Part I: 8/11/2025 (1500-1700) Part II: 8/15/2025 (1300-1500)

Live **ZOOM**

Jeffrey Zwerin, D.O.

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?

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.

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

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?

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.

- ► <u>Personality</u>:
 - ► A very abstract term
 - ► Hard to define
 - ▶ There is a line between Functional and
 - Dysfunctional and it may be obscure

- ► <u>Typically</u>:
 - ▶ 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

- ► 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 Definition:

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

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

- ▶ Def: Personality Disorder
- Enduring subjective experience and behavior,
- Deviates from <u>Cultural Standards</u>,
- Rigidly Pervasive,
- Onset in <u>adolescence</u> or early <u>adulthood</u>, (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

- ► 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

► 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)

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)

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.

- ▶ 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%

► Classification System

► Three Clusters in DSM 5

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.!!!

- ► Cluster A
 - ▶ Perceived as Odd & Eccentric
- ► Prototypical Traits in <u>Cluster A</u>:
 - ▶ Paranoid: Guarded, Touchy, suspicious
 - ► Schizoid: Aloof, seclusive
 - ► Schizotypal: Eccentric

- ▶ 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)

- ► 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

- ► Etiological Theories
 - ▶Genetic
 - ► CLUSTER "A"
 - ► Higher in Biological Relatives with Schizophrenia

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

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

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

- ► Prevalence: Group A
 - ▶ Paranoid
 - **▶2-4%**
 - **▶** Schizoid
 - ▶ up to 5%
 - ▶ Schizotypal
 - **▶** Up to 3%

- ► Prevalence: Group B
 - **▶** Histrionic
 - ▶ Approximately 1-3% General Population
 - ► Women > Men
 - ▶ Antisocial
 - **▶.2-.3**%
 - >70% in substance abuse clinics, and 75% prison populations

- 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

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

- **▶** Dependent
 - ▶0.6%

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

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

► Cluster A: (Three Personality Disorders)

▶ Paranoid

▶ Schizoid

▶ Schizotypal

► Paranoid Personality

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

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

throw out unconscious thoughts onto you orimitive defense

Paranoid Personality

- ► 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

- ► Must Possess <u>4 OF 7</u> (continued)
 - ▶ 5. Persistently bears <u>grudges</u> (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.

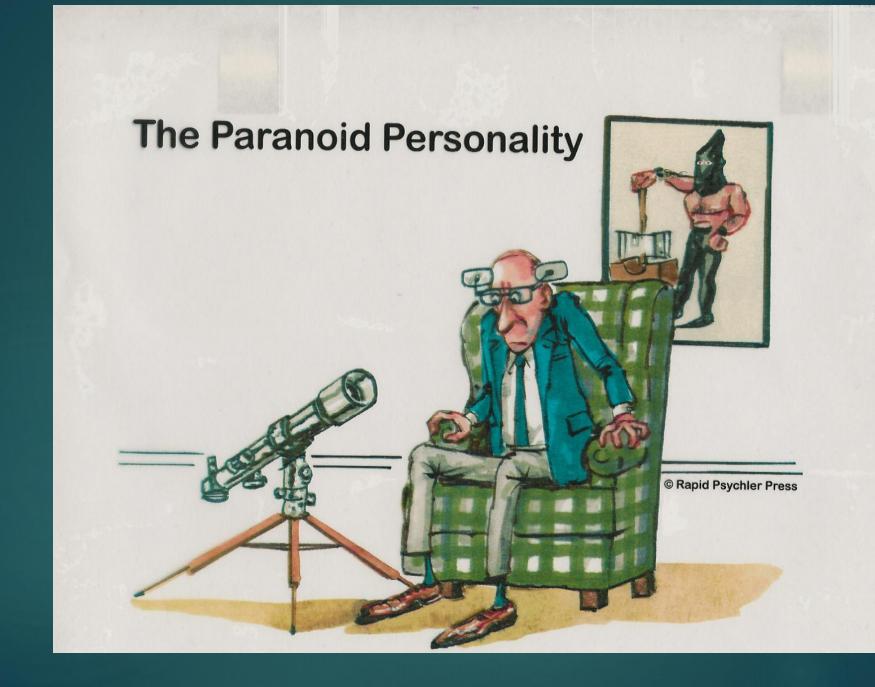
Paranoid Personality

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

- **▶** 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 Caine Mutiny (1954)



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

Schizoid Personality

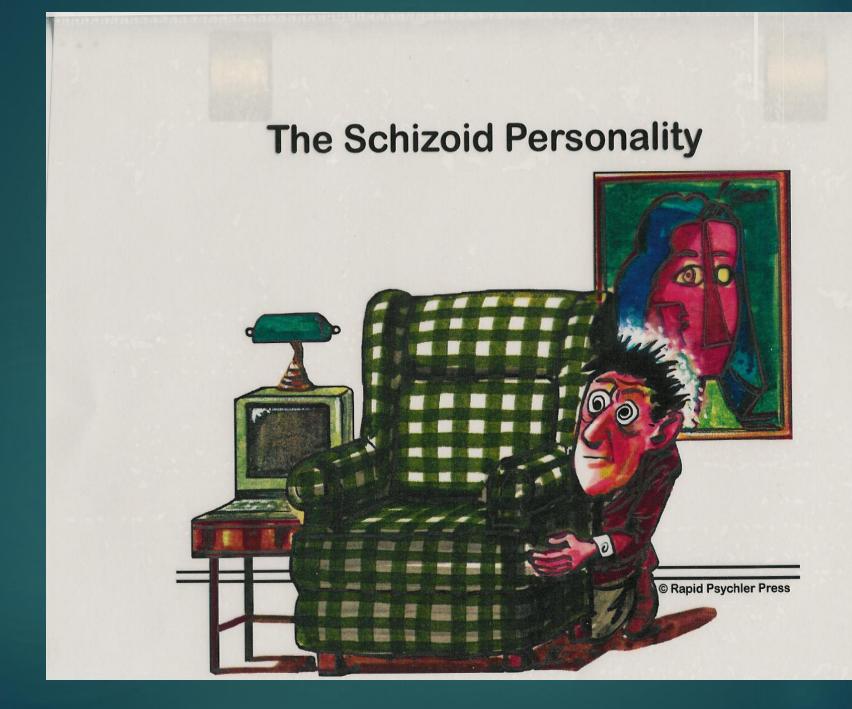
- Detachment from social relationships
- Restricted expression of emotions in interpersonal relationships
- ▶ Prevalence: 3-5%
- ► Solitary jobs,
 - ▶ Usually Work at Night
 - Note: this does not mean if you become an ER Doctor and work at night that you have this personality disorder!!!

Schizoid Personality

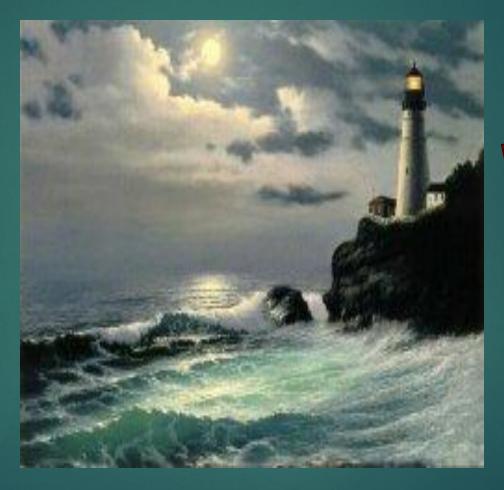
- ► DSM 5-TR: 4 OF 7 OF FOLLOWING
 - ▶ 1. Neither desires or enjoys close relationships, including family
 - ▶ 2. Almost always chooses solitary activities
 - ▶ Seen as loners, may prefer math or computer games
 - ▶ 3. Little interest in sexual experiences with another person
 - ▶ 4. Pleasure in few 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

- 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 Night Watchman



<u>Lighthouse</u>

Solitary Type of Occupation

Personality Disorders Schizoid Personality Disorder

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

Observe and assess:

remember the clip - will help remember DSM5

- 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? ••
- 4. Is he desirous of dating, having more friends? ••
- 5. Why did he turn down a more prestigious job? would involve more meeitings and interacting with people
- 6. What does he enjoy doing? reading books and movies

Schizotypal Personality

- 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

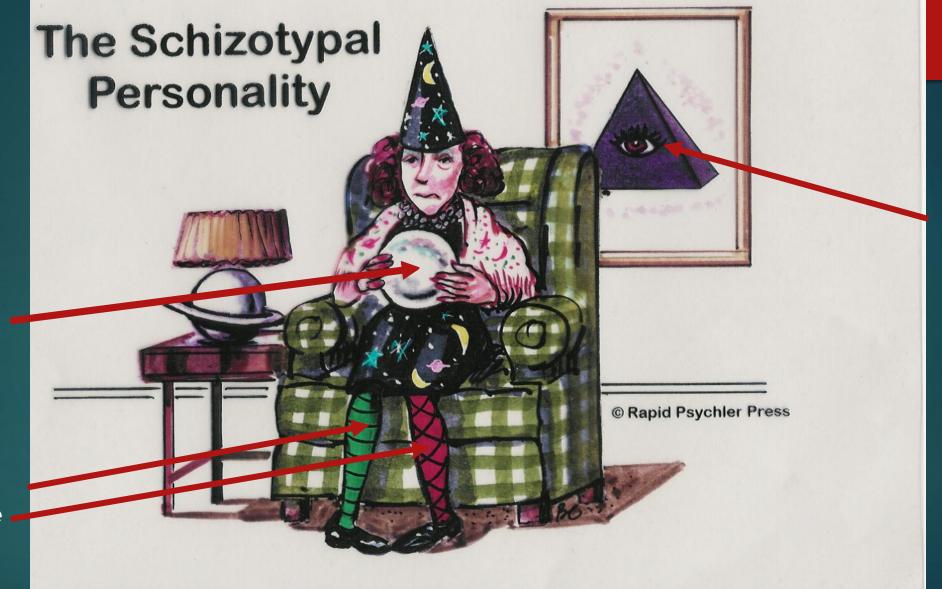
- **▶ DSM-5 TR**
- Must have 5 or more of the following:

 not overtly psychotic and if do display odd behavior not to a psychotic close but does not meet all the required criteria
- ▶ 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

▶ 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



clairvoyance

Odd appearance

VIDEO: SCHIZOTYPAL PERSONALITY DISORDER

youtu.be/PNguP7troiU

https://youtu.be/PNguP7troiU?si=IyOV2hLWhi8_yuCI

~ 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

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

Antisocial Personality (Psychopathic or Sociopathic)

- A. Disregard for and violation or rights of others since age 15 and \geq 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 \geq 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

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

▶ 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

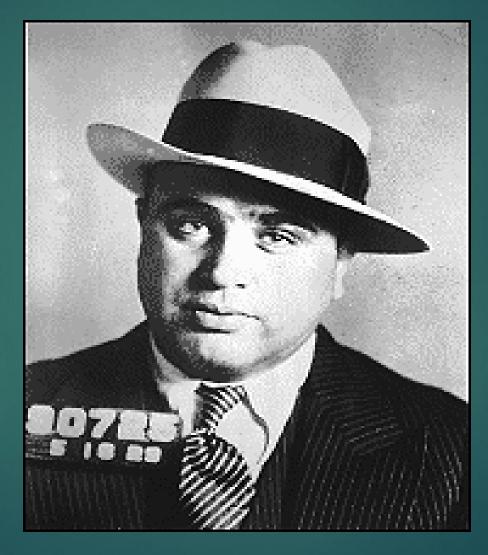
► Helpful Strategies

- 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



A 1922 Mug Shot

Antisocial Personality Disorder

►Video Clip #4

everything is egosyntonic to hin

- A hospitalized patient
 - **▶** (1.1)
 - ▶ (begins ~17.20)
 - ► Video Clip # 5
- A Clockwork Orange

- (begins ~26.08) continues @
 - ▶ <u>1.2</u> (0.0l-.56)

- ▶ 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:

- 1. Frantic efforts to avoid real or imagined abandonment
- 2. Pattern of <u>unstable</u> & intense interpersonal relationships with extremes of <u>idealization</u> and <u>devaluation</u>
- 3. Identity disturbance: markedly and persistently <u>unstable</u> 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

- **▶** Defense Mechanisms
 - **▶** Splitting
 - **▶** Projection
 - ► Acting Out

▶ Patient:

- ► Terrifying fantasies about illness
- ▶ Feels either completely well or deathly ill

Problematic Behavior

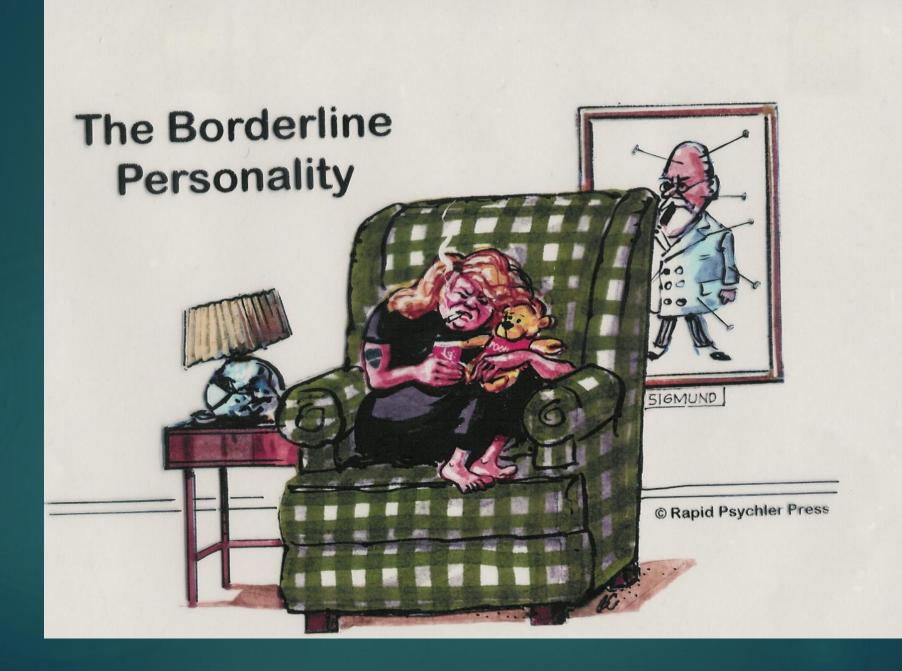
- Mistrust doctor, leads to delayed treatment
- Intense fear of rejection or abandonment
- Abrupt shifts from idealizing caregivers to devaluing
- Splitting of staff
- Self destructive acts and threats

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



Self Mutilation of Borderline



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.

tend to regress if stopping treatmer

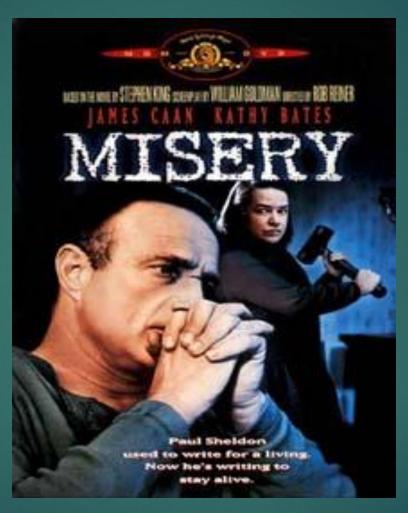
1990 Thriller

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)

Borderline Personality Disorder

Clip 7
1.2
Begins
@5.42



Michael Douglas & Glenn Close

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

Histrionic Personality Disorder

- ► DM-5-TR
- Excessive emotionality & attention seeking beginning in early adulthood and 5 or more:
- ▶ 1. Uncomfortable if not <u>center of attention</u>
- ▶ 2. <u>Inappropriately sexually seductive</u> or provocative behavior
- ▶ 3. Rapidly shifting and <u>shallow emotions</u>
- ▶ 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

▶ Patient:

Threat to sense of attractiveness and self-esteem

Problematic Behavior

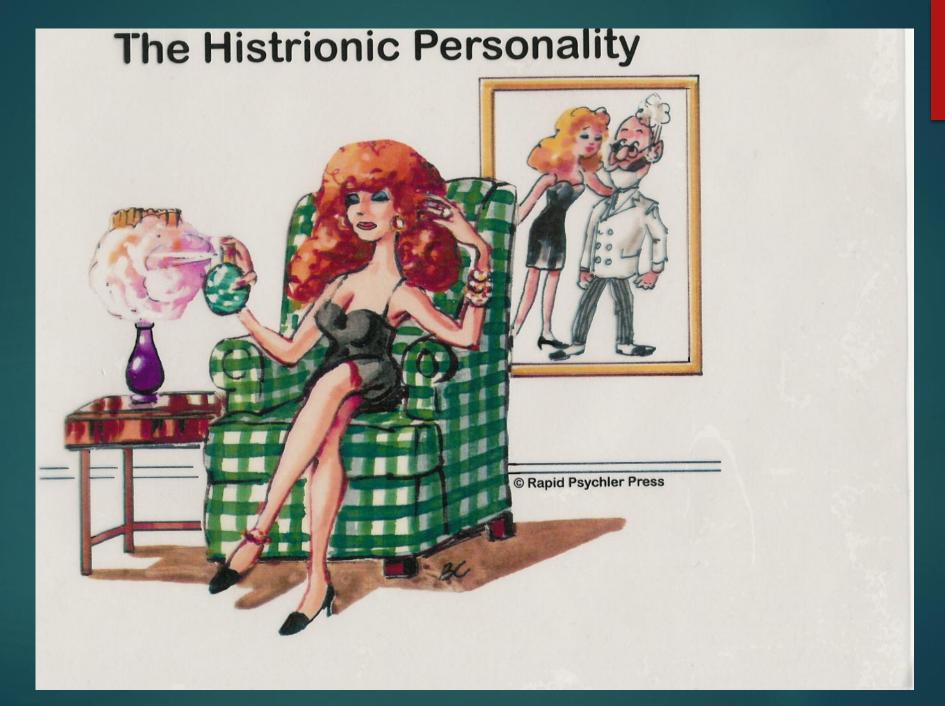
- Overly dramatic behavior with tendency to draw caregiver into excessively familiar relationship
- ► Tend to have multiple complaints (somatize)
- May give answers they feel doctor may like to hear

▶ 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

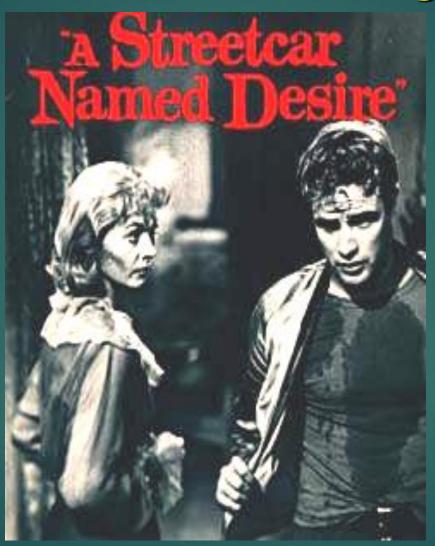
Helpful Strategies

- Avoid excessive familiarity
- Show respect and professional concern for feelings with emphasis on objective issues

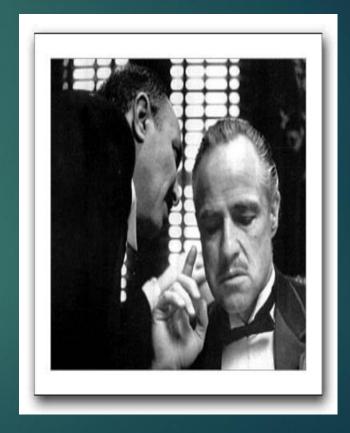


Marlon Brando & Vivian Leigh

Histrionic Personality Disorder



(For what role is Marlon Brando best remembered?)



Narcissistic Personality Disorder

- ► 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
- ?. Arrogant behavior or attitude

Narcissistic Personality

▶ 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 rechannelling their "skills" to deal with illness, avoiding need for devaluation of caregivers.

The Narcissistic Personality



Narcissistic Personality Disorder

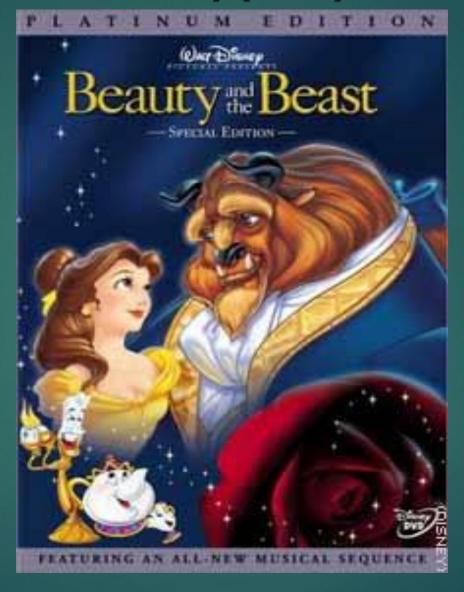






Disney (1991)

Clip 10 1.2 (14.12-20.0)



Narcissistic Personality Disorder

Personality Disorders

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

Avoidant Personality

► 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 <u>liked</u>.
- 3. <u>Restraint within intimate relationships</u> to avoid shame or ridicule (Note: Much different than schizoid!!!)

Avoidant Personality

- 4. Preoccupied with concern of being <u>criticized</u> or <u>rejected</u> in <u>social situations</u>
- 5. Inhibited in new interpersonal situations because of <u>feelings of inadequacy</u>
- 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 <u>embarrassing</u>.

Avoidant Personality

▶ 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.

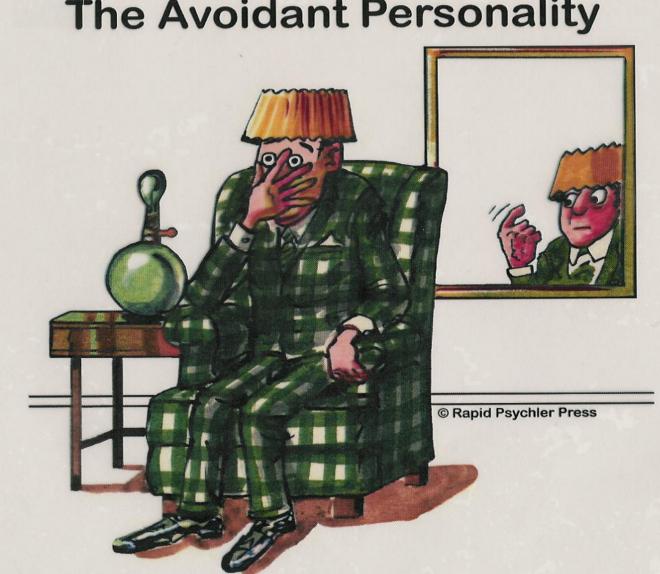
► Staff Reactions.

- 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



Avoidant Personality Disorder



Clip 11 1.2 20.00, and 1.3 Video of a Chemistry Teacher With Avoidant Personality Disorder

Dependent Personality Disorder

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

- 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

▶ Patient:

▶ Fear that an illness will lead to abandonment and helplessness

Problematic Behavior

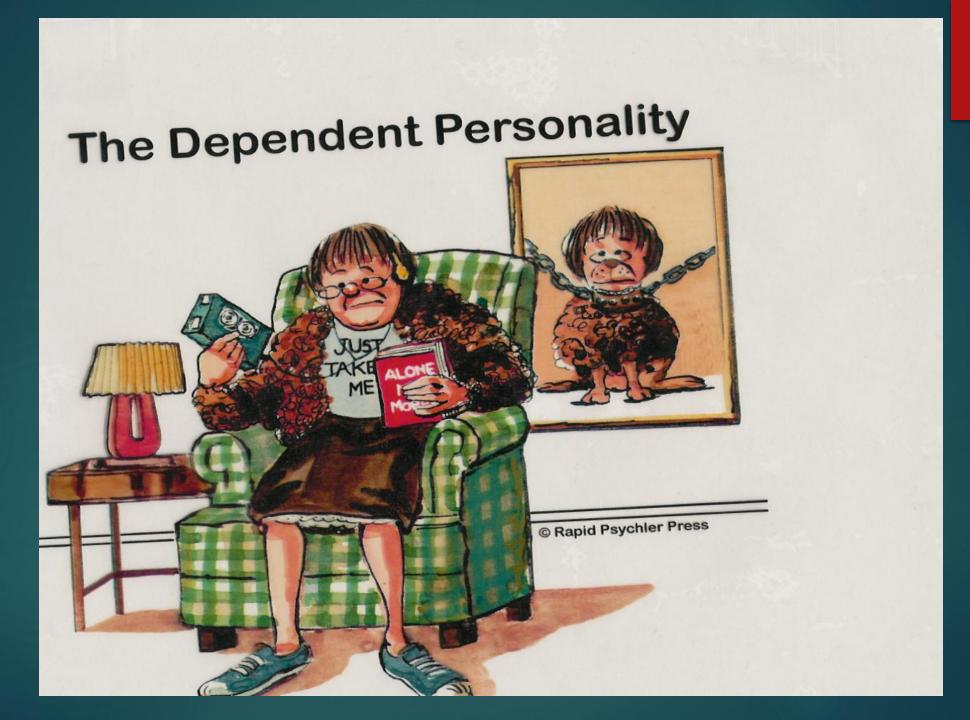
- Dramatic urgent demands for medical attention
- Angry outbursts at doctor if not responded to
- Patient may prolong illness to get medical attention
- May abuse substances and medications

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



Dependent Personality Disorder



Obsessive Compulsive Personality Disorder

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 \geq 4 of the following:

OBSESSIVE COMPULSIVE PERSONALITY

- 1. Preoccupied with <u>details</u>, <u>rules</u>, <u>lists</u>, <u>order</u>, schedules to extent major point of activity is lost.
- 2. Perfectionism that interferes with task completion9e.g., cannot complete project as own strict standards are not met)
- 3. Excessive devoted to <u>work</u> 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

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

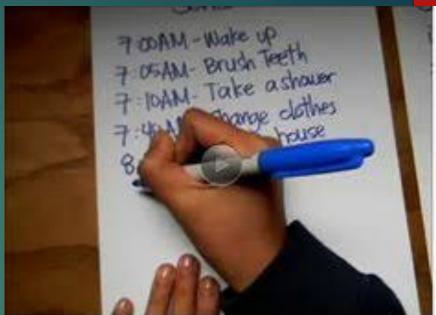
- Thorough work-up is reassuring
- Clear and thorough explanation of diagnosis and treatment options
- Avoid vague explanations
- Treat patient as equal partner; encourage self monitoring and allow patient to participate in treatment

The Obsessive-Compulsive Personality



Obsessive Compulsive Personality Personality Disorder







Other Personality Disorders

Personality Change Due to Another Medical Condition

- ▶ 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

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 (<mark>END</mark> of 2.1) &

(2.2 (START)



Other Specified Personality Disorder

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

- 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

- ▶ 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

- ► 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

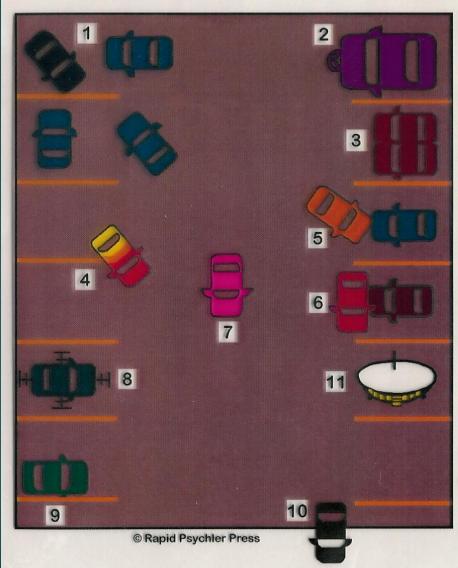
- ► Ms X, 47 Yr old, homemaker
- ▶ Complains of disillusion with marriage &
- General sadness
- ▶ Feels insecure when left on her own
- ▶ Has difficulty asserting herself
- ▶ Feels she is a follower
- ▶ In marriage left decisions to husband
- ▶ Feels husband intense and domineering
- ▶ Feels husband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

Dependent PD

Vignette

▶ 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

- 1. PARANOID Cornered again!!
- 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

