

The Personality Disorders

Part I: 8/11/2025 (1500-1700)

Part II: 8/15/2025 (1300-1500)

Live ZOOM

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Objectives

At the end of this 4 hour lecture the student will have greater understanding of the following:

1. What is a personality? and how does it differ from a personality disorder?
2. How can we define a personality disorder?

Objectives

At the end of this 4 hour lecture the student will have greater understanding of the following: (continued)

3. What is meant by important psychological terms such as ego dystonic and ego syntonic?
4. How does a personality trait differ from a personality disorder.

Objectives

At the end of this 4 hour lecture the student will have greater understanding of the following:

(continued)

5. What is meant by the “three clusters” and what are the traits, as well as the all specific personality disorders found in each cluster?
6. How to diagnose each of the personality disorders based upon key information supplied to the student.
7. Understand defense mechanisms employed by personality disordered individuals
8. Understand Important Psychological terms

Objectives

5

At the end of this 4 hour lecture the student will have greater understanding of the following: (continued)

9. What are some things we should have in mind as we deal with personality disordered individuals?

10. What are some general traits, defense mechanisms and ways staff, and patients react to medical illness. How can we deal more effectively with each type of personality disorder in our practices?

Objectives

At the end of this 4 hour lecture the student will have greater understanding of the following: (continued)

11. What is meant by a personality change caused by another medical condition?

A. What are some of the medical conditions that might cause a change in one's personality?

Note: This lecture and or the video(s) that accompany it contain content that may elicit uncomfortable feelings in some students.

Personality Disorders

- ▶ Personality:

- ▶ A very abstract term

- ▶ Hard to define

- ▶ There is a line between Functional and Dysfunctional and it may be obscure

Personality Disorders

- ▶ Typically:

- ▶ Takes several sessions to make diagnosis
- ▶ Must see person in different situations
 - ▶ Well and ill
- ▶ Get collateral information from the family and friends
 - ▶ Only with release of information

Personality Disorders

10

- ▶ For Primary Care Doctor:
 - ▶ First diagnostic clue of personality disorder, may be difficulties in doctor-patient relationship
 - ▶ Emotional distress over illness may cause:
 - ▶ Non-compliance with treatment plan
 - ▶ Changed or unexpected behavior toward the doctor

Personality Disorders

11

► Personality Definition:

Enduring (stable) pattern of perceiving, relating and thinking about the environment and oneself seen in wide range of social and personal situations.

Personality Disorders

12

- ▶ A Personality Disorder: may be diagnosed when one's personality:
 - ▶ Differs from most people,
 - ▶ Is rigid, or
 - ▶ Maladaptive, &
 - ▶ Causes Functional Impairment Or
 - ▶ Subjective Distress

Personality Disorders

13

- ▶ Def: Personality Disorder
- ▶ **Enduring** subjective experience and behavior,
- ▶ **Deviates** from Cultural Standards,
- ▶ **Rigidly** Pervasive,
- ▶ **Onset** in adolescence or early adulthood,
(**very important!!!!**)
- ▶ **Stable** through time but may show a bit of attenuation over time,
- ▶ May cause unhappiness and impairment
 - ▶ Typically in others but also often noted in the patient.

rather than someone who was fine and developed something at 73 - think medical

Personality Disorders

14

- ▶ **Individuals with Personality Disorders:**
 - ▶ Typically avoid or in many cases will refuse Treatment (**psychiatric**)
 - ▶ **Deny** they have **Problems**
 - ▶ **Rarely feel** any **anxiety** about their behavior

Personality Disorders

► Psychological Terms:

- **Ego Syntonic** is a psychological term referring to behaviors, values, feelings, which are in harmony with or **acceptable to the needs and goals of the ego**, or consistent with one's ideal **self-image**.
 - **If something is ego syntonic:** it does not cause an individual to experience distress
- Many personality disorders are considered ego syntonic and are therefore difficult to treat. Patient typically lacks insight.

Personality Disorders_(psychological terms continued)

16

- ▶ Ego Dystonic, refers to thoughts and behaviors that are in **conflict with the ego**, or with someone's **ideal self-image**.

Ego Dystonic: Such feelings are typically found in patients who have most other types of psychiatric disorders, aside from Personality Disorders

Personality Disorders_(psychological terms continued)

17

▶ Examples

- ▶ Ego Syntonic: Man robs bank and later says it is no big deal and he deserves to keep the money because banks are making too much money anyway.
- ▶ Ego Dystonic: Man gives clerk a \$20 bill to pay for groceries. When he gets home he notices the clerk accidentally gave him an extra dollar bill by mistake. He rushes back to the supermarket to return the money. He apologizes profusely for not catching the error sooner.

Personality Disorders

19

- ▶ **Lifetime Prevalence --10-15%**
 - ▶ Men = Women
- ▶ **Outpatient Psychiatric Clinics:**
 - ▶ 30-50% Patients have a P.D.
- ▶ **Inpatient Psychiatric Units:**
 - ▶ Over 50% have co-morbid personality disorder
- ▶ **Patients with a Psychiatric Disorder**
 - ▶ 35% also have a Personality Disorder
 - ▶ Especially if they are diagnosed with an anxiety disorder and or alcohol disorder
 - ▶ If suicidal gestures are present, likelihood of personality disorder: 50-65%

Personality Disorders

20

- ▶ **Classification System**
- ▶ **Three Clusters** in DSM 5

Personality Disorders

21

Cluster A:

(The “odd or eccentric” in thought and/or behavior disorders)

- ❖ Paranoid
- ❖ Schizoid
- ❖ Schizotypal

Cluster B:

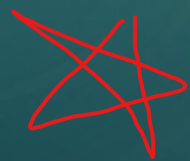
(The dramatic or overly emotional in thought and/or behavior disorders)

- ❖ Antisocial
- ❖ Borderline
- ❖ Histrionic
- ❖ Narcissistic

Cluster C:

(The anxious and fearful in thought and/or behavior disorders)

- ❖ Avoidant
- ❖ Dependent
- ❖ Obsessive-compulsive



You must know into which Cluster each PD has been placed.!!!

Personality Disorders

22

- ▶ Cluster A
 - ▶ Perceived as **Odd & Eccentric**
- ▶ Prototypical Traits in Cluster A:
 - ▶ Paranoid: Guarded, Touchy, suspicious
 - ▶ Schizoid: Aloof, seclusive
 - ▶ Schizotypal: Eccentric

Personality Disorders

23

- ▶ **Classification System**
 - ▶ Three Clusters in DSM 5 (continued)
- ▶ **Prototypical Traits in Cluster B**
 - ▶ **Antisocial** : violates social norms
 - ▶ **Borderline**: Impulsivity, acting out
 - ▶ **Histrionic**: excessive emotionality
 - ▶ **Narcissistic**: grandiosity
- ▶ Overall they are seen as Dramatic, Emotional, and Erratic (wild)

Personality Disorders

24

- ▶ **CLASSIFICATION SYSTEM**

- ▶ Three Clusters in DSM 5 (continued)

- ▶ **Prototypical Traits in Cluster C**

- ▶ **Avoidant** : abnormal fears of social relationships

- ▶ **Dependent**: fears of separation

- ▶ **Obsessive Compulsive**: Need for control/ perfection

- ▶ **Overall** Seen as Anxious, Fearful

Personality Disorders

25

▶ Etiological Theories

▶ Genetic

▶ CLUSTER “A”

- ▶ Higher in Biological Relatives with Schizophrenia

Personality Disorders

26

- ▶ Genetic Factors (continued)
 - ▶ Cluster B
 - ▶ Antisocial Personality
 - ▶ Associated with alcohol use disorders
 - ▶ Histrionic (hysterical):
 - ▶ Depression: common in families,
Associated with Somatic Symptom Disorder

Personality Disorders

27

- ▶ Genetic Factors (continued)
 - ▶ Cluster C
 - ▶ May have some genetic basis
 - ▶ Avoidant Personality
 - ▶ High anxiety levels

Personality Disorders

28

- ▶ Women > MEN
 - ▶ Borderline
 - ▶ Histrionic
- ▶ Men > Women
- ▶ Paranoid
 - ▶ Antisocial
 - ▶ Narcissistic
 - ▶ Obsessive Compulsive
- ▶ Men = Women
 - ▶ Dependent

Personality Disorders

29

- ▶ **Prevalence: Group A**

- ▶ Paranoid

- ▶ 2-4%

- ▶ Schizoid

- ▶ up to 5%

- ▶ Schizotypal

- ▶ Up to 3%

Personality Disorders

30

- ▶ Prevalence: Group B

- ▶ **Histrionic**

- ▶ Approximately 1-3% General Population
 - ▶ Women > Men

- ▶ **Antisocial**

- ▶ .2-.3%
 - ▶ >70% in substance abuse clinics, and 75% prison populations

Personality Disorders

31

- ▶ **Prevalence: Group B (continued)**

- ▶ **Borderline**

- ▶ Most widely studied
 - ▶ 1-2% of population
 - ▶ Women 2x> men
 - ▶ 6% in outpatient primary care settings
 - ▶ 10% outpatient psychiatric clinics
 - ▶ 20% inpatient psychiatric units

- ▶ **Narcissistic**

- ▶ <1%-6% community samples

Personality Disorders

32

- ▶ Prevalence: Group C
 - ▶ Avoidant
 - ▶ 2-3% of general population
 - ▶ Obsessive Compulsive
 - ▶ 2.0-8.0%
 - ▶ Dependent
 - ▶ 0.6%

Personality Disorders

33

▶ Personality Traits

- ▶ Presence of One or Two of the Criteria for a Personality Disorder
- ▶ (But not sufficient criteria to make personality disorder diagnosis)
- ▶ Is it OK to have personality traits?
 - ▶ Do any of us have personality traits?

Personality Disorders

34

- ▶ **Some Defense Mechanisms Employed**
 - ▶ **Isolation of Affect**
 - ▶ Obsessive Compulsive
 - ▶ **Projection**
 - ▶ Paranoid
 - ▶ **Splitting**
 - ▶ Borderline

Personality Disorders

35

- ▶ Cluster A: (Three Personality Disorders)
 - ▶ Paranoid
 - ▶ Schizoid
 - ▶ Schizotypal

Personality Disorders

36

▶ Paranoid Personality

- ▶ **Pervasive distrust & suspiciousness of others**
- ▶ **Uses defense of Projection. (Think of a movie projector)**
- ▶ **Ideas of reference are common**
- ▶ **Often causes fear or conflict in others**
- ▶ ***Key: No fixed delusions, hallucinations or thought disorder... thus not psychotic***

throw out unconscious thoughts onto you - primitive defense mechanism

however but many have brief periods where they could enter psychosis and come out of it

Paranoid Personality

37

- ▶ DSM-5-TR 4 OF 7 OF Following:
 - ▶ 1. Feel others **exploiting, harming or deceiving him or her.**
 - ▶ 2. Preoccupied with **unjustified doubts of loyalty** of friends or associates
 - ▶ 3. Reluctant to confide in others for fear information will be used maliciously against him or her
 - ▶ 4. Sees hidden demeaning or threatening meanings in benign remarks or events

Paranoid Personality

38

- ▶ Must Possess 4 OF 7 (continued)
 - ▶ 5. **Persistently bears grudges** (i.e., unforgiving of insults, injuries or slights)
 - ▶ 6. Senses attack on character or reputation that others do not perceive, and **is quick to react angrily**
 - ▶ 7. Recurrent suspicions of wife or sexual partner without cause
- ▶ Does not occur exclusively during schizophrenia, bipolar, or depressive disorder with psychotic features or another psychotic disorder, and is not due to physiological effects of another medical condition.

Paranoid Personality

39

- ▶ **Associated Features:**
 - ▶ A. Difficult to get along with
 - ▶ B. Problem with close relationships
 - ▶ C. Argumentative, recurrent complaining
 - ▶ D. Due to being alert for potential threats may act:
 - ▶ guarded, secretive, deviously
 - ▶ May appear cold
 - ▶ E. Combative and suspicious nature may elicit hostile response in others which then “confirms” the original expectations
 - ▶ F. **Blame others for their own shortcomings**
 - ▶ G. Often **litigious**
 - ▶ H. May be **seen as fanatics** and form tight groups or cults with those who share their paranoid belief system.

Paranoid Personality

40

▶ **Patient:**

- ▶ Increased suspiciousness

▶ **Problematic Behavior**

- ▶ Fear physician or others may harm him
- ▶ Misinterprets even helpful behaviors
- ▶ Increased likelihood of conflict with staff

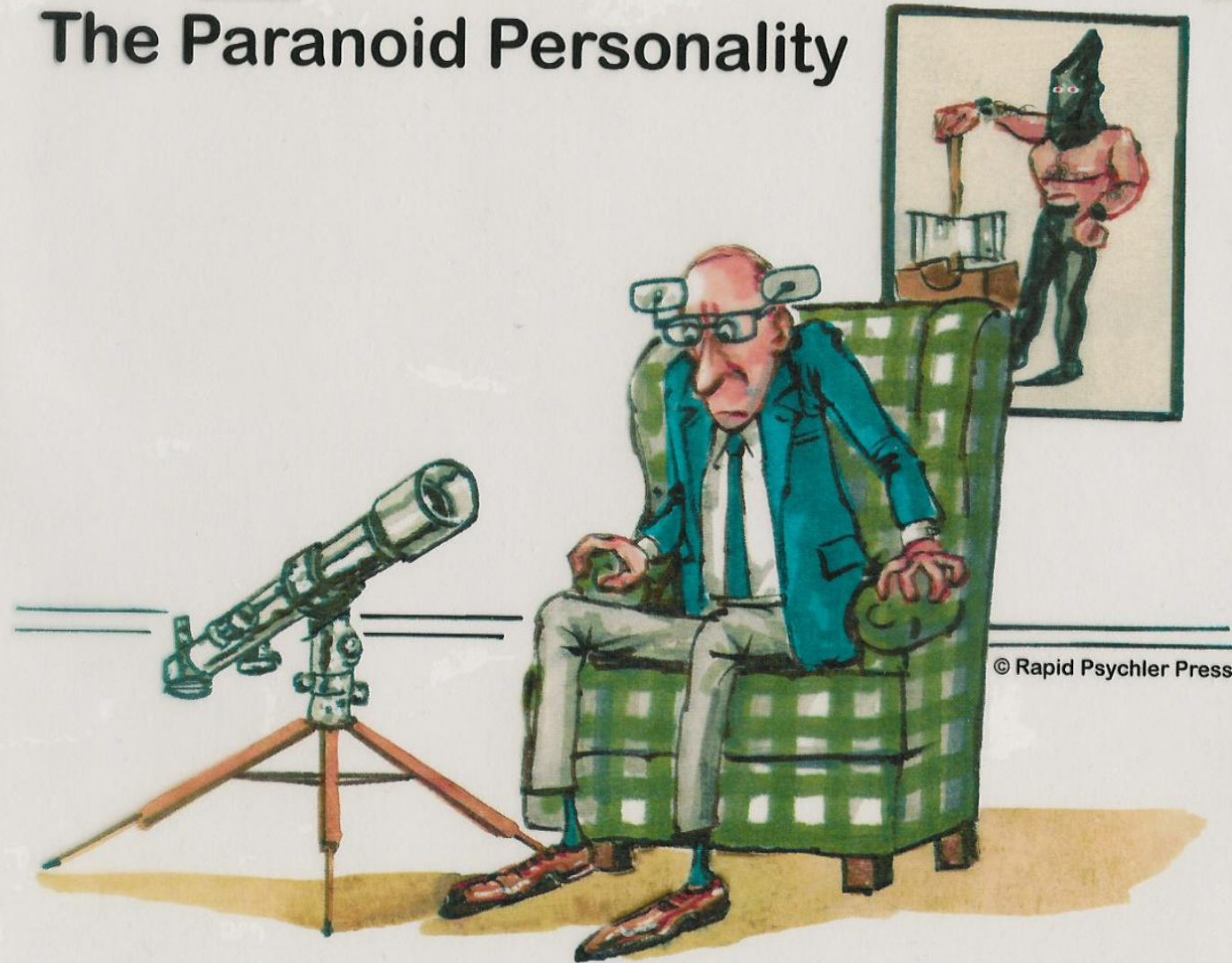
▶ **Staff Reactions:**

- ▶ Defensive, argumentative, ignore the patient

▶ **Helpful Strategies**

- ▶ Empathic stance toward patient fears
- ▶ Detailed care plan with info about risks of procedures etc.
- ▶ Professional, but not overly friendly stance
- ▶ Avoid group therapy as these individuals misinterpret what is being said by others

The Paranoid Personality



The Caine Mutiny (1954)

42



Humphrey Bogart



Jose Ferrer

The Personality Disorders:

Paranoid Personality Disorder

Clip # 1;

1.1

~7 min, 30 sec.

The Caine Mutiny 1954

Humphrey Bogart

Points to note:

1. Psychiatrist's testimony
2. The captain blames others
3. He cannot trust others.
4. Feels the crew is out to get him.
5. Nothing is ever his fault.
6. Feels the crew is not loyal to him
7. Bogart almost becomes psychotic on witness stand.

Personality Disorders

44

Schizoid Personality

- ▶ **Detachment** from social relationships
- ▶ **Restricted** expression of emotions in **interpersonal relationships**
- ▶ Prevalence: 3-5%
- ▶ **Solitary jobs,**
 - ▶ Usually Work at Night
 - ▶ **Note:** this does **not mean** if you become an ER Doctor and work at night that you have this personality disorder!!!

Schizoid Personality

45

- ▶ **DSM 5-TR: 4 OF 7 OF FOLLOWING**
 - ▶ 1. **Neither desires or enjoys close relationships**, including family
 - ▶ 2. Almost always chooses **solitary activities**
 - ▶ Seen as loners, may prefer math or computer games
 - ▶ 3. **Little interest in sexual experiences with another person**
 - ▶ 4. Pleasure in few or any activities
 - ▶ 5. **Few close friends** or confidants except family
 - ▶ 6. **Indifferent** to praise or criticism of others
 - ▶ 7. Emotional coldness, detachment or flattened affect

Schizoid Personality

46

- ▶ **Patient:**
 - ▶ Increased anxiety, as **illness causes him to be around others**
- ▶ **Problematic Behavior**
 - ▶ May **delay** care till symptoms severe for fear of being around others
 - ▶ May **appear unappreciative** of help
- ▶ **Staff Reactions:**
 - ▶ Overzealous efforts to connect with patient
 - ▶ Feel unappreciated
- ▶ **Helpful Strategies**
 - ▶ Recognize need for privacy
 - ▶ Try to have patient maintain daily routines
 - ▶ **Do not be overzealous trying to provide social supports**
 - ▶ **Not typically helpful to place in group or individual therapy, but may be helpful in drop-in center. Note if they desire more intimacy or friends then think of avoidant PD.**

The Schizoid Personality



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The Night Watchman

48



Lighthouse

Solitary Type of Occupation

Personality Disorders

Schizoid Personality Disorder

Clip # 2. (1.1) (begins ~6.30)

49

Observe and assess:

remember the clip - will help remember DSM5 criteria

1. Can you describe his affect? flat
2. Does he have any ego dystonic symptoms? no what we see is egosyntonic
3. Does he desire treatment? no
4. Is he desirous of dating, having more friends? no
5. Why did he turn down a more prestigious job? would involve more meetings and interacting with people
6. What does he enjoy doing? reading books and movies

Schizotypal Personality

50

- Social and interpersonal deficits, few close relationships, cognitive and perceptual distortions, eccentric behavior begins in early adulthood
 - Prevalence: 2-3%
 - Believe in **special powers of thought and insight**
 - Absence of psychosis is typical
 - But, if psychotic brief in duration

Schizotypal Personality

51

- ▶ **DSM-5 TR**
- ▶ **Must have 5 or more of the following:**
- ▶ **1. Ideas of Reference (Not Delusional)**
- ▶ **2. Odd beliefs or magical thinking influencing behavior almost to point of psychosis (i.e., clairvoyance, telepathy, 6th sense, etc.)**
- ▶ **3. Unusual perceptual experiences**
- ▶ **4. Odd thinking or speech**
- ▶ **5. Suspiciousness or paranoid ideation**
- ▶ **6. Inappropriate or constricted affect**
- ▶ **7. Odd, eccentric or peculiar behavior/appearance**
- ▶ **8. Few close friends except relatives**
- ▶ **9. Excessive social anxiety**

Schizotypal Personality

52

▶ Patient:

- ▶ May have **odd interpretation of illness**
- ▶ Rarely **could become psychotic**

▶ Problematic Behavior

- ▶ May **delay care** till due to odd magical beliefs about symptoms
- ▶ May appear odd toward others

▶ Staff Reactions:

- ▶ Frustration over misinterpretation of illness
- ▶ Not wanting to connect with odd and eccentric patient

▶ Helpful Strategies

- ▶ **Try not to be turned off by odd appearance**
- ▶ Try to **educate** patient about illness
- ▶ **Do not become overly involved** in effort to provide social supports
- ▶ May benefit in therapy learning how others feel about his/her odd behavior

The Schizotypal Personality

53

Spied upon?

clairvoyance

Odd
appearance



VIDEO: SCHIZOTYPAL PERSONALITY DISORDER

youtu.be/PNguP7troiU

https://youtu.be/PNguP7troiU?si=lyOV2hLWhi8_yuCl

~ 9 minutes

Watch for:

1. Odd beliefs
2. Clairvoyance
3. Suspiciousness
4. Odd speech or thinking
5. Affect constricted
6. Few close friends.
7. Referential thinking (letter he received had special meaning to him.)
8. Did he hear voices or see things others did not? Why is his answer important?

Personality Disorders

55

- ▶ Cluster B: Seem dramatic, emotional and erratic
- ▶ Prototypical Traits
 - ▶ Antisocial Personality: Glib, Thrill Seeking
 - ▶ Borderline Personality: Unreasonable, unstable
 - ▶ Histrionic (Hysterical) Personality: Dramatic
 - ▶ Narcissistic Personality: Self-importance

Antisocial Personality (Psychopathic or Sociopathic)

56

- A. Disregard for and violation of rights of others since age 15 and ≥ 3 of following
 1. Non-conforming to lawful activities, by committing acts that are grounds for arrest.
 2. **Deceitfulness** as indicated by **repeated lying**, aliases, conning others for personal profit or pleasure
 3. **Impulsivity** or failure to plan for future
 4. **Irritable or aggressive** with many physical **fights or assaults**
 5. Reckless **disregard for** safety of others
 6. **Poor work behavior** or lack of honoring financial obligations
 7. **Lack of remorse, i.e., indifferent or rationalizing having hurt mistreated or stolen from others**
- B. **Must be ≥ 18 years old to make diagnosis**
- C. **Evidence of Conduct disorder $<$ age 15**
- D. **Does not occur exclusively during course of schizophrenia or bipolar disorder**

Conduct Disorder

57

Forerunner of Antisocial Disorder

- ▶ 1. **fighting** with peers
- ▶ 2. **conflicts** with adults
- ▶ 3. **lying**
- ▶ 4. **cheating**
- ▶ 5. **stealing**
- ▶ 6. **Fire setting**
- ▶ 7. **Cruelty to animals**
- ▶ 8. **Cruelty to other children**

Antisocial Personality

58

▶ Patient:

- ▶ Sense of fear of illness may be masked by increased hostility or sense of entitlement

▶ Problematic Behavior

- ▶ Irresponsible, impulsive behavior, without regard for others
- ▶ Angry deceitful, or manipulative behavior

▶ Staff Reactions:

- ▶ Succumbing to patient's manipulations
- ▶ Angry punitive reaction when manipulation is discovered

▶ Helpful Strategies

- ▶ Carefully, respectfully investigate patients concerns and motives
- ▶ Communicate directly; avoid punitive reaction to patient
- ▶ Set clear limits in context of medically indicated interventions

ANTISOCIAL PERSONALITY



Al Capone

60



A 1922 Mug Shot

Antisocial Personality Disorder

61

▶ Video Clip #4

▶ A hospitalized patient

▶ (1.1)

▶ (begins ~17.20)

▶ Video Clip # 5

▶ A Clockwork Orange

(1.1)

▶ (begins ~26.08) continues @

▶ 1.2 (0.01-.56)

Borderline Personality

62

▶ DSM-5-TR Criteria

A. Pervasive pattern of instability of interpersonal relationships, self image and affect, as well as marked impulsivity beginning in early adulthood and present in a variety of contexts **and: 5 or more** of the following:

Borderline Personality

63

1. Frantic efforts to avoid real or imagined abandonment
2. Pattern of unstable & intense interpersonal relationships with 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 (up to 10% kill themselves), gestures, or threats, or self-mutilating behavior (up to 75% self-mutilate).** (Almost a gold standard; Benazzi 2008)

6. **Affective instability**

- Related to environmental stimuli
- Intense discomfort, irritability and discomfort
- Instability lasts hours, not days

7. Chronic feelings of emptiness

8. **Inappropriate intense anger**

9. Transient stress related paranoid ideation or severe dissociative symptoms

Borderline Personality

65

- ▶ **Defense Mechanisms**

- ▶ Splitting

- ▶ Projection

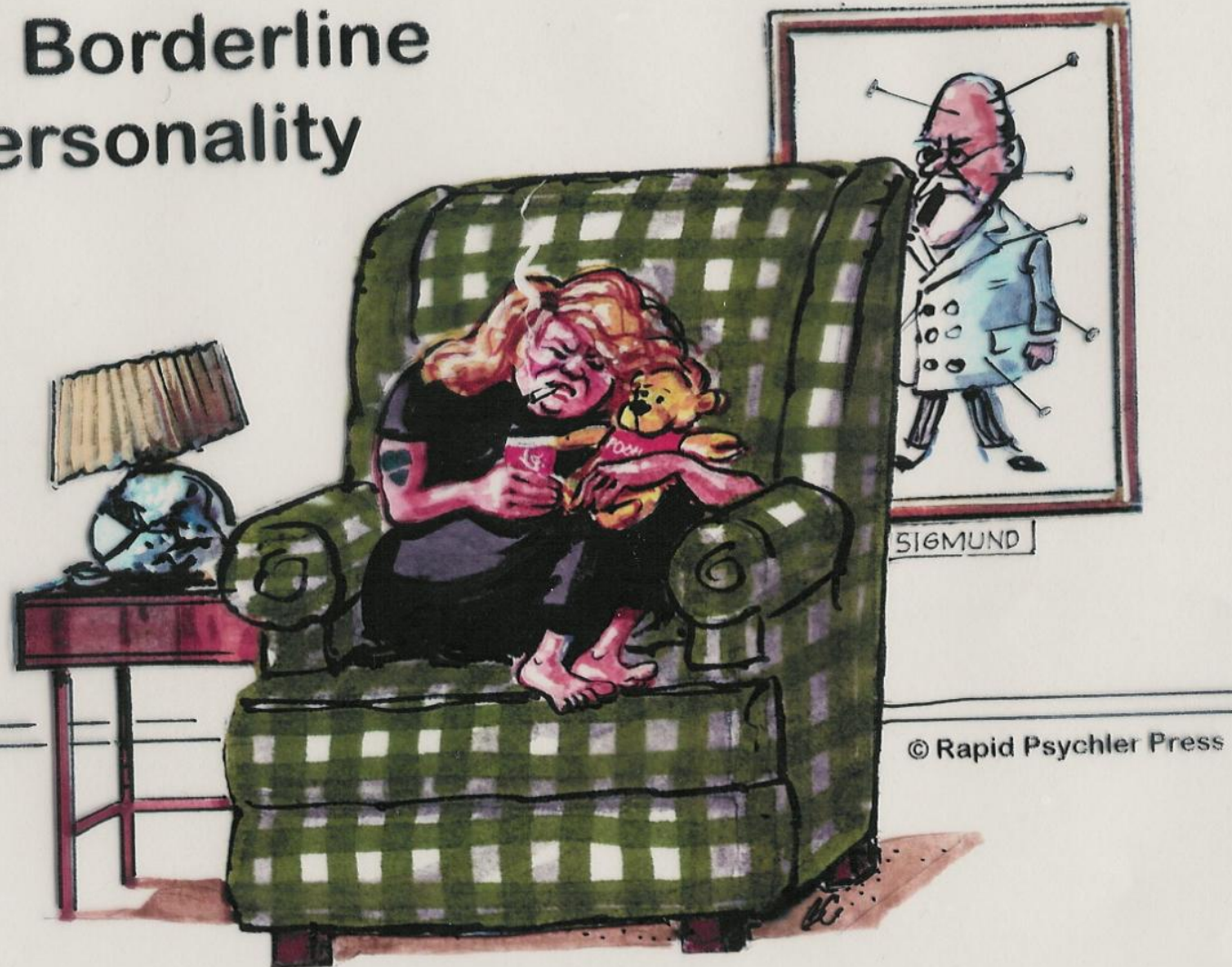
- ▶ Acting Out

Borderline Personality

66

- ▶ **Patient:**
 - ▶ Terrifying fantasies about illness
 - ▶ Feels either completely well or deathly ill
- ▶ **Problematic Behavior**
 - ▶ Mistrust doctor, leads to delayed treatment
 - ▶ Intense fear of rejection or abandonment
 - ▶ Abrupt shifts from idealizing caregivers to devaluing
 - ▶ Splitting of staff
 - ▶ Self destructive acts and threats
- ▶ **Staff Reactions:**
 - ▶ **Succumb to patient's idealization and splitting**
 - ▶ Despair at patient's self destructive behavior
 - ▶ Temptation to punish patient angrily
- ▶ **Helpful Strategies**
 - ▶ Avoid closeness
 - ▶ Schedule frequent check-ups
 - ▶ Tolerate angry outburst but **set clear limits**
 - ▶ **Discuss feelings with co-workers**

The Borderline Personality



Self Mutilation of Borderline

68



Selbstverletzte Unterarme einer Borderline-Patientin
Foto: hanse press, Tel.: 0451/582 4373

Dialectical Behavior Therapy (DBT)

- ▶ Designed to treat patients with Borderline Personality Disorder –
- ▶ Two Components:
 - ▶ **Individual** – discussion of current issues of the patient
 - ▶ **Group** – skill oriented – four modules
 - ▶ Mindfulness. (meditation)
 - ▶ Interpersonal effectiveness
 - ▶ Emotional regulation
 - ▶ Stress tolerance

A 24/7 therapy (wrap around)

Usually ~ a year long

Expensive

Good results: fewer hospitalizations

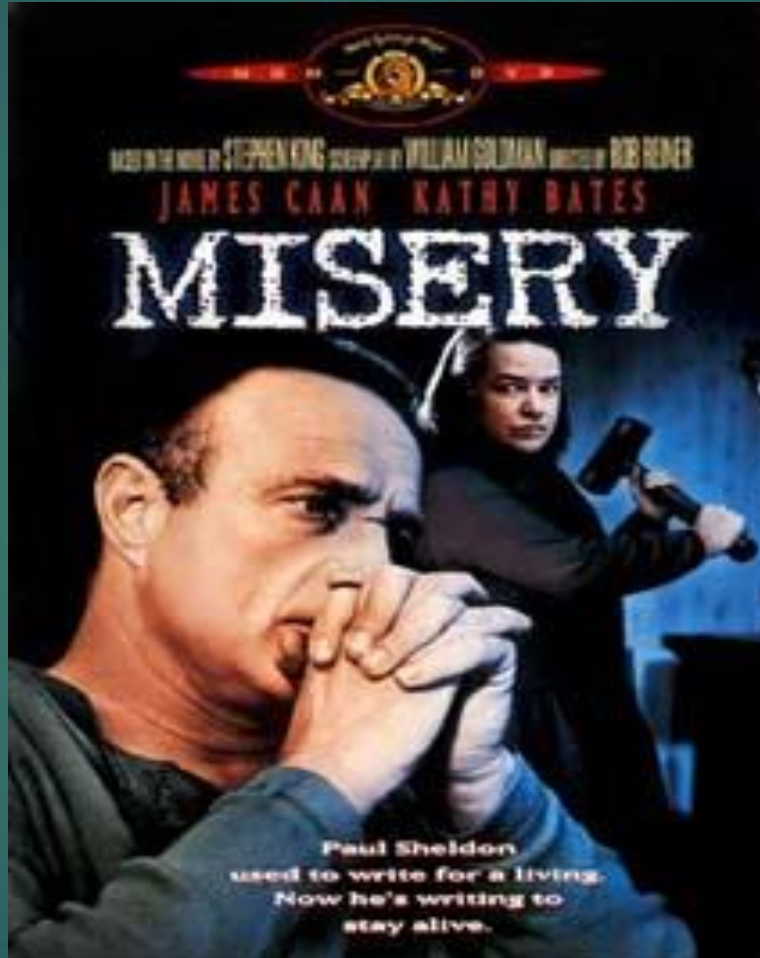
Dr. Marsha Linehan developed DBT.

1990 Thriller

70

Borderline Personality Disorder

Clip 6 1.2 Begins @ .56



Keep DSM-5-TR criteria handy as you watch the video.

Watch for

1. affective instability
2. Idealization/devaluation
3. Steps to keep him from leaving.
4. Anger
5. Etc.

Kathy Bates: Best Actress Award

James Caan (sadly he died in July 2022)

Fatal Attraction (1987)

71

Borderline Personality Disorder

Clip 7
1.2
Begins
@5.42



Watch for self-injurious behavior (cutting of her wrists) to try to keep him from leaving.

Michael Douglas & Glenn Close

Histrionic Personality Disorder

72

- ▶ DM-5-TR
- ▶ Excessive emotionality & attention seeking beginning in early adulthood and 5 or more:
 - ▶ 1. Uncomfortable if not center of attention
 - ▶ 2. Inappropriately sexually seductive or provocative behavior
 - ▶ 3. Rapidly shifting and shallow emotions
 - ▶ 4. Uses **physical appearance** to draw attention to self
 - ▶ 5. Style of speech excessive impressionistic and lacking in detail
 - ▶ 6. **Self-dramatization, theatricality**, and exaggerated expression of emotion
 - ▶ 7. Highly **suggestible**
- ▶ Feels relationships more intimate than they really are.

Histrionic Personality

73

- ▶ **Patient:**
 - ▶ Threat to sense of attractiveness and self-esteem
- ▶ **Problematic Behavior**
 - ▶ Overly dramatic behavior with tendency to draw caregiver into excessively familiar relationship
 - ▶ Tend to have multiple complaints (somatize)
 - ▶ May give answers they feel doctor may like to hear
- ▶ **Staff Reactions:**
 - ▶ May perform overly excessive work-up due to dramatics
 - ▶ May allow too much emotional closeness, losing objectivity
 - ▶ Feel frustrated with dramatic or vague presentations
- ▶ **Helpful Strategies**
 - ▶ Avoid excessive familiarity
 - ▶ Show respect and professional concern for feelings with emphasis on objective issues

The Histrionic Personality



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Marlon Brando & Vivian Leigh

75

Histrionic Personality Disorder

Clip 9
1.2
Begins @
14.12



(For what role is Marlon Brando best remembered?)



1951

Narcissistic Personality Disorder

76

- ▶ DSM-5-TR
- ▶ Pervasive pattern of **grandiosity**, need for **admiration**, lack of empathy, starts early adulthood with 5 or more:
- ▶ 1. Grandiose sense of **self-importance**
- ▶ 2. Preoccupied with **fantasies of power, beauty, brilliance, talents or ideal love**
- ▶ 3. Feels **special or unique** and should only associate with other special or high status people
- ▶ 4. Requires excessive admiration
- ▶ 5. Sense of **entitlement**
- ▶ 6. Exploits others for own ends
- ▶ 7. Won't identify with feelings of others
- ▶ 8. Is envious of others or feels others envious of him
- ▶ **9.** Arrogant behavior or attitude

Narcissistic Personality

77

▶ Patient:

- ▶ Illness may increase anxiety about personal adequacy

▶ Problematic Behavior

- ▶ Demanding, entitled attitude
- ▶ Praise of caregiver can turn to devaluation in order to maintain sense of superiority
- ▶ Denial of illness or minimize symptoms

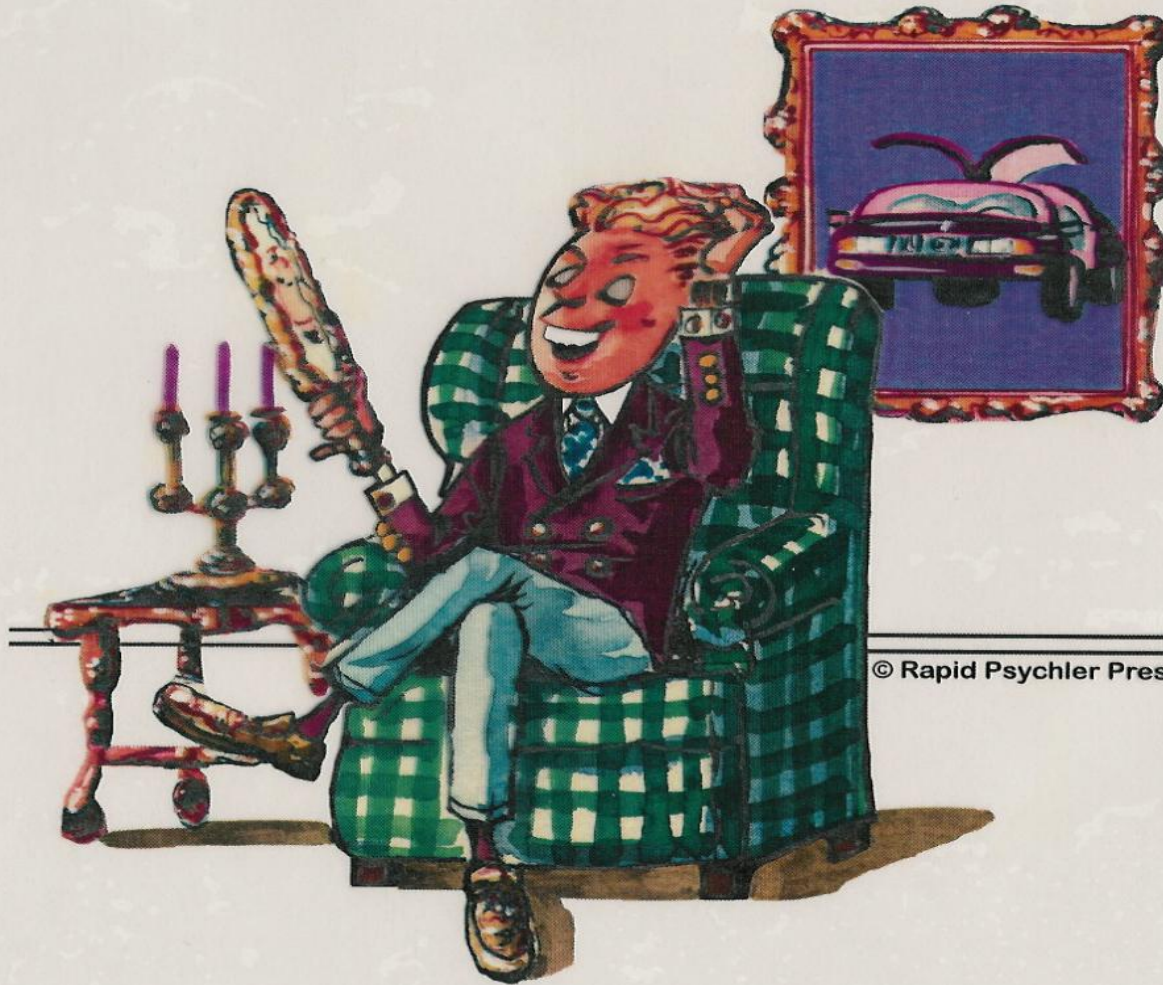
▶ Staff Reactions:

- ▶ Outright rejection of patients demands
- ▶ May submit to patient's grandiose stance

▶ Helpful Strategies

- ▶ Generous validation of patient's concerns with attentive but factual response to questions
- ▶ Allow patient to maintain sense of competence by rechanneling their "skills" to deal with illness, avoiding need for devaluation of caregivers.

The Narcissistic Personality



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Narcissistic Personality Disorder

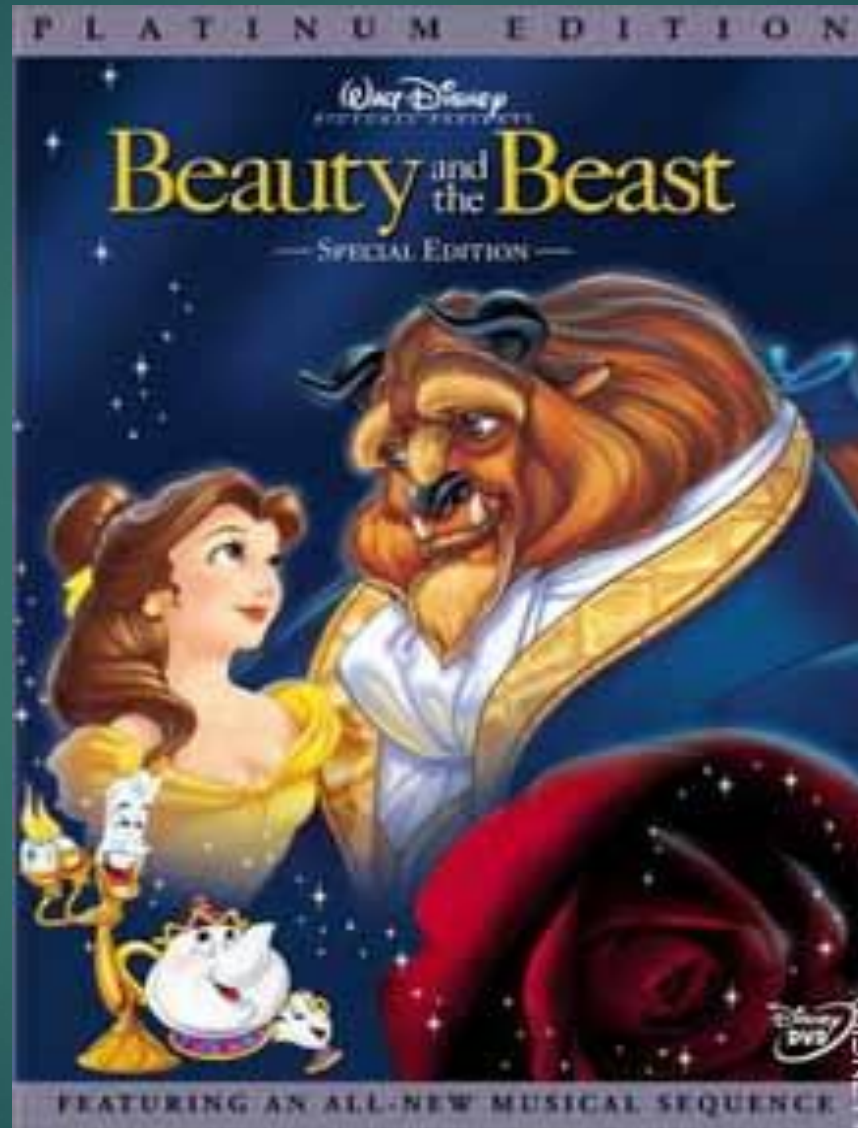
79



Disney (1991)

80

Clip 10
1.2
**(14.12-
20.0)**



Narcissistic Personality Disorder

Personality Disorders

81

- ▶ Cluster C. Appear anxious or fearful
- ▶ Prototypical Traits
 - ▶ **Avoidant** personality: Timorous, Unadventurous
 - ▶ **Dependent** Personality: Clingy
 - ▶ **Obsessive Compulsive** Personality: Emotionally constricted
 - ▶ Personality Disorder NOS

Avoidant Personality

82

► DSM-5-TR

A. Pervasive social inhibition, feelings of inadequacy and hypersensitivity to negative evaluations. As evidenced by ≥ 4 of the following:

1. Avoids occupational activities that involve significant interpersonal contact due to fear of criticism or rejection
2. Not willing to be involved with people unless certain of being liked.
3. Restraint within intimate relationships to avoid shame or ridicule (Note: Much different than schizoid!!!)

Avoidant Personality

83

4. Preoccupied with concern of being criticized or rejected in social situations
5. Inhibited in new interpersonal situations because of feelings of inadequacy
6. Views self as **socially inept**, personally unappealing, or inferior to others
7. Very reluctant to take personal risks or engage in any new activities as they might prove embarrassing.

Avoidant Personality

84

▶ Patient:

- ▶ Illness may increase sense of inadequacy and worsen low self-esteem.

▶ Problematic Behavior

- ▶ May minimize symptom severity
- ▶ May too easily agree with doctor out of fear of not being liked.

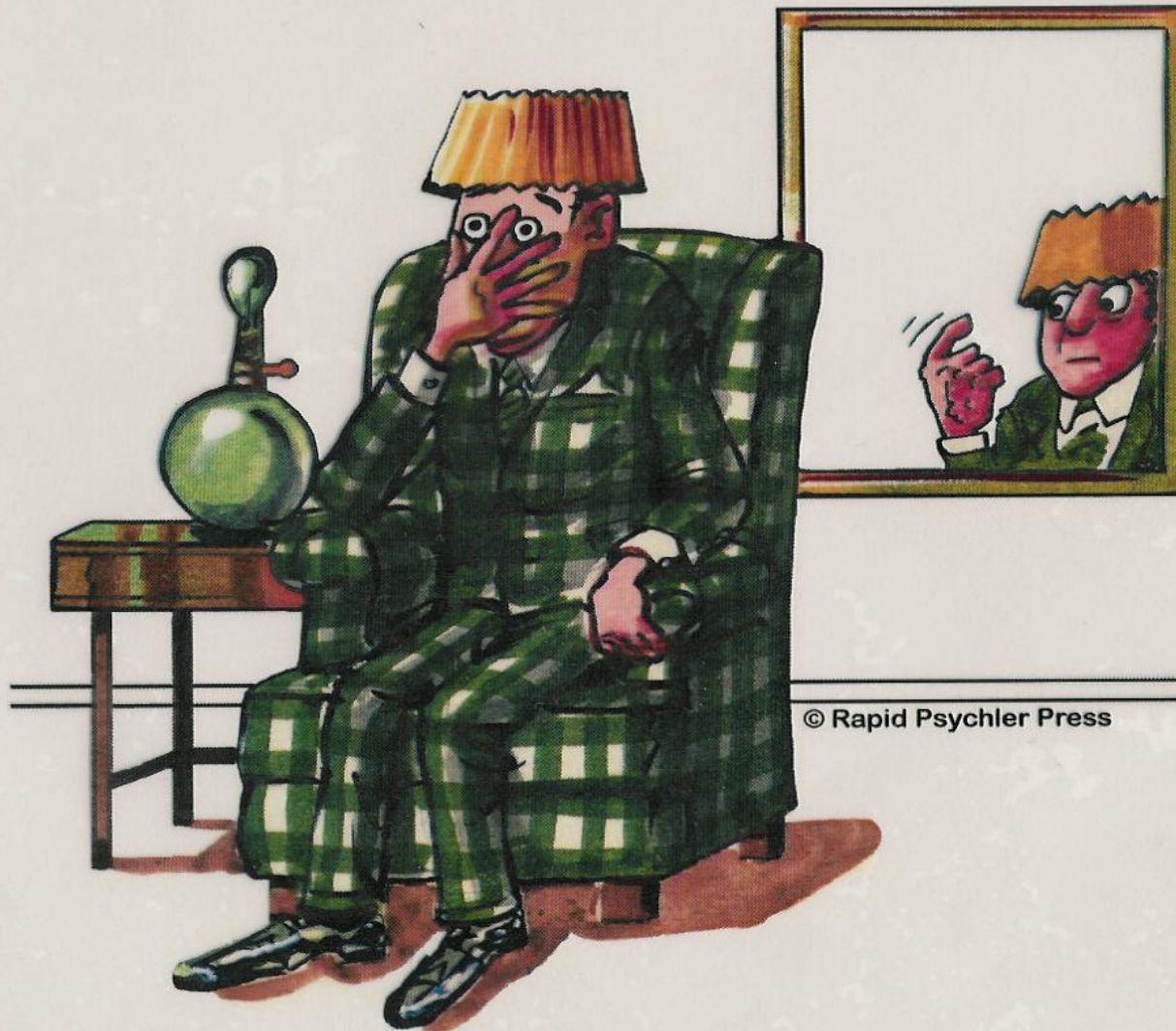
▶ Staff Reactions:

- ▶ Being overly concerned about the patient
- ▶ Take on paternalistic role which may increase patient's sense of inadequacy

▶ Helpful Strategies

- ▶ Provide reassurance
- ▶ Validate patient's concerns
- ▶ Encourage reporting of symptoms and concerns

The Avoidant Personality



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Avoidant Personality Disorder

86



Clip 11

1.2

20.00, and 1.3

Video of a Chemistry
Teacher With Avoidant
Personality Disorder

Dependent Personality Disorder

88

DSM-5-TR

A. Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation starting in early adulthood and with **5 or more of the following:**

Dependent Personality Disorder

89

1. Difficulty making everyday **decisions** without excessive advice and reassurance
2. Others must assure responsibility for most major areas of life.
EX: He is so good to me. He drives me to grocery store, he lets me watch him bowl.
3. Difficulty expressing disagreement with others due to fear of loss of support or approval
Ex. Wife in violent domestic relationship says: he really loves me but it his drinking that causes him to hit me.
4. Difficulty starting projects or doing things on own. (Due to lack of confidence in judgment or abilities not due to lack of energy or motivation.)
5. Goes to excessive lengths to get nurturance and support from others
6. Feels uncomfortable or helpless when alone due to exaggerated fears of being unable to care for oneself.
7. Urgently seeks another relationship as source of care and support when a close relationships ends
8. Unrealistically preoccupied with fear of being left alone to care for self

Dependent Personality

90

- ▶ **Patient:**
 - ▶ Fear that an illness will lead to abandonment and helplessness
- ▶ **Problematic Behavior**
 - ▶ Dramatic urgent demands for medical attention
 - ▶ Angry outbursts at doctor if not responded to
 - ▶ Patient may prolong illness to get medical attention
 - ▶ May abuse substances and medications
- ▶ **Staff Reactions:**
 - ▶ Unable to set limits to availability, thus leading to burnout
 - ▶ Hostile rejection of the patient
- ▶ **Helpful Strategies**
 - ▶ Reassurance
 - ▶ Frequent check-ups
 - ▶ Consistently available but with appropriate limit setting
 - ▶ Enlist other members of health care team to help in overall care of patient
 - ▶ Help patient obtain outside support systems
 - ▶ Avoid hostile rejection

The Dependent Personality



Dependent Personality Disorder

92



Obsessive Compulsive Personality Disorder

93

DSM-5 -TR

A. Pervasive pattern of preoccupation with orderliness, perfectionism and mental and interpersonal control, at expense of flexibility, openness and efficiency as indicated by ≥ 4 of the following:

OBSESSIVE COMPULSIVE PERSONALITY

94

1. Preoccupied with details, rules, lists, order, schedules to extent major point of activity is lost.
2. Perfectionism that interferes with task completion (e.g., cannot complete project as own strict standards are not met)
3. Excessive devoted to work to exclusion of leisure activities and friendships
4. Overly conscientious, scrupulous and inflexible about ethics morality or values
5. Can't discard worthless objects even if not sentimental
6. Reluctant to delegate tasks or work with others unless they do it his/her way
7. Miserly spending, toward both self and others. Money viewed as something to be hoarded for future catastrophes.
8. Shows rigidity and stubbornness

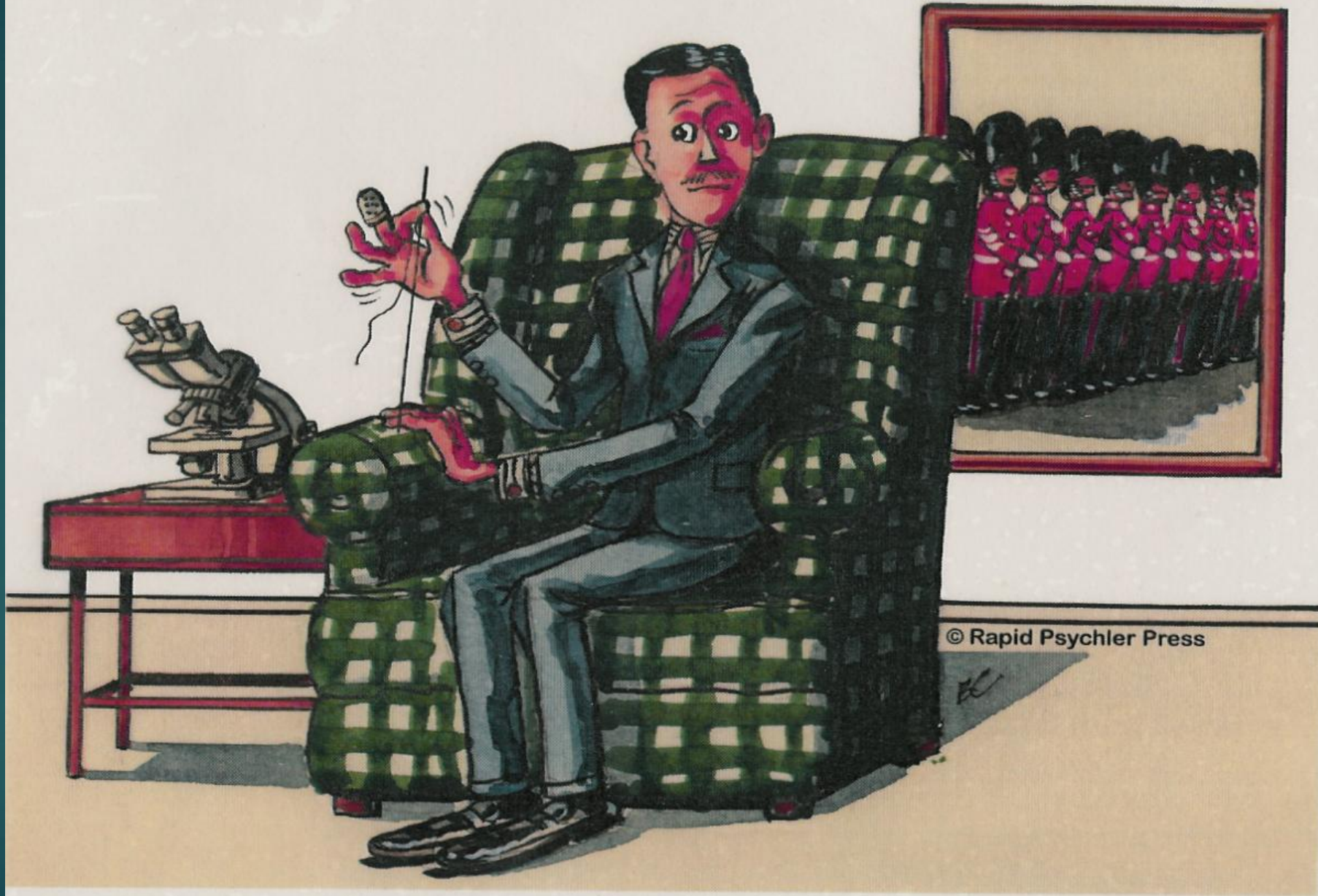
Obsessive Compulsive Personality

95

- ▶ **Patient:**
 - ▶ Fear of losing control over bodily functions and emotions
 - ▶ Feelings of shame and vulnerability
- ▶ **Problematic Behavior**
 - ▶ Anger about disruption of routines
 - ▶ Repetitive questions and excessive attention to detail
 - ▶ Fear of relinquishing control to health care team
- ▶ **Staff Reactions:**
 - ▶ Impatience
 - ▶ Cutting answers short
 - ▶ Attempts to control treatment planning
- ▶ **Helpful Strategies**
 - ▶ Thorough work-up is reassuring
 - ▶ Clear and thorough explanation of diagnosis and treatment options
 - ▶ Avoid vague explanations
 - ▶ Treat patient as equal partner; encourage self monitoring and allow patient to participate in treatment

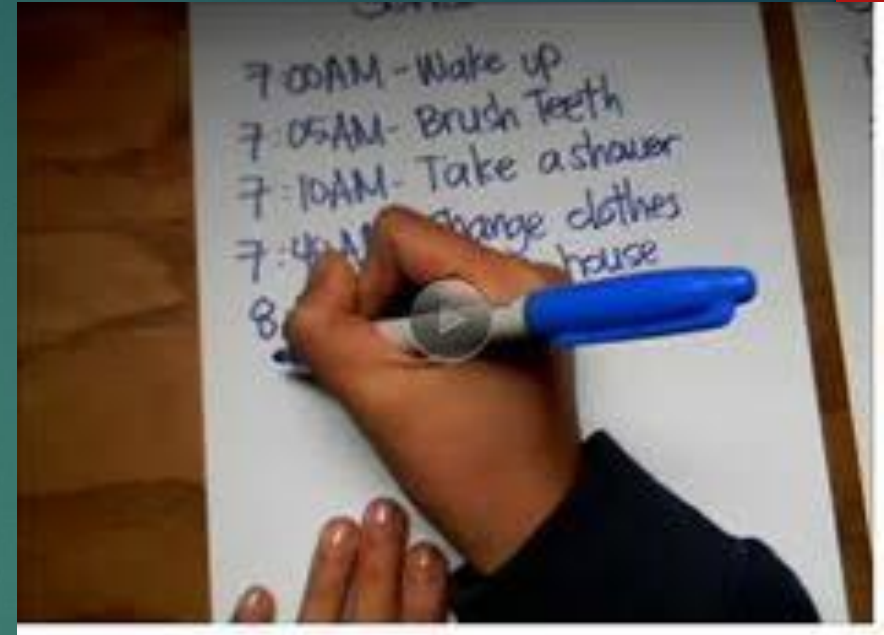
The Obsessive-Compulsive Personality

96



Obsessive Compulsive Personality Personality Disorder

97



Other Personality Disorders

Personality Change Due to Another Medical Condition

99

- ▶ A. Persistent personality disturbance representing a change from prior characteristic personality pattern
- ▶ B. Evidence from history, PE, or lab that the change is caused by another medical condition.
- ▶ C. Not better explained by another mental disorder
- ▶ D. Does not occur exclusively during a delirium
- ▶ E. Significant distress or impaired social occupational functioning
 - ▶ Ex. Personality change due to HIV, temporal lobe epilepsy, etc.

Personality Change Due to Another Medical Condition

100

▶ Medical Conditions Associated with Personality Change

- ▶ 1. Head trauma
- ▶ 2. Cerebrovascular diseases
- ▶ 3. Cerebral tumors
- ▶ 4. Epilepsy (complex partial)
- ▶ 5. Huntington's Disease
- ▶ 6. Multiple Sclerosis
- ▶ 7. Endocrine Disorders
- ▶ 8. Heavy metal poisoning (ex: manganese, mercury)
- ▶ 9. Neurosyphilis
- ▶ 10. AIDS

Personality Change Due to Another Medical Condition

Video

Clip 12

DSM 4

Lisa: 2-5

2.1 (END of 2.1) &

(2.2 (START))



Other Specified Personality Disorder

102

▶ **Not on Test**

- ▶ Symptoms characteristic of a personality disorder that cause significant distress or impaired social or occupational functioning, but does not meet full criteria for any of the disorders in the personality disorder class.
- ▶ This category is used if a clinician chooses to note the specific reason that it does not meet criteria for specific personality disorder. (i.e., mixed personality features)

Unspecified Personality Disorder

Not on Test

103

- ▶ Symptoms characteristic of a personality disorder that cause significant distress or impaired social or occupational functioning, but does not meet full criteria for any of the disorders in the personality disorder class.
- ▶ This category is used if a clinician chooses NOT to specify the reason that it does not meet criteria for a specific personality disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis.

Vignette

104

- ▶ 50 Yr. Old Prof, wife wants divorce
- ▶ He feels she is lucky to be married to him
- ▶ Enters treatment to appease her
- ▶ Nothing wrong with him
- ▶ Gives wife so much and wants little in return
- ▶ Speaks of wife's care of home as though it is his due.
- ▶ Younger colleagues leave his department because "they cannot keep up with him"
- ▶ Rejected two therapists- will see Dept. Chairman
- ▶ When dining out will order only best wine and needs best table
- ▶ Wants wife to get a face lift to look better
- ▶ Children feel they cannot live up to expectations

Narcissistic PD

Vignette

105

- ▶ Ms. X, 45 year-old, store manager
- ▶ Low productivity at work despite long hours
- ▶ Runs store by the book
- ▶ Employees shelve items in straight lines
- ▶ Will check 2-3-4x her math figures
- ▶ Constantly makes graphs and reports
- ▶ Makes elaborate to do lists--but never finishes
- ▶ Poor marriage-oversees all aspects of it
- ▶ Rarely vacations- must plan/schedule it
- ▶ Her family demanded perfection of her
- ▶ Her children must work harder even if doing well

Obsessive
Compulsive
PD

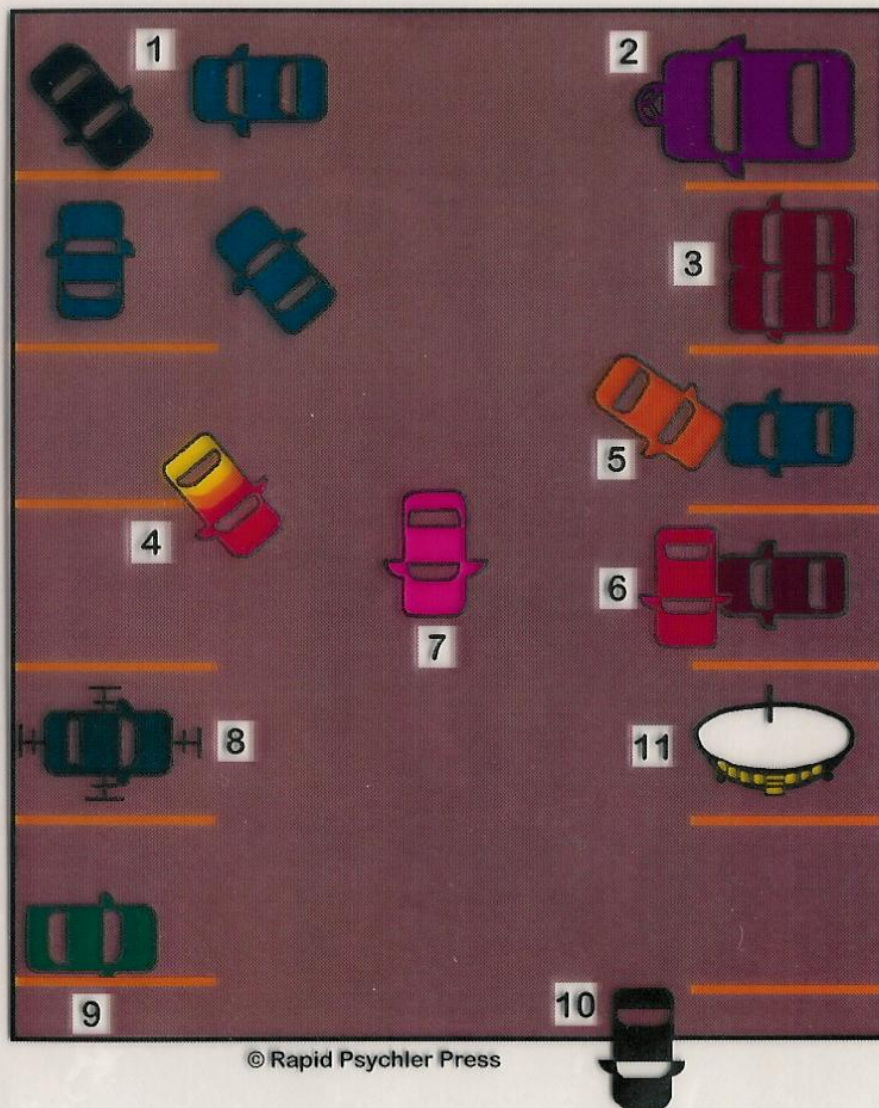
Vignette

- ▶ Ms X, 47 Yr old, homemaker
- ▶ Complains of disillusion with marriage &
- ▶ General sadness
- ▶ Feels insecure when left on her own
- ▶ Has difficulty asserting herself
- ▶ Feels she is a follower
- ▶ In marriage left decisions to husband
- ▶ Feels husband intense and domineering
- ▶ Feels husband too demanding on her
- ▶ Few friends except acquaintances met via husband
- ▶ When left alone will ask neighbors for advice

- ▶ 40 year old woman presents to clinic with complaint that her hand is missing. Her affect is inappropriate, her appearance odd and she has no hallucinations or delusions. She is wearing mismatched shoes and has colored her eyebrows with red lipstick. When seen by the doctor she is relieved and thanks him for restoring her missing hand. She lives alone and avoids her family and neighbors as they cannot be trusted. She claims the ability to read others' minds.

Schizotypal PD

Parking Lot of the Personality Disordered



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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

