# Abnormal Psychology

## October 25, 2012

Professors favorite color is puce!

* **Cluster B - Dramatic, Emotional, or Erratic**
  + **Diagnostic Criteria for Narcissistic Personality Disorder**
    - Grandiosity, need for admiration, and lack of empathy, as indicated by five (or more) of the following
      * Grandiose sense of self-importance
      * Preoccupied with fantasies of unlimited success, power, brilliance, or ideal love
      * Believes he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people
      * Requires excessive admiration
      * Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with expectations
      * Is interpersonally exploitative, ie takes advantage of others to achieve own ends
      * Lacks empathy; is unwilling to recognize or identify with the feelings of others
      * Envies others or believes others are envious of him or her
      * Shows arrogant, haughty behaviors or attitudes
    - Treatment
      * Reduce criticism
      * 1% of the population
      * No gender differences
      * Potential Causes
        + The child is treated too positively in life is an idea
  + **Diagnostic Criteria for Histrionic Personality Disorder**
    - A pervasive pattern of excessive emotionality and attention seeking, as indicated by five (or more) of the following
      * Is uncomfortable in situations in which not the center of attention
      * Often inappropriate sexually seductive or provocative behavior
      * Displays rapidly shifting and shallow expression of emotions
      * Consistently uses physical appearance to draw attention to self
      * Excessively impressionistic speech style, lacking in detail
      * Self-dramatization, theatricality, and exaggerated-expression of emotions
      * Suggestible, ie, easily influenced by other or circumstances
      * Considers relationships to be more intimate than they actually are
    - Treatment
      * These are the individuals who as a psychologist you would see most often
      * Very manipulative individuals, so they work on reducing those behaviors
      * More common in females, unsure if that’s a diagnostic bias
      * 1~2% prevalence
      * Primarily psychological, nothing biological
      * There may have been a lot of things that were done in childhood that reinforced behavior such as acting out, singing, etc
      * Very intense sibling rivalry possibly
  + Diagnostic Criteria for Borderline Personality Disorder
    - Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of ccontexts, as indicated by five (or more) of the following
      * Frantic efforts to avoid real or imagined abandonment
      * A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of ideations and devaluation
        + Ideation: She’s the best. Devaluation: She’s actually the worst for you.
      * Intense disturbance: markedly and persistently unstable self-image or sense of self
      * Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating, etc)
      * Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
      * Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability, or anxiety lasting a few hours and rarely more than a few days)
      * Chronic feeling of emptiness
      * Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights)
      * Transient, stress-related paranoid ideation or severe dissociative symptoms
    - Splitting, dichotomous thinking
      * Splitting: Good and base person
    - Prevalence of 2%
    - Comorbidity with MDD and Substance Use
    - More common in females
  + Explanations of Borderline Personality Disorder
    - Biological
      * Family history
        + Impulsivity within the family
      * Biological Markers
    - Early Experiences
      * Childhood Experiences
        + Parental Roles

Inconsistent emotional responsiveness

Development of splitting

* + - * + Trauma
    - Treatment
      * Cognitive Models
        + Learn Dichotomous thinking
        + Magnification

Exaggerate emotional pain and negative experiences

* + - * Behavioral
        + Skill Deficits

Communication

Basic problem solving

* + - * Biological
        + SSRI’s
        + Lithium
      * Psychological – general issues
        + Therapeutic relationship

The moment you say something they don’t like, you challenge them, etc you’ll become a person they don’t like

* + - * + Stability/Predictability

If you leave for a vacation, you have to keep telling them you’re not abandoning them.

* + - * + Boundaries
        + Therapists’ own emotional reactions

It’s hard to like someone with borderline personality disorder. The fact that it’s hard to get along with their patient needs to be put on the back burner

* + - * + Cognitive Behavioral

Dialectical Behavior Therapy

Does not work for everyone but it’s the best of them so far

Works on cognitive factors

Reduce focus on affect

Acceptance and validation for change (dialectics)

There are two sides to every problem

Work on behavioral factors

Contracting

Teach life skills

Treatment modules: Mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance

* + - * + People come in for treatment more often due to the distress
  + Diagnostic Criteria for Antisocial Personality Disorder
    - 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
      * Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
      * Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
      * Impulsivity or failure to plan ahead
      * Irritability and aggressiveness, as indicated by repeated physical fights or assaults
      * Reckless disregard for safety of self or others
      * Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
      * Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
    - The individual is at least 18 years of age
    - There is evidence of Conduct Disorder with onset before age 15 years
    - The occurrence of antisocial behavior is not exclusively during the course of a schizophrenic or manic episodes
  + Antisocial behavior is not the same as a psychopath. The difference is that psychopathology is based on emotions whereas antisocial is based on behaviors
  + The behavior stops at around age 40
  + 1% Prevalence
  + Higher in males than females
  + Explanations
    - Biological
      * Genetic Link – If you have a first degree relative with antisocial disorder you’re 5x as more likely to get it as well
      * Core Deficit – Level of arousal
    - Cognitive-Behavioral model
      * Learning histories
        + If you live with a mob boss you may grow up to be a mob boss
      * Inconsistent discipline
      * Shaping of environment
    - They do not go in for treatment
* Cluster C – Anxious or Fearful
  + Diagnostic Criteria for Avoidant Personality Disorder
    - Social inhibition, feelings of inadequacy or hypersensitivity to negative evaluation, as indicated by four (or more) of the following
      * Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
      * Is unwilling to get involved with people unless certain of being liked
      * Shows restraint within intimate relationships because of the fear of being shamed or ridiculed
      * Is preoccupied with being criticized or rejected in social situations
      * Is inhibited in new interpersonal situations because of feelings of inadequacy
      * Views self as socially inept, personally unappealing, or inferior to others
      * Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing
    - Find out difference between social phobia and avoidant personality disorder
    - 5% prevalence
    - Comorbidity with
    - Equally common in males and females
    - They feel no one can accept them for who they are
    - Treatments
      * Skill building
      * At times, antidepressants can be given
  + Diagnostic Criteria for Dependent Personality Disorder
    - Excessive need to be taken care of, leading to submissive and clinging behavior and fears of separation, as indicated by five (or more) of the following
      * Has trouble making everyday decisions without excessive advice and reassurance from others
      * Needs others to assume responsibility for most major areas of life
      * Has difficulty expressing disagreement with others due to unrealistic fears of loss of support or approval
      * Has difficulty initiating projects or doing things on own due to lack of self confidence
      * Goes to excessive lengths to obtain nurturance and support from others, to the point of doing aversive things
      * Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for self
      * Urgently seeks another relationship as a source of care and support when a close relationship ends
      * Is unrealistically preoccupied with fears of being left to take care of self
    - 1% of the population
    - Equal amongst genders
    - Causes: Reinforcement of clinging behavior as a child
    - Treatments: They don’t often come in as they don’t recognize the problem, assertiveness training, skills training, challenge assumptions that they can’t do them on their own.
  + 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, as indicated by four (or more) of the following
      * Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
      * Shows perfectionism that interferes with task completion
      * Is excessively devoted to work to the exclusion of leisure activities and friendships
      * Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values
      * Is unable to discard worn-out or worthless objects even when they have no sentimental value
      * Is reluctant to delegate tasks or to work with others unless they submit to exactly his/her way of doing things
      * Adopts to miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
      * Shows rigidity and stubbornness
    - 1-2%
    - 2x as common in men, highly educated, white, married, and good jobs
    - Treatment – work on assumptions of why it has to be perfect, exposure to imperfect things, not very effective

Very difficult to treat personality disorders

They go into treatment normally because of an axis I disorder

The presence of a personality disorder is a negative prognostic for your treatment of the axis I disorder

Common comorbidity!