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Chapter 12

Personality Disorders

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Outline

An Overview of Personality Disorders

- Aspects of Personality Disorders
- Cluster A Personality Disorders
 - Paranoid, schizoid, schizotypal
- Cluster B Personality Disorders
 - Antisocial, borderline, histrionic, narcissistic
- Cluster C Personality Disorders
 - Avoidant, dependent, obsessive-compulsive

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Focus Questions

- *What are the essential features of personality disorders?*
- *What are the features of odd or eccentric personality disorders?*
- *What are the features of dramatic, emotional and erratic personality disorders?*
- *What are the features of anxious or fearful personality disorders?*

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What are Personality Disorders?

- A persistent pattern of emotions, cognitions, and behavior that results in enduring emotional distress for the person affected and/or for others and may cause difficulties with work and relationships

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Personality Disorders: An Overview

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- Enduring, inflexible predispositions
- Maladaptive, causing distress and/or impairment
- High comorbidity with other disorders
- Generally poor prognosis
- *Ego-syntonic*: Unlike other disorders, often feel consistent with one's identity; patients don't feel that treatment is necessary
- 10 specific personality disorders organized into 3 clusters

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Categorical and Dimensional Models

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- “Kind” vs. “Degree”
 - Personality disorders have traditionally been assigned as all-or-nothing categories
 - DSM-5 retained categorical diagnoses but also introduced additional dimensional model of personality disorders
 - Dimensional model: Individuals are rated on the degree to which they exhibit various personality traits

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Categorical and Dimensional Models, Continued

- Cross-cultural research establishes the universal nature of the five dimensions
- Five factor model of personality (“Big Five”)
 - Openness to experience
 - Conscientiousness
 - Extraversion
 - Agreeableness
 - Neuroticism

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Personality Disorders: An Overview

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- DSM-5 personality disorder clusters
 - Cluster A – odd or eccentric cluster
 - Cluster B – dramatic, emotional, erratic cluster
 - Cluster C – fearful or anxious cluster

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Personality Disorders: Statistics

- Prevalence of personality disorders
 - Affects about 10% of the general population
- Origins and course of personality disorders
 - Thought to begin in childhood
 - Tend to run a chronic course if untreated
 - May transition into a different personality disorder

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Personality Disorders: Statistics, Continued

- Gender distribution and gender bias in diagnosis
 - Men more often show traits like aggression and detachment; women more often show submission and insecurity
 - Antisocial – more often male
 - Histrionic – equal numbers of male and female
- Comorbidity is the rule, not the exception
 - Often have two or more personality disorders or an additional mood or anxiety disorder

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Personality Disorders Under Study

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- Sadistic: Enjoy inflicting pain
- Passive-aggressive: Defiant, undermine authority
- Further research is needed

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DSM-5 Personality Disorders

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- Cluster A = Odd or Eccentric
 - Paranoid, schizoid, and schizotypal personality disorders
- Cluster B = Dramatic or Erratic
 - Antisocial, borderline, histrionic, and narcissistic personality disorders
- Cluster C = Anxious or Fearful
 - Avoidant, dependent, and obsessive-compulsive personality disorders

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Cluster A: Paranoid Personality Disorder

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- Overview and clinical features
 - Pervasive and unjustified mistrust and suspicion
 - Few meaningful relationships, sensitive to criticism
 - Poor quality of life

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Cluster A: Paranoid Personality Disorder Causes

- Causes
 - Not well understood
 - May involve early learning that people and the world are dangerous or deceptive
- Cultural factors: more often found in people with experiences that lead to mistrust of other
 - Prisoners
 - Refugees
 - People with hearing impairments
 - Older adults

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Cluster A: Paranoid Personality Disorder Treatment

- Treatment options
 - Few seek professional help on their own
 - Treatment focuses on development of trust
 - Cognitive therapy to counter negativistic thinking
 - Lack of good outcome studies

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Cluster A: Schizoid Personality Disorder

- Overview and clinical features
 - Pervasive pattern of detachment from social relationships
 - Very limited range of emotions in interpersonal situations
 - Significant overlap with Autism Spectrum
- The causes
 - Etiology is unclear
 - Childhood shyness
 - Preference for social isolation resembles autism

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Cluster A: Schizoid Personality Disorder Causes

- Causes
 - Etiology is unclear due to scarcity of research
 - Childhood shyness is usually present
 - Some individuals experienced abuse or neglect in childhood
 - Preference for social isolation resembles autism

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Cluster A: Schizoid Personality Disorder Treatment

- Treatment options
 - Few seek professional help on their own
 - Focus on the value of interpersonal relationships
 - Building empathy and social skills
 - Lack of good outcome studies

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Cluster A: Schizotypal Personality Disorder

- Overview and clinical features
 - Behavior and dress is odd and unusual
 - Socially isolated and highly suspicious
 - Magical thinking, ideas of reference, and illusions
 - Many meet criteria for major depression
 - Some conceptualize this as resembling a milder form of schizophrenia

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Cluster A: Schizotypal Personality Disorder Causes

- Causes
 - Mild expression of schizophrenia genes?
 - May be more likely to develop after childhood maltreatment or trauma, especially in men
 - More generalized brain deficits may be present (e.g., problems with learning or memory)

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Cluster A: Schizotypal Personality Disorder Treatment

- Treatment options
 - Address comorbid depression
 - Schizotypal personality disorder significantly increases the risk for developing major depressive disorder
 - Main focus is combination of antipsychotic medication, cognitive behavior therapy, and social skills training

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Cluster B: Antisocial Personality Disorder

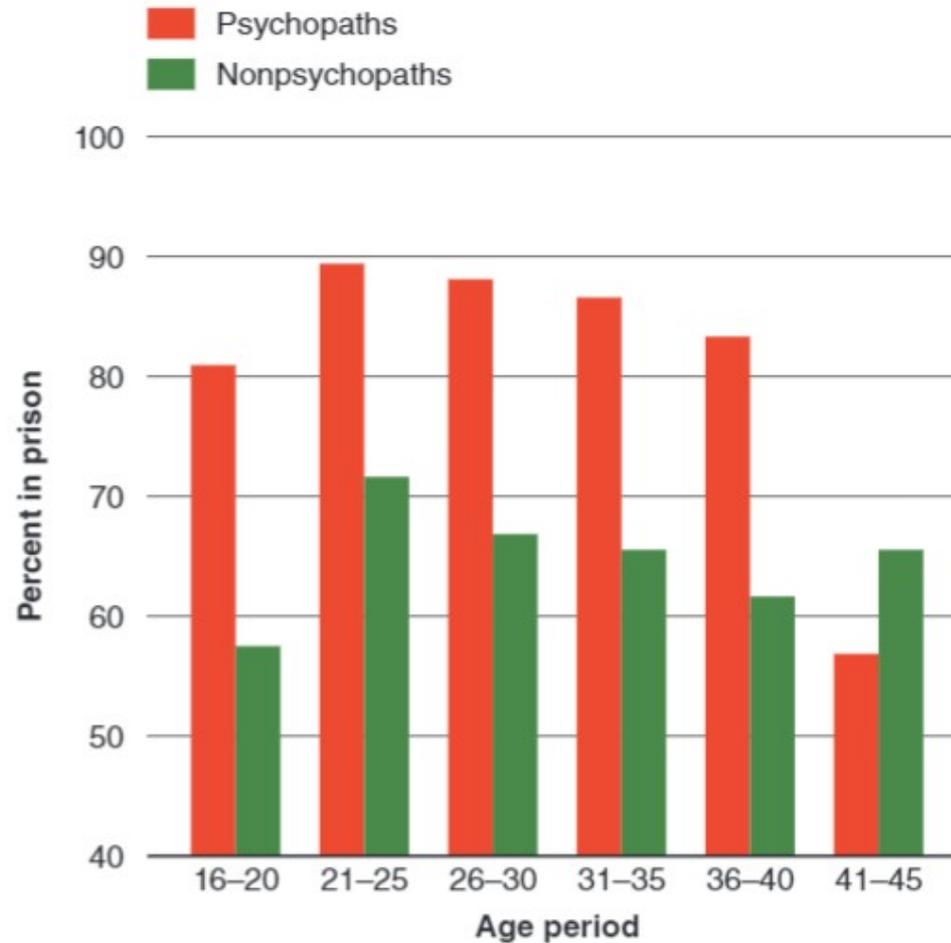
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- Overview and clinical features
 - Failure to comply with social norms
 - Violation of the rights of others
 - Irresponsible, impulsive, and deceitful
 - Lack of a conscience, empathy, and remorse
 - “Sociopathy,” “psychopathy” typically refer to this disorder or very similar traits
 - May be very charming, interpersonally manipulative

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Criminality in Antisocial Psychopaths



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Cluster B: Antisocial Personality Disorder, Continued

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- Often show early histories of behavioral problems, including conduct disorder
 - “Callous-unemotional” type of conduct disorder more likely to evolve into antisocial PD
- Families with inconsistent parental discipline and support
- Families often have histories of criminal and violent behavior
- Recent research suggests that psychopathy is a less reliable predictor of criminality

- Prevailing neurobiological theories
 - Underarousal hypothesis – cortical arousal is too low
 - Cortical immaturity hypothesis – cerebral cortex is not fully developed
 - Fearlessness hypothesis – fail to respond to danger cues
 - Gray's model: Inhibition signals are outweighed by reward signals

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Development of Antisocial Personality

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- Genetic influences
 - More likely to develop antisocial behavior if parents have a history of antisocial behavior or criminality
- Developmental influences
 - High-conflict childhood increases likelihood of APD in at-risk children
 - Impaired fear conditioning
 - Children who develop APD may not adequately learn to fear aversive consequences of negative actions (e.g., punishment for setting fires)

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Development of Antisocial Personality, Continued

- Arousal theory
 - People with APD are chronically under-aroused and seek stimulation from the types of activities that would be too fearful or aversive for most
- Psychological and social influences
 - In research studies, psychopaths are less likely to give up when goal becomes unattainable – may explain why they persist with behavior (e.g. crime) that is punished

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Development of Antisocial Personality, Part 3

- APD is the result of multiple interacting factors
- Mutual biological-environmental influence
 - Early antisocial behavior alienates peers who would otherwise serve as corrective role models
 - Antisocial behavior and family stress mutually increase one another

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Treatment of Antisocial Personality

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- Few seek treatment on their own
- Antisocial behavior is predictive of poor prognosis
- Emphasis is placed on prevention and rehabilitation
- Often incarceration is the only viable alternative
- May need to focus on practical (or selfish) consequences (e.g., if you assault someone you'll go to prison)

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Cluster B: Borderline Personality Disorder

- Overview and clinical features
 - Unstable moods and relationships
 - Impulsivity, fear of abandonment, very poor self-image
 - Self-mutilation and suicidal gestures
 - Comorbidity rates are high with other mental disorders, particularly mood disorders

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Cluster B: Borderline Personality Disorder, Continued

- Comorbid disorders
 - 80% borderline patients also have major depression; 10% are bipolar
 - Suicide attempts – 10%
 - 67% are diagnosed with at least one Substance Use Disorder
 - Eating disorders
 - 25% of bulimia patients have borderline personality disorder
 - 20% have anorexia

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Cluster B: Borderline Personality Disorder Causes

- Causes
 - Strong genetic component
 - Also linked to depression genetically
 - High emotional reactivity may be inherited
 - May have impaired functioning of limbic system
 - Early trauma/abuse increase risk
 - Many BPD patients have high levels of shame and low self esteem

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Cluster B: Borderline Personality Disorder Causes, Continued

- “Triple vulnerability” model of anxiety applies to borderline personality too
- Results form the combination of:
 - generalized biological vulnerability (reactivity)
 - generalized psychological vulnerability (lash out when threatened)
 - specific psychological vulnerability (stressors that elicit borderline behavior)

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Cluster B: Borderline Personality Disorder Treatment

- Treatment options – few good outcome studies
 - Antidepressant medications provide some short-term relief
 - Dialectical behavior therapy is most promising treatment
 - Focus on dual reality of acceptance of difficulties and need for change
 - Focus on interpersonal effectiveness
 - Focus on distress tolerance to decrease reckless/self-harming behavior

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Cluster B: Histrionic Personality Disorder

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- Overview and clinical features
 - Overly dramatic and sensational
 - May be sexually provocative
 - Often impulsive and need to be the center of attention
 - Thinking and emotions are perceived as shallow
 - More commonly diagnosed in females

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Cluster B: Histrionic Personality Disorder Causes and Treatment

- Causes
 - Etiology unknown due to lack of research
 - Often co-occurs with antisocial PD
 - Feminine variant of antisocial traits?
- Treatment options
 - Focus on attention seeking and long-term negative consequences
 - Targets may also include problematic interpersonal behaviors
 - Little evidence that treatment is effective

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Cluster B: Narcissistic Personality Disorder

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- Overview and clinical features
 - Exaggerated and unreasonable sense of self-importance
 - Preoccupation with receiving attention
 - Lack sensitivity and compassion for other people
 - Highly sensitive to criticism; envious and arrogant

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Cluster B: Narcissistic Personality Disorder Causes and Treatment

- Causes are largely unknown
 - Failure to learn empathy as a child
 - Sociological view – product of the “me” generation
- Treatment options
 - Focus on grandiosity, lack of empathy, unrealistic thinking
 - Emphasize realistic goals and coping skills for dealing with criticism
 - Little evidence that treatment is effective

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Cluster C: Avoidant Personality Disorder

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- Overview and clinical features
 - Extreme sensitivity to the opinions of others
 - Highly avoidant of most interpersonal relationships
 - Interpersonally anxious and fearful of rejection
 - Low self esteem

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Cluster C: Avoidant Personality Disorder Causes and Treatment

- Causes
 - May be linked to schizophrenia; occurs more often in relatives of people with schizophrenia
 - Experiences of early rejection
 - Childhood experiences of neglect, isolation, rejection, and conflict with others
- Treatment
 - Similar to treatment for social phobia
 - Focus on social skills, entering anxiety-provoking situations
 - Good relationship with therapist is important

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Cluster C: Dependent Personality Disorder

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- Overview and clinical features
 - Reliance on others to make major and minor life decisions
 - Unreasonable fear of abandonment
 - Clingy and submissive in interpersonal relationships

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Chapter

Cluster C: Dependent Personality Disorder Causes and Treatment

- Causes
 - Not well understood due to lack of research
 - Linked to early disruptions in learning independence
- Treatment options
 - Research on treatment efficacy is lacking
 - Therapy typically progresses gradually due to lack of independence

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Cluster C: Obsessive-Compulsive Personality Disorder

- Overview and clinical features
 - Excessive and rigid fixation on doing things the right way
 - Highly perfectionistic, orderly, and emotionally shallow
 - Unwilling to delegate tasks because others will do them wrong
 - Difficulty with spontaneity
 - Often have interpersonal problems
 - Obsessions and compulsions are rare

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Cluster C: Obsessive-Compulsive Personality Disorder Causes and Treatment

- Causes are not well known
 - Moderate genetic contribution
- Treatment
 - Treatment targets include cognitive reappraisal techniques to reframe compulsive thoughts
 - Target rumination, procrastination, and feelings of inadequacy

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Summary of Personality Disorders

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- Long-standing patterns of behavior
- Begin early in development and run a chronic course
- Disagreement exists over how to categorize personality disorders
 - Categorical vs. dimensional, or some combination of both
- For most, little is known about causes or treatment