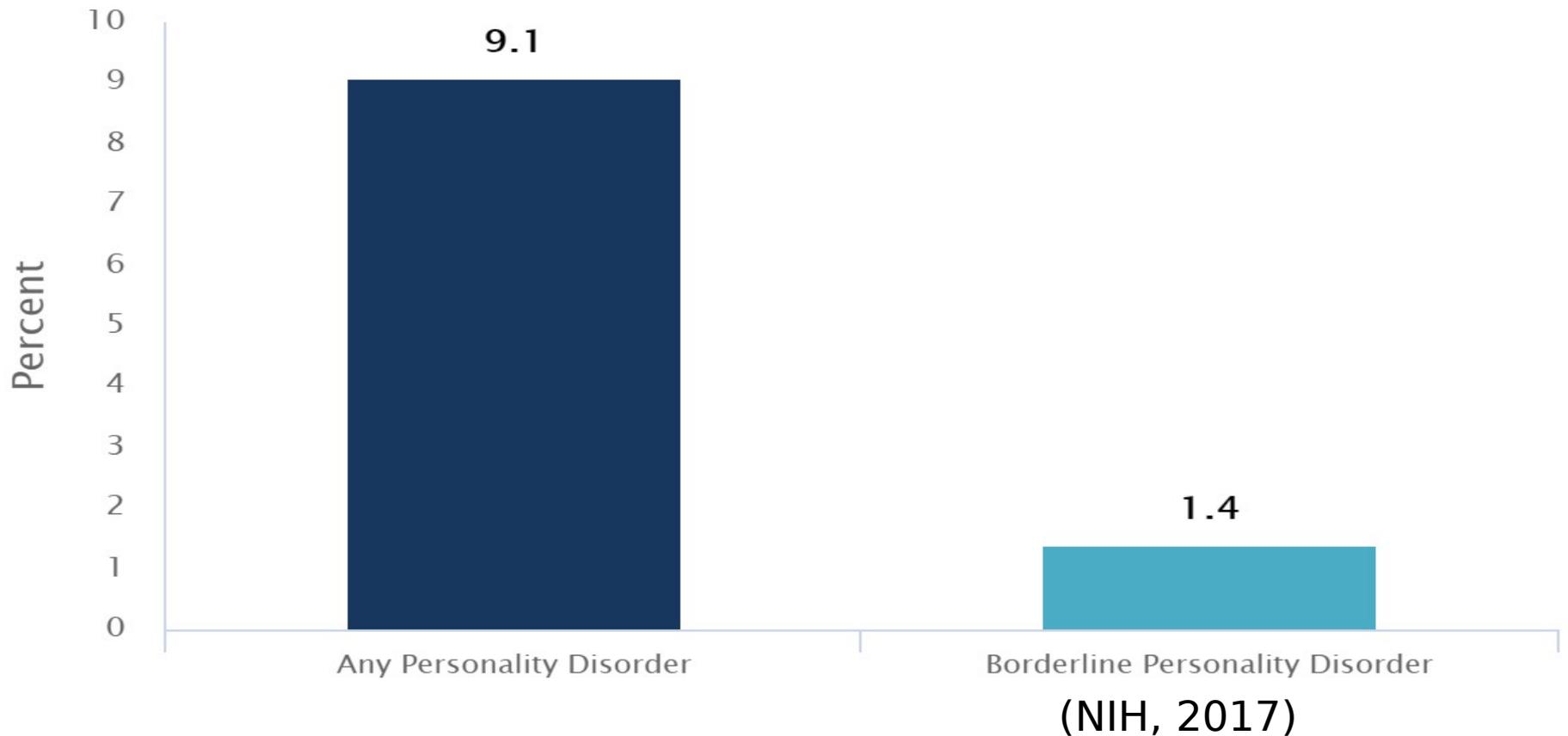
Source:

<http://www.mentalmenace.com/personalitydisorders.php>

Prevalence of PD

Past Year Prevalence of Personality Disorders Among Adults
(2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)



Comorbidity of PD with Other Mental disorders

Past Year Co-morbidity of Personality Disorders with Other Core Disorders Among U.S. Adults

Data from National Comorbidity Survey - Replication (NCS-R)¹

| | Any Personality Disorder (%) | Borderline (%) |
|------------------------------|------------------------------|----------------|
| Any Anxiety Disorder | 52.4 | 60.5 |
| Any Mood Disorder | 24.1 | 34.3 |
| Any Impulse Control Disorder | 23.2 | 49.0 |
| Any Substance Use Disorder | 22.6 | 38.2 |
| Any Disorder | 67.0 | 84.5 |

PD and Their Core Features

Cluster A: Characterized by eccentric behavior; others to view them as slightly odd, unusual, or peculiar

| | |
|-------------|--|
| Paranoid | <ul style="list-style-type: none">• Distrust and suspiciousness• Project blame onto others• Refuse to seek professional help |
| Schizoid | <ul style="list-style-type: none">• Detachment from social relationships• Prefer to be alone• No desire to be loved or love• Cold, reserved, withdrawn |
| Schizotypal | <ul style="list-style-type: none">• Acute discomfort in close relationships, cognitive or perceptual distortions• Lack of clear sense of direction or motivation• Social isolation• Eccentricity• Poor social adaptation• Weird communication |

Cluster B: Behaviors including impulsivity, and inflated sense of self, and tendency to seek stimulation

| | |
|--------------|--|
| Antisocial | <ul style="list-style-type: none">• Distrust of others and violations of their rights |
| Borderline | <ul style="list-style-type: none">• Instability in interpersonal relationships• Self- image, affect, and impulse control• Instability in mood• Splitting- the way that a CT with BPD relates to others |
| Histrionic | <ul style="list-style-type: none">• Excessive emotionality and attention-seeking• Excessive concern with their physical appearance• Demand reassurance, praise, approval of others• Easily influenced by others• Flirtatious and seductive |
| Narcissistic | <ul style="list-style-type: none">• Grandiosity,• A need for admiration |

PD and Their Core Features

Cluster C: disorders that involve people who appear anxious or fearful and may seem highly restricted

| | |
|----------------------|---|
| Avoidant | <ul style="list-style-type: none">• Social inhibition• Feelings of inadequacy• Hypersensitivity to negative evaluation |
| Dependent | <ul style="list-style-type: none">• Submissive• Clinging behavior related to an excessive need to be taken care of |
| Obsessive-compulsive | <ul style="list-style-type: none">• Preoccupation with orderliness, perfectionism, and control• OCPD is a disturbance of personality, not a disturbance involving anxiety or even out-of-control behaviors |

1) General PD

A. An enduring patterns of relating to other people, situations, and events with a rigid and maladaptive pattern of inner experience and behavior in **2 or more of the following** areas.

1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events)
2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
3. Interpersonal functioning
4. Impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.

2) Paranoid PD

- 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

3) Schizoid PD

- 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

4) Schizotypal PD

- 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

EARLY EXPERIENCES

Bullied at school.
Changed school frequently.
Pressure to be noticed.
Death of mother when he was 7.

CORE BELIEFS

"I am different, worthless, uninteresting, and abnormal."
"Other people are cruel, dangerous, and not to be trusted."
"The world is unfriendly."

UNDERLYING ASSUMPTIONS

"If I try and befriend others, then they will reject me or hurt me."
"If I am very different, then other people will notice me."
"If I have unusual experiences, then I can be important."
"If I can talk to my mother, then I will not be alone."
"If people see how odd I am, then they will be interested."
"If I let people see I am upset, then they will hurt me."

COMPENSATORY STRATEGIES

Social avoidance.
Restrict expression of negative emotions.
Dress and speak in an unusual manner.
Allocate attention to hallucinations.

TRIGGERS

Hallucinations of dead mother.
Drug use.
Job in bar.

ASSUMPTIONS ACTIVATED

NEGATIVE AUTOMATIC THOUGHTS

"I ought to be special."
"I have spiritual powers."
"They have a hidden agenda."
"I might be attacked."
"I can pick up other people's intentions."

Behavioral and cognitive responses

selective attention to interpersonal threat
avoidance of social situations
eccentric behavior and dress
conceal distress
vague and metaphorical speech

Emotion

anxiety
depression
anger

Physiology

sleep problems
arousal

Environment

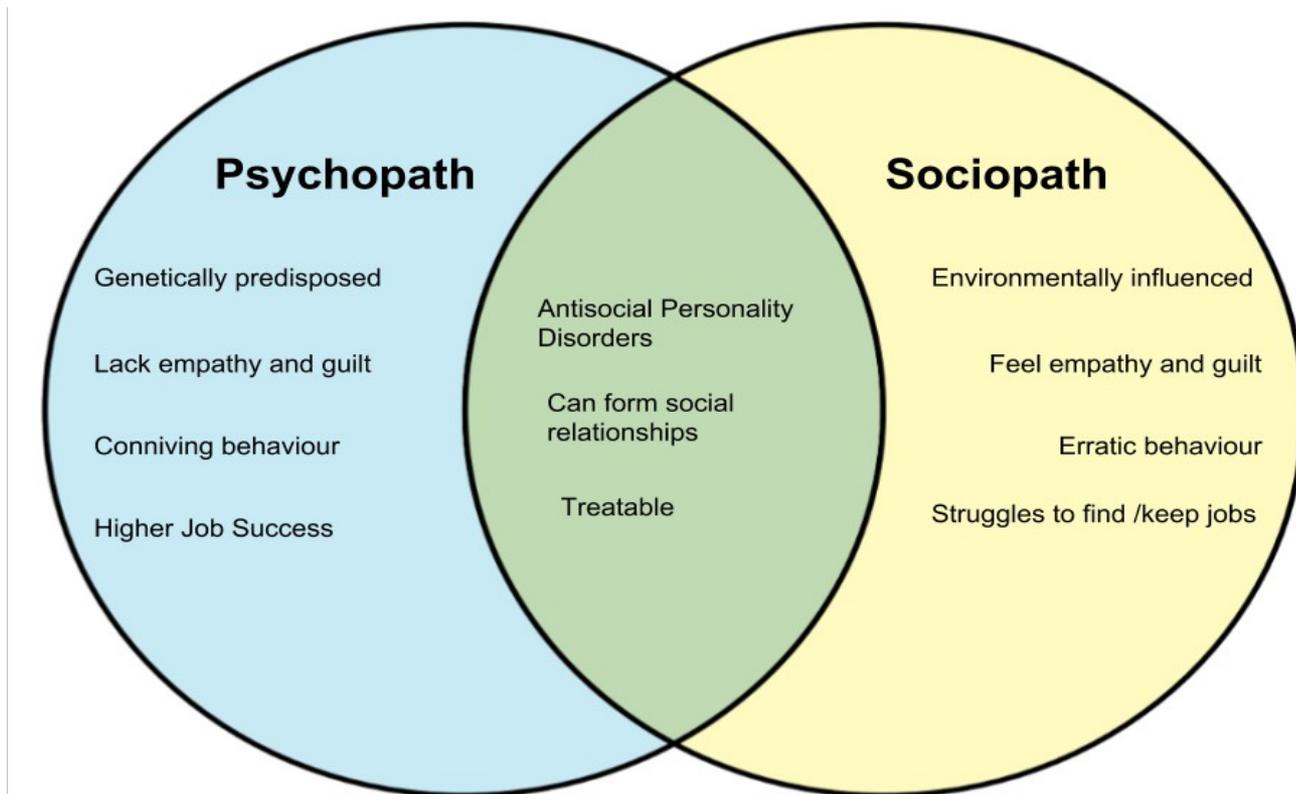
bar customers
high frequency of crime

5) Antisocial PD

- A. There is 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 obligation
 7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
- B. The individual is at least age 18 years.
- C. There is evidence of Conduct Disorder with onset before age 15 years.

Important Distinction

- Antisocial behavior- Illegal or immoral behavior such as stealing, lying, or cheating
- Criminal- A legal term, not a psychological concept
- Psychopath and Sociopath



6) Borderline PD

- A. 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.
 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).
 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

7) Histrionic PD

- A. 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

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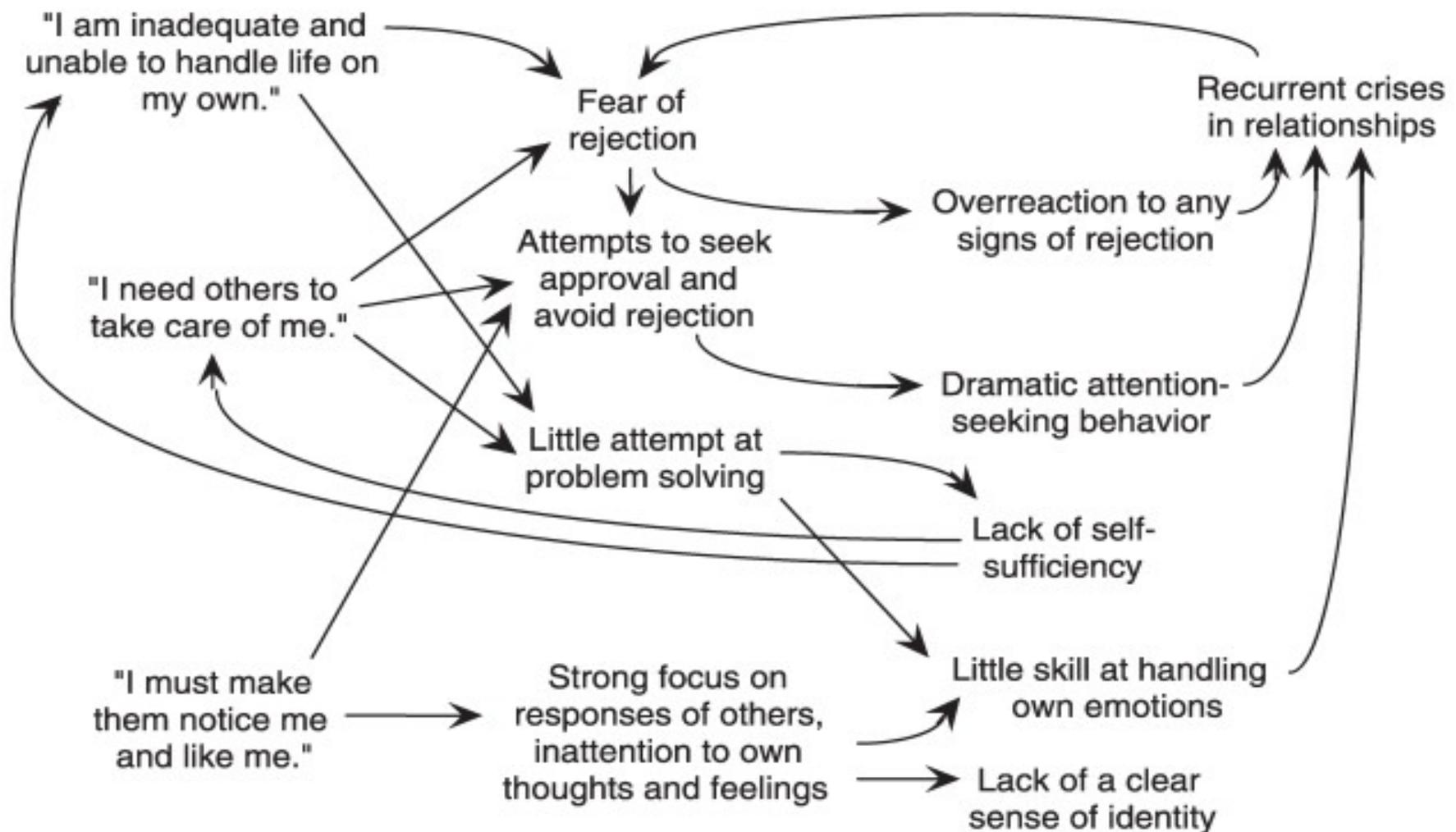


FIGURE 10.1. Cognitive model of histrionic personality disorder.

8) Narcissistic PD

- A. 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, 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. requires 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

Theories of Narcissistic PD

- Freudian
 - Stuck in early psychosexual stages
- Cognitive behavioral
 - Maladaptive ideas
 - Grandiose ideas clash with their experiences of failure

Childhood data

Parents inattentive but generous with material things; pay most attention to children's competitive endeavors.
Felt inferior in intellect compared to her brothers.
Exceptional good looks make her special and important.

Core beliefs

"I'm inferior; to compensate, I have to be special."

Assumptions

"Being pretty means I am special and superior."
"I deserve special treatment."
"I need people to admire me."

Coping strategies

Demanding and exploitive in seeking attention and gratification. Complains or attacks others when challenged or frustrated.

Situation

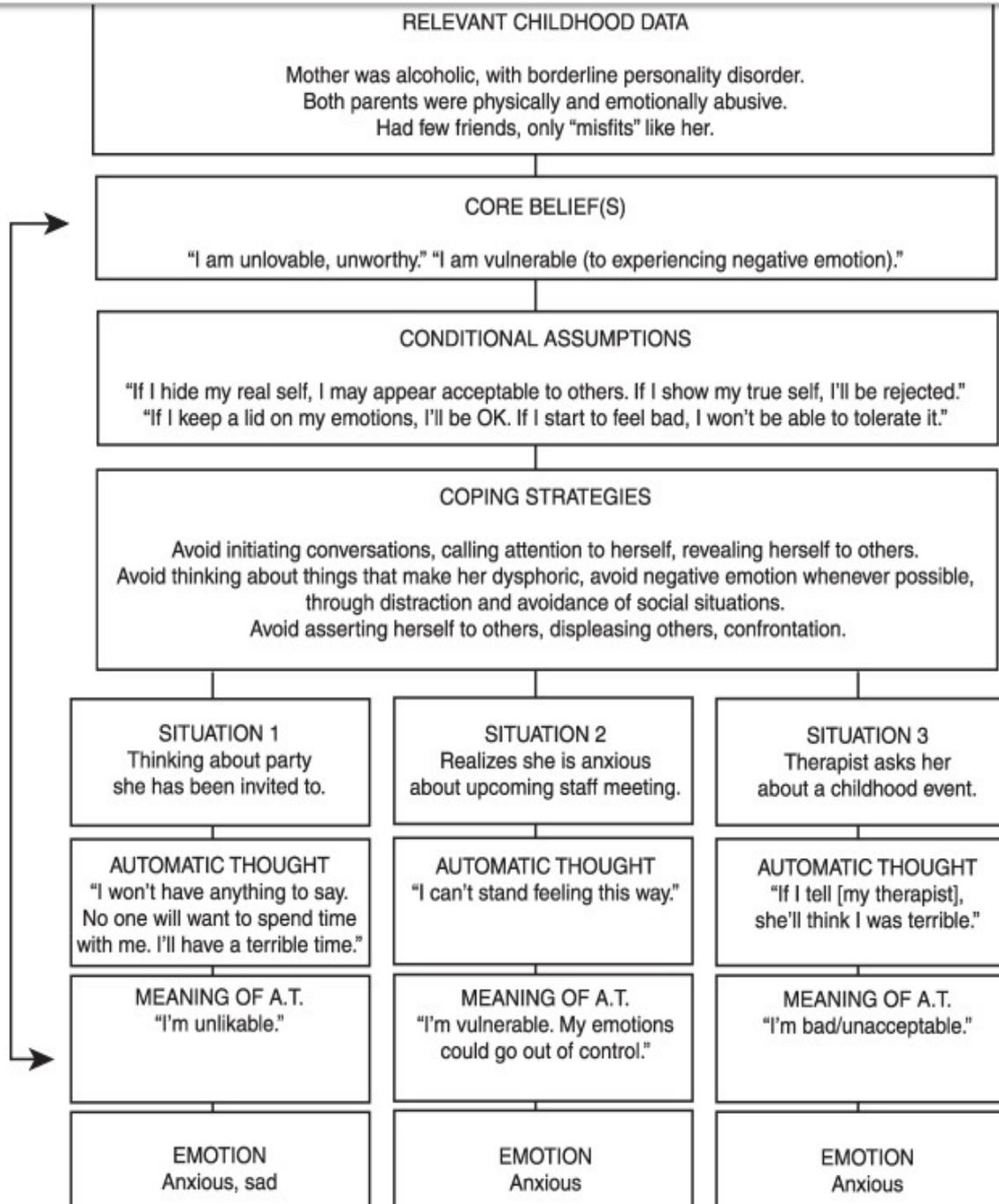
| | Criticism at work | Stuck in traffic | Loses in beauty competition |
|--------------------------|--------------------------------------|---------------------------------------|---|
| <i>Automatic thought</i> | "How dare he speak to me like that." | "I shouldn't have to deal with this." | "I deserved to win." |
| <i>Meaning of AT</i> | "I can't stand to look bad." | "I am above petty problems." | "They think I am inferior." |
| <i>Emotion</i> | Angry | Impatient | Angry, Anxious |
| <i>Behavior</i> | Stomps off; vents to coworkers. | Honks horn; tailgates; speeds. | Files complaint on judge; goes on shopping spree. |

8) Avoidant PD

- A. 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**:
- A. avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
 - B. is unwilling to get involved with people unless certain of being liked
 - C. shows restraint within intimate relationships because of the fear of being shamed or ridiculed
 - D. is preoccupied with being criticized or rejected in social situations
 - E. is inhibited in new interpersonal situations because of feelings of inadequacy
 - F. views self as socially inept, personally unappealing, or inferior to others
 - G. is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

Theories of Avoidant PD

- Cognitive-behavioral
 - Hypersensitive due to parental criticism
 - Feel unworthy of other people's regard
 - Expect not to be liked
 - Avoid getting close to avoid expected rejection
 - Distorted perceptions of experiences with others



9) Dependent PD

- A. 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 for 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 self

10) Obsessive-Compulsive PD

- A. 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**:
- A. is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
 - B. 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)
 - C. is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
 - D. is over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
 - E. is unable to discard worn-out or worthless objects even when they have no sentimental value
 - F. is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
 - G. adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
 - H. shows rigidity and stubbornness

Obsessive-Compulsive PD VS OCD

- A personality disorder involving intense perfectionism and inflexibility manifested in worrying, indecisiveness, and behavioral rigidity.
 - OCPD is a disturbance of personality, but OCD is a disturbance involving anxiety or even out-of-control behaviors
- OCPD do not experience obsessions and compulsions. OCPD refers to this rigidly compulsive personality tendency and also obsessive concern with perfectionism.

THEORIES OF OBSESSIVE-COMPULSIVE

- Freudian
 - Fixation at anal psychosexual stage
- Cognitive-behavioral
 - Unrealistic standard of perfection
 - Ruminative tendency
- Metacognitive interpersonal therapy
 - Think about their thinking

Assessment

- 1) Diagnosis of PD is often complicated by the fact that many CT with PD often do not seek out treatment on their own.
- 2) PD should rarely be diagnosed in children and adolescents
- 3) Social workers should look beyond the presenting problem issue since PD represent ingrained patterns of interaction with significant others
- 4) Should investigate the quality of the CT's overall relationship patterns with family, friends, and associates
- 5) Detailed and thorough histories are necessary for the diagnosis of a personality disorder
- 6) When making judgements about personality functioning, be cautious in the context of the CT's ethnic, cultural, and social background
- 7) When employing self-report scale, be cautious
- 8) The Structured Clinical Interview for DSM-IV AXIS II PD (SCID-II), The General Assessment of Personality Disorder (GAPD), MMPI-2, Dimensional Assessment of Personality Pathology Basic Questionnaire (DAPP-BQ), Personality Assessment Inventory, etc.

Questions for Assessment of PD

- Recent stressors account for the client's symptoms? An isolated situation or part of a general pattern?
- Is presenting problem an outcome of conflicted interactions with significant others? If so, an isolated situation, or part of a general pattern?
- Mandating positive relationships with some significant others or are most relationships conflicted?
- Replicating old relationships in the present; for example, those with parents or early caregivers?
- Any history of mental disorders?
- Any cultural conditions, environmental conditions, medical conditions and substance affects PD?
- Manipulative behaviors toward others?

PD in Section III of DSM-5

In section III, DSM-5 provides alternative DSM-5 model for PD

- This model is initially offered as such by the personality disorders work group
- Encouraged its further testing
- Characterized as impairments in personality *functioning* and *traits*
- Six disorders: antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal types
- Each disorder requires impairment in two parts (self and interpersonal function)- scale is available
- A diagnosis of a trait may be made if there are significant features of a disorder without meeting full criteria
- 5 domains include 25 facets

DSM-5 25-Trait Dimensional Model

I. Negative Affectivity

1. Anxiousness
 2. Emotional lability
 3. Hostility
 4. Perseveration
 5. (Lack of) restricted affectivity
 6. Separation insecurity
 7. Submissiveness
-

II. Detachment

8. Anhedonia
 9. Depressivity
 10. Intimacy avoidance
 11. Suspiciousness
 12. Withdrawal
-

III. Antagonism

13. Attention seeking
 14. Callousness
 15. Deceitfulness
 16. Grandiosity
 17. Manipulativeness
-

IV. Disinhibition

18. Distractibility
 19. Impulsivity
 20. Irresponsibility
 21. (Lack of) rigid perfectionism
 22. Risk taking
-

V. Psychoticism

23. Eccentricity
 24. Perceptual dysregulation
 25. Unusual beliefs and experiences
-

Gore. (2013).

TABLE 14.1 DSM-5 Section 3 Personality Disorder Framework

| | Personality Functioning | | Interpersonal Functioning | | Personality Traits |
|---------------------|---|--|---|---|---|
| | Identity | Self-direction | Empathy | Intimacy | |
| Antisocial | Egocentrism; self-esteem derived from personal gain, power, or pleasure | Goal-setting based on personal gratification; absence of prosocial internal standards associated with failure to conform to lawful or culturally normative ethical behavior | Lack of concern for feelings, needs, or suffering of others; lack of remorse after hurting or mistreating another | Incapacity for mutually intimate relationships, as exploitation is a primary means of relating to others, including by deceit and coercion; use of dominance or intimidation to control others | Antagonism: Manipulativeness Deceitfulness Callousness Hostility Disinhibition: Irresponsibility Impulsivity Risk taking |
| Avoidant | Low self-esteem associated with self-appraisal as socially inept, personally unappealing, or inferior; excessive feelings of shame or inadequacy | Unrealistic standards for behavior associated with reluctance to pursue goals, take personal risks, or engage in new activities involving interpersonal contact | Preoccupation with, and sensitivity to, criticism or rejection, associated with distorted inference of others' perspectives as negative | Reluctance to get involved with people unless certain of being liked; diminished mutuality within intimate relationships because of fear of others shaming or ridiculing | Detachment Withdrawal Intimacy Avoidance Anhedonia Negative affectivity Anxiousness |
| Borderline | Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress | Instability in goals, aspirations, values, or career plans | Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities | Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal | Negative affectivity Emotional lability Anxiousness Separation Hostility Depression Disinhibition Impulsivity Risk taking Antagonism Hostility |
| Narcissistic | Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes; emotional regulation mirrors fluctuations in self-esteem | Goal-setting is based on gaining approval from others; personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations | Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate own effect on others | Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain | Antagonism Grandiosity Attention seeking |

(continued)

TABLE 14.1 DSM-5 Section 3 Personality Disorder Framework (Continued)

| | | | | | |
|--|---|--|---|---|---|
| Obsessive-Compulsive Personality Disorder | Sense of self derived predominantly from work or productivity; constricted experience and expression of strong emotions | Difficulty completing tasks and realizing goals associated with rigid and unreasonably high and inflexible internal standards of behavior; overly conscientious and moralistic attitudes | Difficulty understanding and appreciating the ideas, feelings, or behaviors of others | Relationships seen as secondary to work and productivity; rigidity and stubbornness negatively affect relationships with others | <p>Compulsivity</p> <p>Rigid perfectionism</p> <p>Negative affectivity</p> <p>Perseveration</p> |
| Schizotypal Personality Disorder | Confused boundaries between self and others; distorted self-concept; emotional expression often not congruent with context or internal experience | Unrealistic or incoherent goals; no clear set of internal standards | Pronounced difficulty understanding impact of own behaviors on others; frequent misinterpretations of others' motivations and behaviors | Marked impairments in developing close relationships associated with mistrust and anxiety | <p>Psychoticism</p> <p>Eccentricity</p> <p>Cognitive and perceptual dysregulation</p> <p>Unusual beliefs and experiences</p> <p>Detachment</p> <p>Restricted affectivity</p> <p>Withdrawal</p> <p>Negative affectivity</p> <p>Suspiciousness</p> |

Risk factors

- **Biological**
 - Possible genetic causes
 - Various brain abnormalities
 - A difficult or sensitive temperament
- **Psychological**
 - Neuropsychological deficits
 - Passive avoidance
 - Response modulation hypothesis
 - Emotional dysregulation
 - Distress tolerance
 - Experiential avoidance
- **Social**
 - Absence of parent figures
 - Chaotic, adverse family life
 - Sexual abuse
 - Childhood neglect or traumatic experiences

Interventions

 Very good evidence  Good evidence  Promising treatment

| Medications- no special medications to treat PD, but some medications help manage symptoms including depression, suicidal ideation, angry outbursts, impulsive behavior, and transient psychotic ideation | Effectiveness |
|--|--|
| SSRIs- antidepressant, but effective for managing impulsivity Sertraline (Zoloft), Paroxetine (Paxil), Fluoxetine (Prozac) |  |
| 2 nd generation antipsychotic drugs Olanzapine can increase self-harm behaviors |  |

Interventions

 Very good evidence treatment  Good evidence  Promising

| Interventions | Effectiveness |
|--|---|
| DBT Enhancing mindfulness, interpersonal skills, emotion regulation, and stress tolerance |  |
| Psychodynamic Intervention Attention to therapist-client relationships such as transference and resistance; Goals are strengthening defenses, developing self-esteem, validating feelings, internalizing the therapeutic relationship, and creating a greater capacity to cope with emotions |  |
| CBT (schema therapy) Changing dysfunctional core belief systems into functional schema |  |
| Interpersonal therapy Focusing on use of defenses and the underlying thought patterns that influence one's evaluation of oneself and others; 12-16 one-hour sessions in individual and group formats |  |

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