

# Working With Personality Disorders

Presented by:

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I prefer to not think of myself as having Borderline Personality Disorder. I prefer to think of it as being really awesome and letting everyone know through outbursts of emotion.



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# Personality Disorder

- **Personality disorder:** patterns of thinking, feeling and behaving that markedly interfere with an individual's ability to function adaptively in the world and relate to others

Typically evident by early adulthood

Pattern must be evident across multiple settings and environments

Pattern must be chronic, not occurring only during the context of a mood episode or only when symptoms of another disorder are active

The *DSM-5* groups personality disorders into three clusters based on descriptive similarities.

### **CLUSTER A: ODD-ECCENTRIC PERSONALITY DISORDERS**

People with these disorders have symptoms similar to those of people with schizophrenia, including inappropriate or flat affect, odd thought and speech patterns, and paranoia. People with these disorders maintain their grasp on reality, however.

### **CLUSTER B: DRAMATIC-EMOTIONAL PERSONALITY DISORDERS**

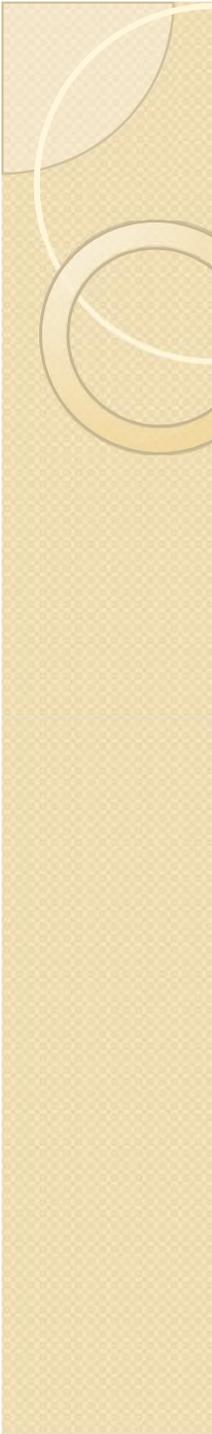
People with these disorders tend to be manipulative, volatile, and uncaring in social relationships. They are prone to impulsive, sometimes violent behaviors that show little regard for their own safety or the safety or needs of others.

### **CLUSTER C: ANXIOUS-FEARFUL PERSONALITY DISORDERS**

People with these disorders are extremely concerned about being criticized or abandoned by others and thus have dysfunctional relationships with others.



# CLUSTER A: ODD-ECCENTRIC



# Paranoid Personality Disorder

- Pattern of pervasive distrust and suspiciousness of others
- Interpret others' motives as malevolent (having or showing a wish to do evil)
- Preoccupied with the belief that others are trying to harm or exploit them
- Seek information to confirm their suspicions and misinterpret situations to fit with their suspicions
- Overly sensitive and bear grudges
- Do not confide in others because of paranoia



# Theories and Treatment of Paranoid Personality Disorder

- Theories

- Genetic basis – on schizophrenia spectrum

- Cognitive distortion that others can not be trusted and one can not defend oneself

- Psychological Treatment

- Typically receive treatment during a crisis or for treatment of anxiety and depression – do not see a problem with their paranoia

- Often too guarded and suspicious to engage in therapy

- Therapy should not confront paranoid beliefs but rather increase social skills and skills for handling problems



# Schizoid Personality Disorder

- Display a pervasive pattern of detachment from social relationships and restricted range of emotion
- Experience of both positive and negative emotions is blunted
- Person typically does not desire interpersonal closeness with others
  - Though may occasionally experience and express negative emotions related to interpersonal interactions
- Indifferent to criticism or praise from others



# Theories and Treatment of Schizoid Personality Disorder

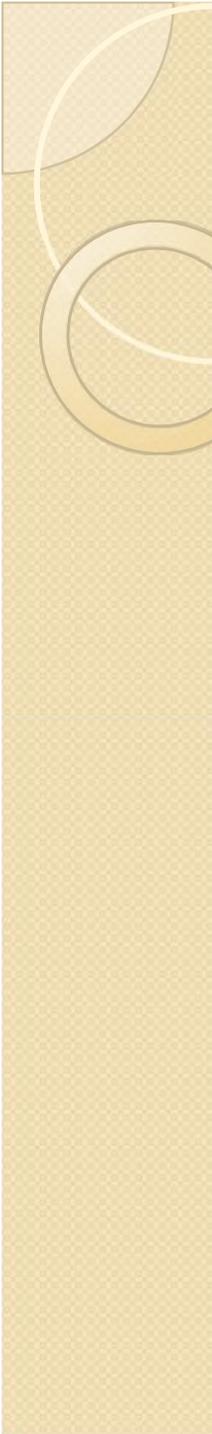
- Theories

Some evidence that underlying personality traits may have genetic basis

- Treatment

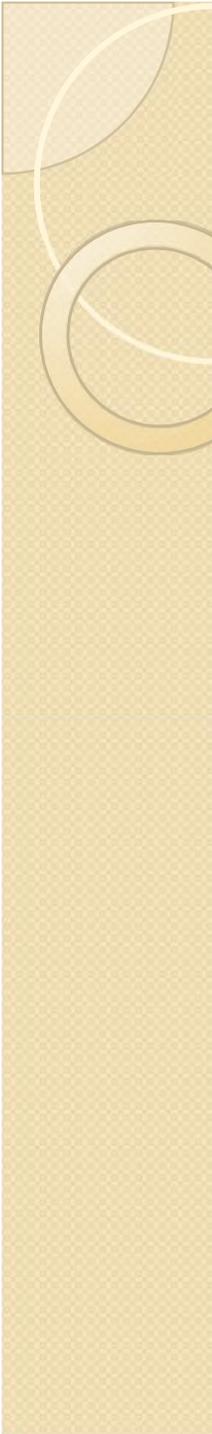
Typically unmotivated for treatment as close interpersonal relationships are viewed as unpleasant

Increase awareness and expression of feelings and improve social skills and number of social contacts



# Schizotypal Personality Disorder

- Symptoms similar to those of schizophrenia but in milder form
- Characteristics
  - strange thinking or behavior.
  - unusual beliefs.
  - discomfort in social situations.
  - a lack of emotion or inappropriate emotional responses.
  - odd speech that may be vague or rambling.
  - a lack of close friends.
  - extreme social anxiety.
  - paranoia.



# Theories and Treatment of Schizotypal Personality Disorder

- Theories
  - Genetic basis – on schizophrenia spectrum
- Psychological Treatment
  - Difficult to engage clients because of paranoia
  - Help them test validity of suspiciousness by realistically evaluating the environment
  - Help them identify and disregard bizarre thoughts rather than believing them and acting on them



## **CLUSTER B: DRAMATIC-EMOTIONAL**



# Antisocial Personality Disorder (aka sociopath)

- Sociopathic behavior is manifested as conniving and deceitful, despite an outward appearance of trustworthiness or sincerity.
- Sociopaths are often pathological liars.
- They are manipulative and lack the ability to judge the morality of a situation, but not because they lack a moral compass; rather, their existing moral compass is greatly (yet not always dangerously) skewed.



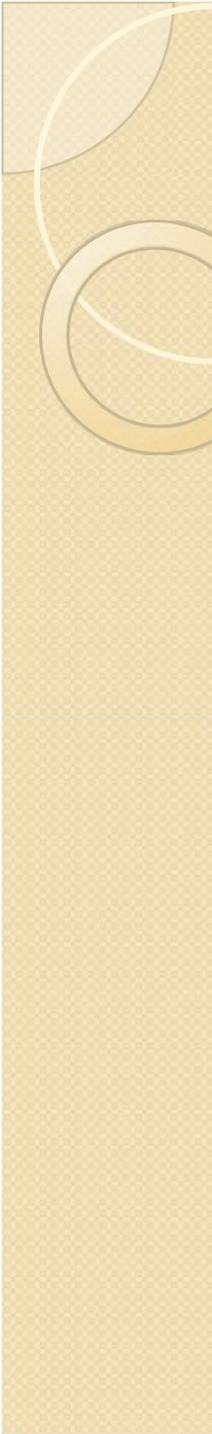
# Antisocial Personality Disorder (cont.)

- Disregard for right and wrong
- Persistent lying or deceit to exploit others
- Being callous, cynical and disrespectful of others
- Using charm or wit to manipulate others for personal gain or personal pleasure
- Arrogance, a sense of superiority and being extremely opinionated
- Recurring problems with the law, including criminal behavior
- Repeatedly violating the rights of others through intimidation and dishonesty



# Antisocial Personality Disorder (cont.)

- Impulsiveness or failure to plan ahead
- Hostility, significant irritability, agitation, aggression or violence
- Lack of empathy for others and lack of remorse about harming others
- Unnecessary risk-taking or dangerous behavior with no regard for the safety of self or others
- Poor or abusive relationships
- Failure to consider the negative consequences of behavior or learn from them
- Being consistently irresponsible and repeatedly failing to fulfill work or financial obligations



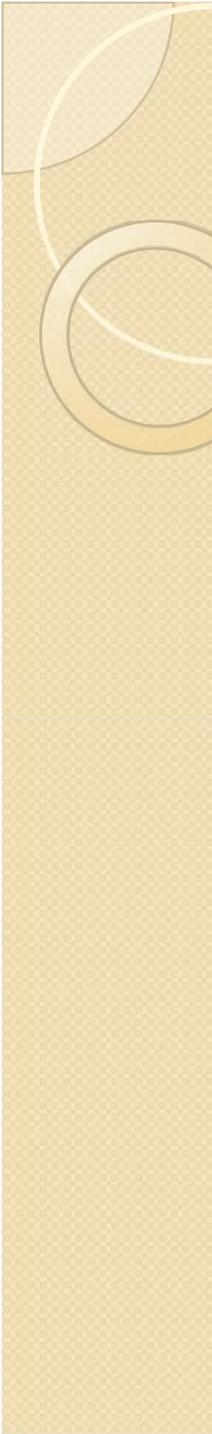
# Theories and Treatment of Antisocial Personality Disorder

- Certain factors seem to increase the risk of developing antisocial personality disorder, such as:
  - Diagnosis of childhood conduct disorder
  - Family history of antisocial personality disorder or other personality disorders or mental illness
  - Being subjected to abuse or neglect during childhood
  - Unstable, violent or chaotic family life during childhood
  - Men are at greater risk of having antisocial personality disorder than women are.



## Theories and Treatment of Antisocial Personality Disorder (cont.)

- Early, effective and appropriate discipline may help reduce the chance that at-risk children go on to become adults with antisocial personality disorder.
  - Lessons in behavior modification
  - Social and problem-solving skills
  - Parent training
  - Family therapy, and psychotherapy



# Borderline Personality Disorder

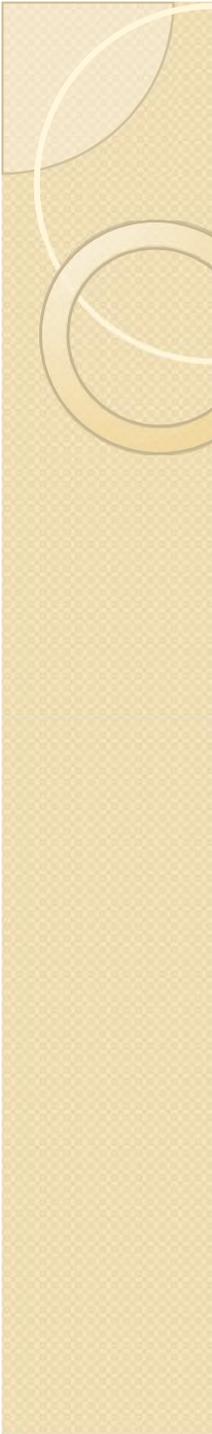
- Pervasive pattern of unstable self-image, emotions, and interpersonal relationships along with marked impulsivity
- Out-of-control emotions that cannot be soothed
- Hypersensitivity to abandonment
- Tendency to cling too tightly to other people
- History of hurting oneself
- Frequently experience depression, anxiety, anger and suicidality



# Theories and Treatment of Borderline Personality Disorder

Childhood abuse, neglect, and instability contribute to difficulties in:

- Regulating emotions and in attaining a positive stable identity
- Therapy focuses on:
  - Gaining more realistic and positive sense of self
  - Challenging irrational thinking
  - Learning adaptive skills for solving problems and regulating emotions
  - Correcting dichotomous thinking (tend to see everything as black or white/no middle ground)



# Histrionic Personality Disorder

- Pervasive pattern of attention-seeking behavior including inappropriate seductiveness and dramatic emotionality
- Cling to others because of deep sense of self-doubt and unstable identity
- Desperately seek approval from others to the extent that they take on characteristics and preferences of new acquaintances
- Often perceive relationships as more intimate than they are



# Theories and Treatment of Histrionic Personality Disorder

Little known

Question as to relative genetic versus environmental influences

- Treatment

Uncover repressed emotions and needs and teach patient to express feelings and get needs met in socially acceptable ways

Help patient function more autonomously and independent of others' approval; tone down dramatic evaluations of experiences by replacing them with more realistic appraisals



# Narcissistic Personality Disorder

- Pattern of behavior characterized by an exaggerated sense of self-importance, lack of empathy for others, and an excessive need for admiration
- Will use or hurt others for own gain
- Belief that one is special and entitled to special treatment
- High rates of co-occurring substance abuse and of mood and anxiety disorders



# Theories and Treatment of Narcissistic Personality Disorder

Patients rely on praise and dominating others to maintain a positive sense of self and to manage emotions

Result of unrealistically positive assumptions about self-worth developed because of indulgence and overvaluation by others during childhood

People develop the belief that they are unique or exceptional as a defense against rejection by important people in their lives



## Theories and Treatment of Narcissistic Personality Disorder (cont.)

- Therapeutic techniques help develop:
  - Realistic expectations of their abilities
  - Sensitivity to the needs of others
  - Ability to challenge their initially self-aggrandizing interpretations of situations
- Majority of the affected people don't seek treatment

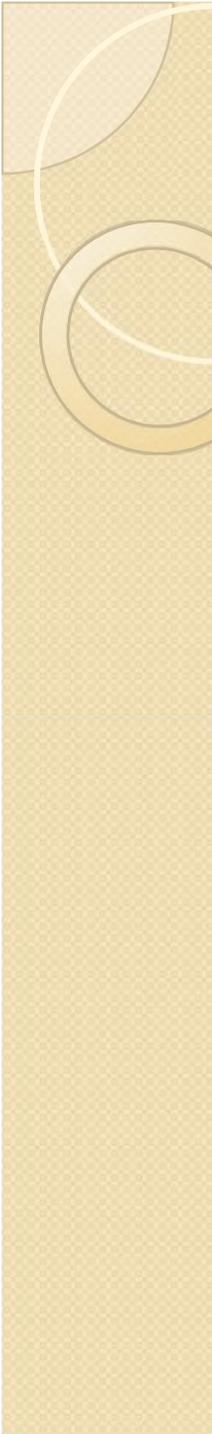


## CLUSTER C: ANXIOUS-FEARFUL



# Avoidant Personality Disorder

- Pervasive pattern of social inhibition, low self-esteem, and severe anxiety in social situations
- Fear of being criticized by others leads to avoidance of social situations
- Patient prone to experiencing deep shame
- Patients typically desire social relationships, in contrast to schizoid personality disorder



# Theories and Treatment of Avoidant Personality Disorder

- Biological theory

Same genes are involved in avoidant personality disorder and social anxiety disorder

No strong relationship to sexual or physical abuse in childhood

- Emotional neglect is reported

- Cognitive theory

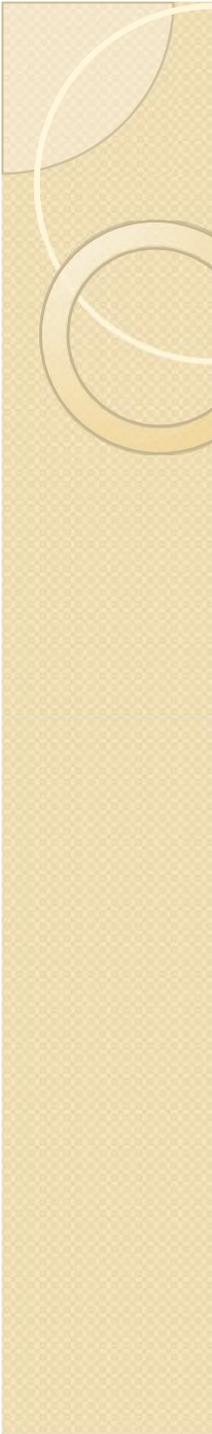
Dysfunctional beliefs develop as a result of rejection by important others early in life

Tend to discount any positive information about themselves

# Theories and Treatment of Avoidant Personality Disorder (cont.)

Graduated exposure to:

- Social settings
  - Social skills training
  - Challenges to negative automatic thoughts about social situations
- Serotonin reuptake inhibitors
    - (Celexa)
    - (Lexapro)
    - (Prozac)
    - (Paxil)
    - (Zoloft)
    - (Viibryd)



# Dependent Personality Disorder

- Pervasive pattern of behavior marked by a deep-seeded belief that one can not care for oneself
- Deny own thoughts, feelings, and needs in order to please and be compliant with someone who can take care of them
- Willing to endure abuse and exploitation in order to be taken care of
- Such low self-esteem that have difficulty making decisions about even minor everyday events and activities



# Theories and Treatment of Dependent Personality Disorder

- Biological theories

  - Genetic basis – runs in families

  - History of separation anxiety disorder or chronic physical illness are risk factors

- Cognitive theories

  - Exaggerated and inflexible beliefs about being weak and incompetent



# Theories and Treatment of Dependent Personality Disorder (cont.)

- More likely to seek treatment and to show greater insight than those with other personality disorders

Increase assertive behaviors

Decrease anxiety through graded-exposure to anxiety-provoking situations

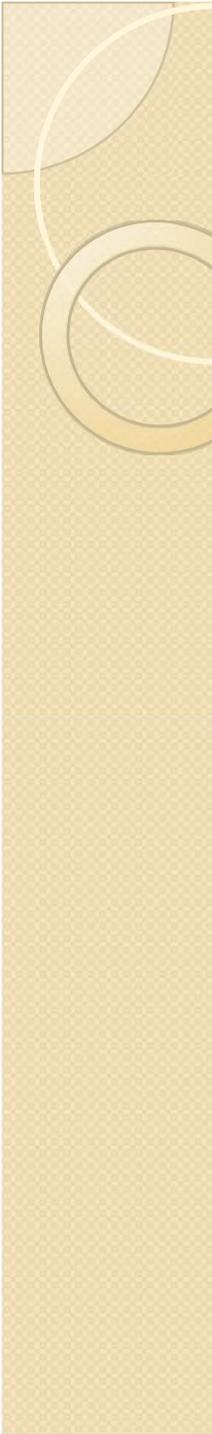
Relaxation techniques

Gradually increase number of independent behaviors such as decision-making



# Obsessive-Compulsive Personality Disorder

- Pattern of behavior characterized by excessive concern with perfection and having things a certain way along with rigid beliefs and control over oneself and one's environment
- Overly controlled emotions
- Workaholics
  - Have great difficulty relaxing or having leisure time
- Rigidly follow rules and schedules
  - Become very upset when rules are not followed or something interferes with their plans



## Theories and Treatment of Obsessive-Compulsive Personality Disorder

- **Cognitive theory**

People harbor strong rigid beliefs that mistakes are intolerable

- **Biological theory**

Related to genetic factors similar to those found in obsessive-compulsive disorder

History of physical neglect



## Theories and Treatment of Obsessive-Compulsive Personality Disorder (cont.)

Assist in overcoming the crises that spur someone to seek treatment

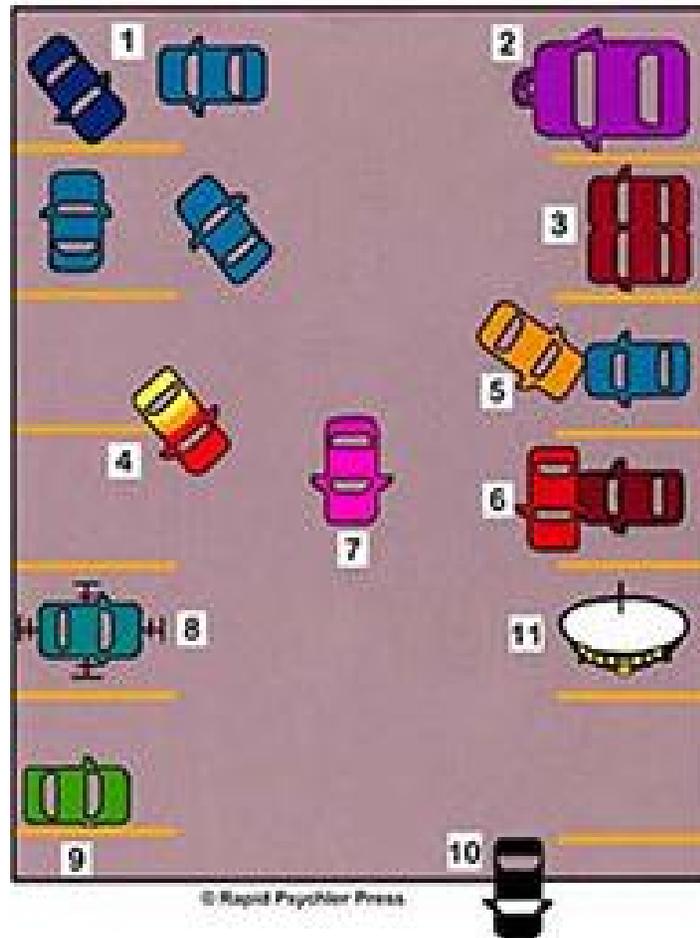
Decrease compulsive behaviors

Relaxation techniques to reduce anxiety and tension

Challenge negative thoughts about disruptions in routine

- Selective serotonin reuptake inhibitor medications to reduce obsessiveness

## Parking Lot of the Personality Disordered



1. **PARANOID** - Cornered again!!
2. **NARCISSIST** - Largest car; prominent hood ornament
3. **DEPENDENT** - Needs other cars to feel sheltered
4. **PASSIVE-AGGRESSIVE** - Angles car to take 2 spaces
5. **BORDERLINE** - Rams into car of ex-lover
6. **ANTISOCIAL** - Blocks other cars
7. **HISTRIONIC** - Parks in center of lot for dramatic effect
8. **OBSESSIVE** - Perfect alignment in parking space
9. **AVOIDANT** - Hides in corner
10. **SCHIZOID** - Can't tolerate closeness to other cars
11. **SCHIZOTYPAL** - Intergalactic parking

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