

Diagnosis and Assessment of Personality Disorders

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DSM-IV Criteria for P.D.

- v must meet these six criteria to be considered a personality disorder (including NOS)
- v operationalizes “what is a personality disorder?”

What is a Personality Disorder?

- v an enduring pattern of inflexible and maladaptive thinking, feeling, and acting that cause significant subjective distress and/or impairment in social or occupational functioning.
- v contrasted with *personality traits*: pattern of experiencing and interacting with environment and other people
- v boundary is inherently blurry

DSM-IV Criterion A

- v **A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, manifested in at least 2 of the following areas:**
 - v (1) **cognition (i.e., ways of perceiving and interpreting oneself, other people, and events)**

Disorder vs. Trait

- v Conscientiousness and scrupulosity in small doses is advantageous (trait)
- v In the extreme, leads to paralyzing over attention to detail with interferes with finishing tasks (disorder)
- v Some traits are maladaptive at either extreme:
 - v Too little trust: paranoid
 - v Too much trust: gullibility leading to being taken advantage of

DSM-IV Criterion A

- v (2) **affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)**
- v (3) **interpersonal functioning**
- v (4) **impulse control**

DSM-IV Criterion A

- assessment requires consideration of inner experience as well as overt behavior
- need to balance reliability of behavioral items (e.g., ASP items) with validity of inferential items (e.g., identity disturbance)
- cultural expectations critical - e.g., behavior considered histrionic in culture that values restraint would be norm in culture that values spontaneity

DSM-IV Criterion C

- complicating factors in determining significance:
 - ego-syntonic nature
 - reluctance to acknowledge unflattering traits
 - denial or exaggeration may be characteristic of certain P.D.s
 - clinician's P.D.
 - clinician's culture
 - clinician's gender bias

DSM-IV Criterion B

- **B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations**
 - behavior restricted to one person or situation is relational problem or Adjustment Disorder
 - inflexibility is reason for maladaptive and enduring nature (self-fulfilling)

DSM-IV Criterion D

- **D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood**
 - can P.D. be diagnosed in childhood?
 - with caution so long as it is "pervasive, persistent, and unlikely to be limited to a particular developmental stage or an episode of an Axis I Disorder"

DSM-IV Criterion C

- **C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.**
 - impairment on continuum - traits vs. disorder

DSM-IV Criteria for P.D. - V

- **E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.**
 - confirm long-standing duration prior to and independent of Axis I condition and determine the degree to which the features persist even as the Axis I symptoms remit.

Axis I vs. Axis II

- Axis II created to counteract underrecognition of P.D. in pre-DSM-III days
- important not to overdiagnose P.D. (e.g., “borderline” for irritability and lability)
- do not reify Axis I/Axis II distinction -- many Axis I disorders are chronic with early onset (e.g., Dysthymic Disorder, Somatization Disorder)
- Avoidant Personality Disorder vs. Social Phobia

Cluster A: Paranoid, Schizoid, Schizotypal

DSM-IV Criterion F

- **F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication, toxin exposure) or a general medical condition (e.g., head trauma).**

Paranoid Personality Disorder

- tendency to be **suspicious, mistrustful, hypervigilant, and preoccupied with being exploited or betrayed by others**
- hostility, irritability, avoidance, and anxiety often secondary to the paranoid beliefs
- self-fulfilling prophecies: mistrustful behavior causes others to act in an overly cautious and even deceptive way

DSM-IV Clusters

- 10 Personality Disorders in DSM-IV
- Grouped into 3 “clusters” because of heuristic value
 - Cluster A: odd (Schizoid, Schizotypal, Paranoid)
 - Cluster B: dramatic (Antisocial, Borderline, Histrionic, Narcissistic)
 - Cluster C: anxious (Avoidant, Dependent, Obsessive-Compulsive)

Schizoid Personality Disorder

- profound **defect in the individual's ability to form personal relationships** or to respond to others in an emotionally meaningful way
- indifferent, aloof, detached, and unresponsive to praise, criticism, or any other feelings expressed by others

Schizotypal P.D.

- v displays idiosyncratic speech patterns, eccentric beliefs, paranoid tendencies, perceptual illusion, unusual appearance, inappropriate affect, and social anxiety
- v some with Schizotypal P.D. go on to develop Schizophrenia (use 'premorbid')

Borderline Personality Disorder

- v pattern of intense and chaotic relationships with fluctuating and extreme attitudes toward others
- v engage in self-destructive behaviors, are affectively unstable and impulsive, and lack a clear sense of identity.
- v **suicide attempts or self-mutilation** may be a response to rejections or disappointments in interpersonal relationships

Cluster B: Antisocial, Borderline, Histrionic, Narcissistic

Borderline Personality Disorder

- v lives tend to be chaotic, unstable, and marked by frequent disappointments and rejections
- v underlying mood is labile and quick to anger which may be intense
- v in crisis or with substance use, may experience transient psychotic breaks
- v self-mutilating behavior: "treating" dissociative symptoms or intense dysphoria or counteracting intense anger

Antisocial Personality Disorder

- v pattern of **socially irresponsible**, exploitative, and guiltless behavior
- v engages in the **deception and manipulation of others** for personal gain
- v fails to abide by the law, sustain consistent employment, and develop stable relationships
- v Lacks remorse

Histrionic Personality Disorder

- v attention-seeking, self-dramatizing
- v excessively gregarious, seductive, manipulative, exhibitionistic
- v Shallow emotions, labile, vain, and demanding

Narcissistic Personality

- v egocentric, grandiose
- v crave admiring attention and praise and place excessive emphasis on displaying the accoutrements of beauty, power, fame, and wealth
- v use relationships to meet their own selfish needs with little consideration for the needs of the other person
- v feel "entitled" to special rights, attention, privileges, and consideration

Dependent Personality Disorder

- v excessive reliance on others
- v tendency to permit others to make important decisions, to feel helpless when alone, to subjugate needs to those of others, to tolerate mistreatment, and to be appropriately self-assertive.
- v not uncommon for such a patient to be living with a controlling, domineering, or overprotective person

Cluster C: Avoidant, Dependent, Obsessive-Compulsive

Obsessive-Compulsive P.D.

- v Perfectionistic, constricted, and excessively disciplined
- v behavior is rigid, formal, emotionally cool, distant, intellectualizing, and detailed.
- v driven, aggressive, competitive, and impatient, with a chronic sense of time pressure and an inability to relax.
- v excessive tendency to be in control of themselves, others, and life situations.

Avoidant Personality Disorder

- v inhibited, introverted, and anxious behavior
- v low self-esteem, hypersensitivity to rejection, social awkwardness, timidity, social discomfort, and self-conscious fears of being embarrassed or acting foolish