NOBA

Personality Disorders

Instructor Manual

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The Psychological Disorders modules offer coverage of anxiety and related disorders, mood disorders, schizophrenic disorders, and personality disorders.

By reading these modules, students should know about the distinctions between the various disorders and how and when disorders "become" disorders. They should also have a general overview of the etiology, treatment, and risk factors of developing a particular disorder.

Note: It has long been true that studying psychological disorders has a way of making students of psychology self-conscious. Some begin looking for symptoms in themselves. Others volunteer personal information about struggles with disorders, occasionally inappropriately. Still others have a strong reaction to the idea of diagnosing disorders (which they feel—perhaps correctly—can stigmatize individuals). Instructors should simply be aware of these concerns and treat them sensitively. The emphasis on clinical aspects of psychology in this module are, in many ways, the best representation of the "core" of psychology as it is most commonly practiced in modern times.

Learning Objectives

- Relevant APA Learning Objectives (Version 2.0)

    - Describe key concepts, principles, and overarching themes in psychology (1.1)

    - Develop a working knowledge of psychology's content domains (1.2)

    - Describe applications of psychology(1.3)

    - Use scientific reasoning to interpret psychological phenomena (2.1)

- Demonstrate psychology information literacy (2.2)

- Build and enhance interpersonal relationships (3.2)

- Adopt values that build community at local, national, and global levels (3.3)

- Content-Specific Learning Objectives: Personality Disorders

  - Define what is meant by a personality disorder.

  - Identify the five domains of general personality.

  - Identify the six personality disorders proposed for retention in DSM-5.

  - Summarize the etiology for antisocial and borderline personality disorder.

  - Identify the treatment for borderline personality disorder.

Abstract

The purpose of this module is to define what is meant by a personality disorder, identify the five domains of general personality (i.e., neuroticism, extraversion, openness, agreeableness, and conscientiousness), identify the six personality disorders proposed for retention in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (i.e., borderline, antisocial, schizotypal, avoidant, obsessive-compulsive, and narcissistic), summarize the etiology for antisocial and borderline personality disorder, and identify the treatment for borderline personality disorder (i.e., dialectical behavior therapy and mentalization therapy).

Class Design Recommendations

We recommend that this module be taught over a single class-period. Please also refer to the Noba PowerPoint slides that complement this outline.

One class period (50-75 min):

- Introduce the concept of personality traits and the Five-Factor Model

- Describe the six personality disorders:

  - Avoidant, antisocial, obsessive compulsive, borderline, schizotypal, narcissistic

- Special topic: Is "generation me" really as narcissistic as the name implies?
- Discuss the validity and etiology of the personality disorders
- Describe treatments for personality disorders
- Conduct class activity: Diagnosing personality disorders at a party or role-playing personality disorders

Module Outline

Introduction

Everybody has a specific personality, or manner of thinking, feeling, behaving and interacting with others. To describe personality, we can pick among numerous traits. According to the Five-Factor Model, these traits can be organized into five broad dimensions: neuroticism---emotional stability; extraversion---introversion; openness---closedness; agreeableness---antagonism; conscientiousness---disinhibition. Importantly, as per the model, there are no traits that lie outside of these dimensions.

- **DSM-IV-TR personality disorders**
  Description. Update on module: The DSM-5 includes 6 **personality disorders**, which refer to a collection of personality characteristics that lead to distress, social or occupational dysfunction. A personality disorder can be thought of as a syndrome. The six disorders are: avoidant, antisocial, obsessive-compulsive, borderline, narcissistic, and schizotypal. People with **avoidant**personality disorder are socially inhibited, experience feelings of inadequacy, and are hypersensitive to negative evaluations. Referring to the Five-Factor model, people with avoidant disorder possess traits from the dimensions of introversion and neuroticism. As such, they are more likely to behave passively and may be prone to feeling anxious and worried. **Antisocial**personality disorder involves a mix of traits from antagonism and low conscientiousness. People with this disorder may be calculating, manipulative, untruthful, and irresponsible. **Obsessive-compulsive** personality disorder,

includes über-conscientious traits like workaholism, perfectionism, and ruminative. Those with **borderline**personality disorder have essentially neurotic traits, such as: prone to anger, depressive, self-destruction, and emotional instability. The **narcissistic**subtype of personality disorders also involves neurotic traits as well as extraversion, conscientious, and antagonistic traits. These people tend to be quick to react to anger, have a need to be held in high regard, can be authoritative, and seek recognition. The **schizotypal**personality disorder involves attributes from neuroticism, introversion, unconventionality (openness) and antagonism. People with this disorder feel uncomfortable in social situations, are withdrawn, have strange ideas, and are suspicious.

- *Validity (Etiology).* The exact causes of these disorders are still largely unknown. It is likely that a wide range of varying neurobiological factors interact with environmental and psychosocial effects to influence the development of the disorders. For example, in antisocial disorder, the genetic disposition for decreased anxiousness, aggressiveness, and impulsivity interacts with environment factors, such as poor upbringing, parental role modeling, or peer support.

- Many think that personality disorders come from some combination of dimensional traits, such as the Five-Factor model. Evidence suggests that the development of these traits may be preceded by childhood factors and that the traits are universal, temporally stable, and tied to brain structure. There is even genetic support for neuroticism.

- *Treatment.* There is a 50% prevalence rate of personality disorders in clinical settings and approximately 10-15% of the population meets DSM criteria for at least one of these disorders. A lot of the personality disorders are *ego-syntonic*, which means that people may not even be aware they have a disorder and may be comfortable with who they are. With borderline and avoidant personality disorders, people might seek treatment for the high level of neuroticism (i.e., being anxious or experiencing high levels of emotional distress). On the other hand, people with narcissistic personality disorder rarely pursue treatment to decrease their feeling of suspiciousness. The same can be said of those with antisocial disorder; they do not actively seek treatment for their aggressive, irresponsible, and prone-to-criminal-behavior disposition.

- Treatment may not always have the desired effects. People with antisocial disorder may be irresponsible and careless. Narcissistic patients may be dismissive and condescending and borderline patients may form a manipulative dependent relationship with their therapists. Even though personality disorders may be the most difficult to treat, there is support for psychosocial and pharmacological treatments. Unfortunately, only treatment for borderline personality disorder has been manualized perhaps due to the untrue assumption that personality disorders cannot be treated as well as the diagnostic overlap with other disorders and the heterogeneity within a particular disorder. However, given

that researchers and clinicians were able to use dialectical therapy for borderline personality disorder, there is still room for progress.

Difficult Terms

Antisocial
Avoidant
Borderline
Five-Factor Model
Narcissistic
Obsessive-compulsive
Personality
Personality disorders
Schizotypal

Lecture Frameworks

Overview

Start the lecture on personality with an overview of personality traits. Personality traits are integral to each person's sense of self, as they involve what people value, how they think and feel about things, what they like to do, and what they are like on a day-to-day basis. But, how do these traits develop into personality disorders? When they result in significant distress, social and/or occupational impairment, personality traits can develop into a personality disorder. Over this class period, break down the 6 personality disorders in the DSM-5: avoidant, antisocial, obsessive-compulsive, borderline, narcissistic, and schizotypal. We recommend that you try to bring these disorders to life as much as possible with videos, discussion and activities.

First Class Period:

- Lecture: Refer to the PowerPoint slides for the following:

    - Introduce the concept of personality and personality traits.

- Go over the Big-5 model of personality traits.

- Describe how personality traits can result in significant distress and impairment, and develop into a personality disorder. The DSM-5 outlines criteria that have to be met in order for someone to be diagnosed.

- Describe the six personality disorders: avoidant, antisocial, obsessive-compulsive, borderline, schizotypal, and narcissistic.

- Special Topic: Is "Generation Me" Really as Narcissistic as the Name Implies?

  - After going over narcissistic disorder, consider talking to your class about a topic they might find interesting.

  - In recent years, there has been a lot of discussion around "Generation Me" (today's young adults) and increased narcissistic behavior. For instance, there is research suggesting that the amount of 'selfies' taken is positively associated with narcissism.

  - *Discussion*: But is it true? Ask your students what they think about their generation? Do they believe "Generation Me" aptly describes their cohort? Why or why not?

  - Data analyzed from approximately 450,000 high school senior from 1976-2006 has shown that contrary to popular belief, there was little change in egotism, self-enhancement, individualism, self-esteem and other correlates of narcissism (Trzesniewski & Donnellan, 2010; see Evidence-Based Teaching for more on the article). The study did find that today's youth tend to be more engaged in the pursuit of higher education and displayed increased amounts of cynicisms and mistrust. However, the widespread belief that the current generation of young people is more narcissistic than previous cohorts was not supported by this study's findings.

- Lecture: Refer to the PowerPoint slides for the following:

  - Talk about the validity and etiology of personality disorders.

  - Talk about the difficulty in treating personality disorders and review some treatments that show benefits.

- Activity: Diagnosing Personality Disorders at a Party *or* Role-Playing Personality Disorders

  - Consider ending the class with one of the two activities in the Activities and Demonstrations section. If you have less time, we recommend the former (15-20 min.). If you have a little more time, consider finishing the class on personality disorders with the latter activity (25-30 min.).

Activities & Demonstrations

Diagnosing Personality Disorders at a Party: In-Class Activity

Time

15-20 minutes

Materials

You will need copies of handouts containing descriptions of imaginary people at the party. Alternatively, you could also put up these descriptions on a PowerPoint slide.

Directions

Divide the class into groups and ask them to imagine the following students at a party and help diagnose their condition:

1. William wandered into the party, but didn't stay long. The "negative forces" in the room were unsettling to his "psychic soul-spot." The few guests he spoke to felt somewhat uneasy being with this aloof "space cadet."

2. Sherry paraded into the party drunk and continued to drink throughout the night. Laughing and giggling, she flirted with many of the men and to two of them expressed her "deep affection." Twice during the evening she disappeared for almost half an hour, each time with a different man. After a violent argument with one of them, because he took "too long" to get her a drink, she locked herself into the bathroom and attempted to swallow a bottle of aspirin. Her friends encouraged her to go home, but she was afraid to be alone in her apartment.

3. Winston spent most of the time talking about his trip to Europe, his new Mercedes, and his favorite French restaurants. People seemed bored being around him, but he kept right on talking. When he made a critical remark about how one of the woman was dressed - and hurt her feelings - he could not apologize for his obvious blunder. He tried to talk his way around it, and even seemed to be blaming her for being upset.

4. Peter arrived at the party exactly on time. He made a point of speaking to every guest for five minutes. He talked mostly about technology and finance, and avoided any inquiries

about his feelings or personal life. He left precisely at 10 PM because he had work to do at home.

Answers

1. Schizotypal

2. Borderline

3. Narcissistic

4. Obsessive-CompulsiveThis activity can help the instructor determine if students are unclear or confused about any of the disorders. Additionally, the instructor can adapt the descriptions and include other personality disorders.

The activity was adapted from the following website: **http://truecenterpublishing.com/tcp/perdis.html**

Role-Playing Personality Disorders: In-Class Activity

This activity is best suited after the students have learned about the various personality disorders. Students will have the opportunity to be creative; however, the instructor should inform them that their depictions should be respectful, sensitive and professional.

Time

25-30 minutes

Materials

Print out copies of the following symptoms and behaviors of each disorder (only one disorder per page). Descriptions below:

Narcissistic Disorder

- Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)

- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love

- Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
- Requires excessive admiration
- Has a very strong sense of entitlement
- Is exploitative of others
- Lacks empathy
- Is often envious of others or believes that others are envious of him or her
- Regularly shows arrogant, haughty behaviors or attitudes

Obsessive-Compulsive Disorder

- 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 and productivity to the exclusion of leisure activities and friendships
- Is over-conscientious, scrupulous, and inflexible about matters of morality, ethics, or values
- Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
- Shows significant rigidity and stubbornness

Antisocial Disorder

- Failure to conform to social norms
- Deceitfulness, repeated lying, use of aliases, or conning others for personal profit or pleasure
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard for safety of self or others
- Consistent irresponsibility, failure to sustain consistent work behavior or honor financial

obligations

- Lack of remorse

Borderline Personality Disorder

- Frantic efforts to avoid real or imagined abandonment
- A pattern of unstable and intense interpersonal relationships
- Identity disturbance, such as a significant and persistent 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)
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- Emotional instability due to significant reactivity of mood
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger

Schizotypal

- Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
- Unusual perceptual experiences, including bodily illusions
- Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
- Suspiciousness or paranoid ideation
- Inappropriate or constricted affect
- Behavior or appearance that is odd, eccentric, or peculiar
- Lack of close friends or confidants other than first-degree relative
- Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self

Avoidant

- 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 themselves 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.

Directions

- Divide the students into groups of four and assign each group one of these more commonly known personality disorders: narcissistic, obsessive-compulsive, antisocial or borderline, schizotypal, or avoidant.

- To give students a resource to work with, the instructor can give out a handout containing information about their assigned disorder.

- Each group will read about the assigned disorder, write a script for themselves, and role play their assigned disorder for the class. The "act" cannot be more than 3-5 minutes long. The class will then have to guess which disorder the students are demonstrating. Even if not all students are acting, they have to be involved in some aspect of the group activity (i. e., helping with the script).

- Adaptation for large classes: If you have a large class and there is not enough time for all the groups to present to the class one-by-one, you can have two group present their portrayal of a disorder each other. Make sure that the paired groups have been assigned different disorders to role-play.

Outside Resources

Structured Clinical Interview for DSM-5 (SCID-5)
https://www.appi.org/products/structured-clinical-interview-for-dsm-5-scid-5

Web: DSM-5 website discussion of personality disorders
http://www.dsm5.org/ProposedRevision/Pages/PersonalityDisorders.aspx

Evidence-Based Teaching

Casteel, M. A. (2003). Teaching students to evaluate Web information as they learn about psychological disorders. *Teaching of Psychology, 30*, 258-260.

It is likely that introductory psychology and other students will utilize Internet websites when seeking information. Casteel offers a method to help students become more selective and evaluate the websites they are using. The students completed web-based assignments on psychological disorders, in which they learned how to glean information from appropriate evaluated websites.

Bandelow, B., Krause, J., Wedekind, D., Broocks, A., Hajak, G., & Rüther, E. (2005). Early traumatic life events, parental attitudes, family history, and birth risk factors in patients with borderline personality disorder and healthy controls. *Psychiatry Research*, *134*(2), 169–179.

Bandelow and colleagues examine risk factors in patients with borderline personality disorder (BPD). When compared to a healthy control group, patients with BPD were more likely to have experienced childhood trauma, including sexual and physical abuse, and childhood illness. BPD patients were also more likely to report troubled relationships with their parents in multiple aspects. Additionally, there was a higher rate of psychiatric diagnoses in families of patients with BDP, especially anxiety disorders and depression. The results of the study suggested that the etiology of BPD is multi-faceted in nature.

Trzesniewski, K. H., & Donnellan, M. B. (2010). Rethinking "generation me" a study of cohort effects from 1976–2006. *Perspectives on Psychological Science*, *5*(1), 58–75.

In recent years, there has been a lot of discussion around "Generation Me" (today's young adults) and increased narcissistic behavior. Data analyzed from approximately 450,000 high school senior from 1976-2006 has shown that contrary to popular belief, there was little change in egotism, self-enhancement, individualism, self-esteem and other correlates of narcissism. The study did find that today's youth tend to be more engaged in the pursuit of higher education and displayed increased amounts of cynicisms and mistrust. However, the widespread belief that the current generation of young people is more narcissistic than previous cohorts was not supported by this study's findings.

Suggestions from the Society for Teaching's Introductory Psychology Primer

Keeley, J. (2013). Abnormal and Therapy. In S.E. Afful, J. J. Good, J. Keeley, S. Leder, & J. J. Stiegler-Balfour (Eds.). Introductory Psychology teaching primer: A guide for new teachers of Psych 101. Retrieved from the Society for the Teaching of Psychology web site: http://teachpsych.org/ebooks/intro2013/index.php

POSSIBLE ASSESSMENTS (Out of Class). Students search the Internet for information regarding psychological disorders and evaluate the quality of that information. The assignment can be done in groups and includes a peer-evaluation component. For a full description of the activity, see the reference to Casteel (2003) below. (LO 4.4)

(In or Out of Class). Questions Regarding Controversial Cases: The student is presented with a series of descriptions of an abnormal behavior under changing circumstances (cultural setting, severity of the behavior, etc.) and then asked if the behavior is normal or not.

ACTIVITIES & TECHNIQUES (In Class)

Discussion of Abnormality: Enter class and behave oddly in some way (e.g., talking to yourself, showing excessive irritability, breaking social convention by standing in an unusual place). Then ask students to identify what was unusual about your behavior and why it is unusual. Based upon the reasons and examples they give, you can identify students' responses as reflecting various definitions of abnormality (i.e., distress, dysfunction, unusualness, dangerous, deviance). This activity is a fun way to get students engaged with the material and how it applies to their lives.

Videos of Individuals with Disorders: Cengage has published a large online database of video clips across a range of disorders and topics relevant to abnormal psychology (http://clipsforclass.com/abnormal.php). This library is an economical (both monetarily and in terms of your time) way of demonstrating what these disorders are like.

RELEVANT TOP ARTICLES (Annotated Bibliography)

Balch, W. R. (2009). Using an exemplification exercise to teach psychological disorders. *Teaching of Psychology, 36*, 55-58.

This article describes an exercise whereby students describe individuals they know or

hypothetical examples of people with various mental disorders. The exercise led to improved retention on a post-test of information about the disorders relative to a lecture-only control.

Casteel, M. A. (2003). Teaching students to evaluate Web information as they learn about psychological disorders. *Teaching of Psychology, 30,* 258-260.

This article provides a method for instructing introductory students about psychological disorders using an Internet based search exercise. The activity emphasizes improving students' ability to judge the quality of Internet resources while simultaneously investigating content.

Conner-Greene, P. A. (2006). Interdisciplinary critical inquiry: Teaching about the social construction of madness. *Teaching of Psychology, 33*, 6-13.

In this article, the author provides a variety of background resources and commentary for understanding the social construction of mental illness. She also describes five pedagogical techniques to engage students with the material, including excellent discussion prompts. This article is a superb starting point for engaging your students in critical thinking regarding mental disorders.

Tomcho, T. J., Wolfe, W. L., & Foel, R. (2006). Teaching about psychological disorders: Using a group interviewing and diagnostic approach. *Teaching of Psychology, 33*, 184-188.

This article describes an exercise where an interviewer and pseudo-client perform an interview for the class. Based upon the interview, the students must decide which among a class of disorders best describes the individual. The authors provide scripts for an anxiety disorder, a mood disorder, and a psychotic disorder.

Links to ToPIX Materials

Activities, demonstrations, handouts, etc.:
http://topix.teachpsych.org/w/page/19981032/Psychological%20Disorders%20in%20the%20Classroom

Books & Films:
http://topix.teachpsych.org/w/page/39234720/Disorders

In the News:

http://topix.teachpsych.org/w/page/26711727/Psychological%20Disorders%20in%20the%20News

Video/Audio:

http://topix.teachpsych.org/w/page/19981031/Psychological%20Disorders%20Video

Teaching Topics

Teaching The Most Important Course
https://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage
https://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students
https://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes
https://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning
https://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology
https://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at https://nobaproject.com//images/shared/supplement_editions/000/000/281/Personality%2-0Disorders.ppt?1416599097.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award- winning university teachers.

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