

Personality Disorders

Personality

- **Personality:** overall enduring pattern of thoughts, emotions and behaviours that characterized an individual.
- **Personality traits:** particular characteristics or structural elements of personality that predispose a person to respond in certain ways.
- **Personality type:** a collection of personality traits which occur together consistently.



Personality disorders

Personality disorders: A group of disorders marked by persistent, inflexible, maladaptive patterns of thought and behaviour that develop in adolescence or early adulthood and significantly impair an individual's ability to function.

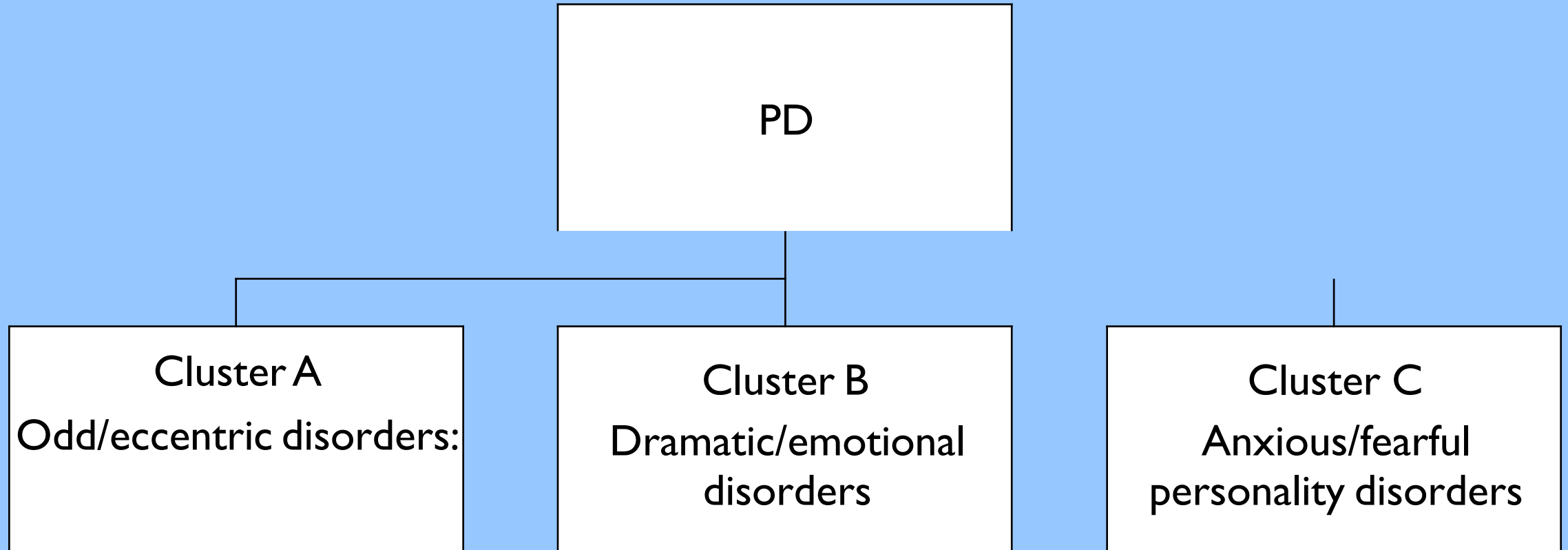
Characteristics of personality disorders

- Characterized by an enduring pattern of behaviour that deviates markedly from expectations within the culture
- Associated with unusual ways of interpreting events, unpredictable mood swings or impulsive behaviour
- Result in impairments in social and occupational functioning
- Represent stable patterns of behaving that can be traced back to adolescence or early childhood
- Frequently comorbid with other mental health problems

Contemporary issues

- DSM-IV-TR organized 10 diagnostically independent personality disorders into primary three clusters:
 - Odd/eccentric personality disorders
 - Dramatic/emotional personality disorders
 - Anxious/fearful personality disorders

Personality Disorders (Clusters)



Personality Disorders (Clusters)

Cluster A - Odd/eccentric disorders

Paranoid personality disorder
Schizoid personality disorder
Schizotypal personality disorder

Cluster B – Dramatic/emotional disorders

Antisocial personality disorder
Borderline personality disorder
Narcissistic personality disorder
Histrionic personality disorder

Cluster C – Anxious/fearful personality disorders

Avoidant personality disorder
Dependent personality disorder
Obsessive compulsive personality disorder

Conceptual issues with personality disorders

- DSM-V has taken a more dimensional approach
- Personality disorders may not be discrete disorders but represent extremes of normal personality (Costa & McRae, 1990)
- Many of the characteristics of different personality disorders overlap (e.g. impulsivity)
- A number of the disorders are rare in the general population
- Lack of stability over time

DSM-5's alternative model

- System is now designed to provide ratings of an individual's personality on a series of personality dimensions:
 - Level of personality functioning
 - Personality disorder types
 - Personality trait domains and facets
- DSM-5 retains previous diagnostic criteria by defining personality disorders on a categorical rather than dimensional basis
- DSM-5 also discusses a dimensional approach to diagnosing personality disorders which it hopes will generate further research

Personality functioning

- Impaired sense of self-identity or failure to develop effective interpersonal functioning



Trait domains

- Negative affectivity, detachment, antagonism, disinhibition, psychoticism



Personality disorder type

- Antisocial, avoidant, borderline, narcissistic, obsessive compulsive, schizotypal

Severity of impairment

- Client evaluated on five-point scale from 'no impairment' to 'extreme impairment'



Ratings on personality traits

- Clients is assessed on five basic traits each on a four-point dimensional scale. These can then be assessed in more detail using up to 25 further subtraits.



Diagnosis

- Each of six personality disorder traits has its own diagnostic criteria based on ratings achieved on the first step (impairment) and on the second step (personality traits)

Main DSM-5 criteria for antisocial personality disorder

There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 yr, as indicated by three (or more) of the following:

- Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest
- Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness, as indicated by repeated physical fights or assaults
- Reckless disregard for safety of self and others
- Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations
- Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

Characteristics of antisocial personality disorder

- The term *sociopath* or *psychopath* is sometimes used to describe this personality type
- APD is now defined mainly in terms of violations of social norms
- Is highly associated with criminal and violent behaviour
- Prison populations have between 50-70% of inmates diagnosable with APD (Fazel & Danesh, 2002)

Main DSM-5 criteria for borderline personality disorder

A pervasive pattern of instability of interpersonal relationships, self image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- Frantic efforts to avoid real or imagined abandonment
- A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation
- Identity disturbance: markedly and persistently unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging (e.g. Spending, sex, substance abuse, reckless driving, binge eating)

Main DSM-5 criteria for borderline personality disorder – cont'd

- Recurrent suicidal behaviour, gestures, or threats, or self-mutilation
- Affective instability due to a marked reactivity of mood (e.g. Intense episodes of depression, irritability, or anxiety that lasts only for a few hours or a few days)
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger (e.g. Fraudulent displays of anger, constant anger, recurrent physical fights)
- Transient, stress-related paranoid ideation or severe dissociative symptoms

Characteristics of borderline personality disorder

- Features an enduring pattern of instability in personal relationships and lack of well-defined self-image
- Fear of abandonment is a central feature which leads to conflict-ridden relationships
- Associated with regular mood swings and aggressive behaviour
- Highly comorbid with other psychiatric disorders such as depression and anxiety disorders

What is 'disordered' about personality disorders?

- People with personality disorders are often referred for treatment because of the consequences of their behaviour:
 - Some are unable to form lasting, close relationships
 - Many often develop comorbid psychiatric disorders
 - Their behavioural style may be a risk to themselves or others
 - Many behavioural styles interfere with an individual's ability to achieve in occupational or educational spheres

Gender differences in personality disorders

- 75% of individuals diagnosed with Borderline Personality Disorder are female (Coid et al., 2006; Widiger & Trull, 1993)
- Risk of avoidant, dependent and paranoid personality disorder is also greater in women

Risk factors for personality disorder

- Low socioeconomic class
- Living in inner cities
- Being a young adult
- Being divorced, separated, widowed or never married
- Childhood, physical, verbal and sexual abuse is also a significant risk factor for developing a personality disorder – especially borderline personality disorder

Cultural differences in personality disorders

- DSM-5 defines personality disorders in terms of behaviour that “deviates markedly from the expectations of the individual’s culture”
- But little evidence to suggest that the prevalence of personality disorders differs across cultures
- There may be some ethnic differences – BPD is higher in Hispanic than Caucasian & African Americans (Grant et al., 2004)

The aetiology of personality disorders

- Because most symptoms of personality disorders differ, there will be no over-arching theory of personality disorders
- One characteristic that is common to all is that their behaviour patterns are enduring, suggesting that inherited or developmental factors are important

Antisocial personality disorder

- Because APD is closely related to criminal and antisocial behaviour attempts have been made to:
 - Identify childhood behaviours that may predict later adult APD
 - Identify the developmental factors that cause APD
 - Ascertain whether there is an inherited component to APD
 - Identify any biological or psychological processes that may be involved in APD

Childhood & adolescent behavioural precursors of APD

- The best predictor of APD is a diagnosis of *conduct disorder* during childhood
- Adolescent smoking, alcohol use, illicit drug use, police trouble and sexual intercourse before 15-years are strong predictors of APD
- Some theorists also suggest that *ADHD* is a predictor of APD (but see next slide)

Developmental factors

- Antisocial behaviour may be learned from parents (Paris, 2001)
- Parents may reinforce antisocial behaviour (Capaldi & Patterson, 1994)
- Lack of parental love may nurture antisocial behaviour (Gabbard, 1990)
- Inconsistent parenting may be important during the development of APD (Marshall & Cooke, 1999)
- Important to distinguish between cause and consequence

Genetic factors

- APD appears to run in families
- Twin studies suggest higher concordance rates in MZ than DZ twins (Lyons et al., 1995)
- Incidence of APD in an adopted child is better predicted by APD in the biological than adopted mother (Ge et al., 1996)
- Environmental influence is crucially important, also

Cognitive models

- Individuals with APD may possess *dysfunctional schemas* that determine their antisocial reactions (Young et al., 2003)
- When responding to important events, individuals with APD may switch quickly and unpredictably between schemas to make their behaviour seem erratic (Horowitz et al., 2001)

Young et al. (2003) 5 dysfunctional schema modes

- (1) the Abandoned and Abused Child mode
- (2) the Angry and Impulsive Child mode
- (3) the Punitive Parent mode
- (4) the Detached Protector mode
- (5) the Bully and Attack mode

Physiological & neurological factors

- Individuals with APD exhibit physiological characteristics that may explain their APD:
 - Have significantly lower levels of anxiety and lower levels of physiological reactivity
 - Respond to emotional stimuli with slow autonomic arousal and low levels of EEG activity
 - Frequently fail to exhibit fear learning in aversive classical conditioning procedures (Lykken, 1995)

Risk factors for BPD

- A history of difficulties in childhood, including childhood physical, verbal and sexual abuse, childhood neglect or rejection, inconsistent or loveless parenting, and inappropriate parental behaviour (e.g. substance misuse or sexual promiscuity)
- Academic underachievement, low intelligence and poor artistic skills

Psychological theories of BPD

- Object relations theory
- Splitting
- As with APD, individuals with BDP may acquire a set of dysfunctional schemas that maintain their erratic and emotional behaviour (young et al.,2003)

Object relations theory

Object relations theory: A theory which argues that individuals with borderline personality disorder have received inadequate support and love from important others (such as parents), resulting in an insecure ego which is likely to lead to lack of self-esteem and fear of rejection.

Splitting

Splitting: An element of object relations theory which argues that individuals with weak egos engage in a defence mechanism by which they evaluate people, events or things in a completely black or white way, often judging people as either good or bad with no shades of grey.

Treating people with a diagnosis of personality disorder

- Drug treatments
- Psychodynamic & insight approaches
- Dialectical behaviour therapy
- Cognitive behaviour therapy
- Schemata therapy

Problems in treating clients with a diagnosis of personality disorder

- Individuals often do not see their enduring patterns of behaviour as problematic
- Personality disorders make people susceptible to a range of comorbid psychiatric disorders
- Therapists may be better employed trying to 'normalize' extreme behaviour styles than change ingrained behaviour patterns completely
- Individuals with PDs also need to acquire a range of life and emotional control skills

Drug treatments

- Clients with comorbid anxiety and depression can be treated with anxiolytic and antidepressant drugs
- Antipsychotic drugs can be effective in reducing symptoms of Cluster A personality disorders
- Atypical antipsychotic drugs have been used to reduce impulsivity, hostility, aggressiveness, irritability and rage outbursts (Walker et al., 2003)

Psychodynamic & insight approaches

- Psychodynamic therapists view *insight* as the crucial mechanism of change in personality disorders
- *Object relations psychotherapy* attempts to strengthen an individual's weak ego enabling them to stop flipping from one extreme to another (Kernsberg, 1985)
- Short-term psychodynamic therapy appears to be as effective as a range of other treatments (Fonagy et al., 2005)

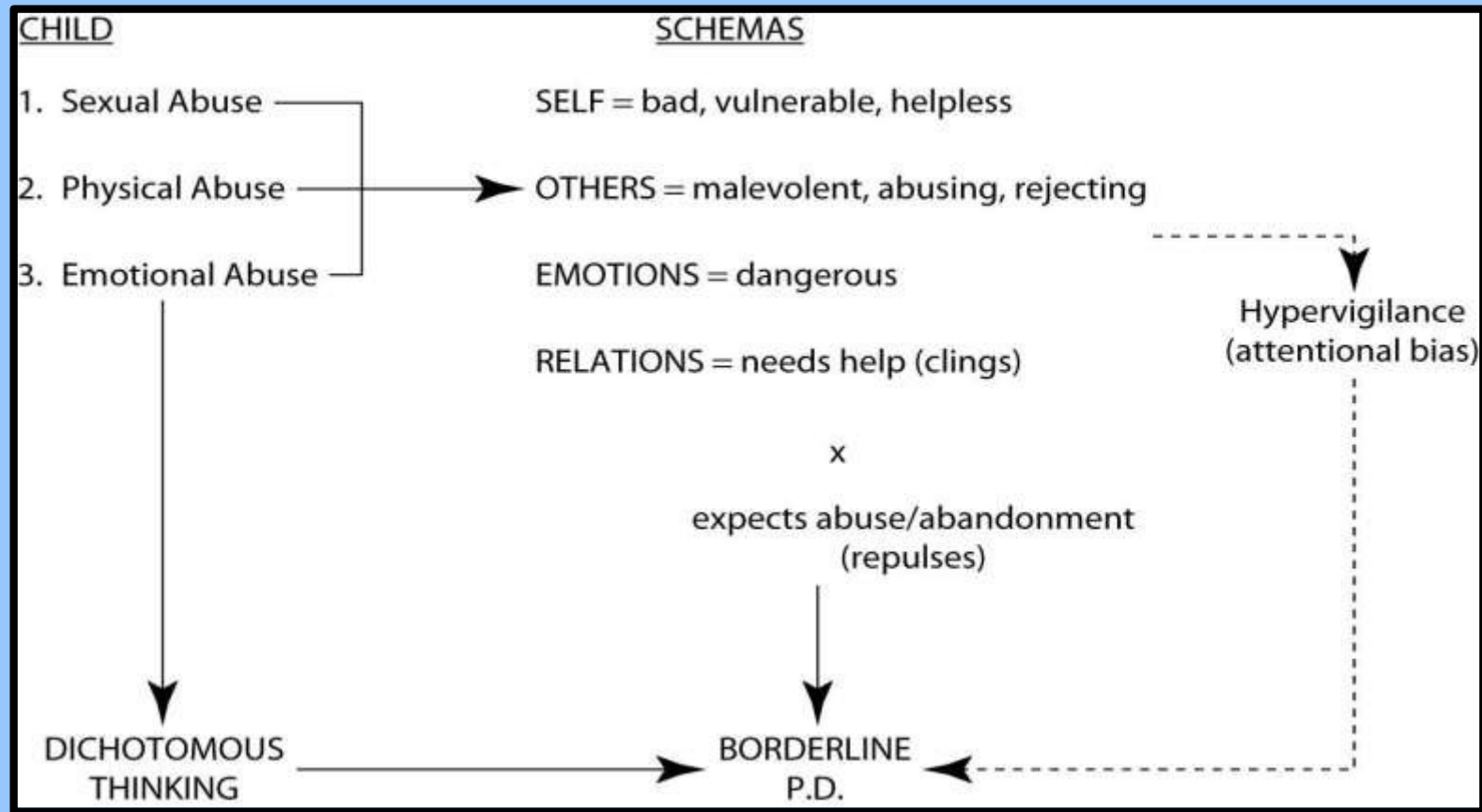
Dialectical behaviour therapy

- A treatment that has been developed specifically to deal with the difficulties posed by the treatment of individuals with personality disorders such as borderline personality disorder.
- DBT video: <https://www.youtube.com/watch?v=S4Ccpqh6giM>

Cognitive behaviour therapy

- Applying CBT to personality disorders was first pioneered by Aaron Beck (Beck & Freeman, 1990)
- Involves exploring and challenging the dysfunctional schemas that
- In most cases the way in which CBT is constructed depends very much on the individual personality disorder diagnosed and on the cognitive factors relevant to that individual client maintain many personality disorders

The development of dysfunctional schemas in BPD



Challenging dysfunctional beliefs in personality disorders

- Reparenting
- SchemaTherapy

Reparenting

Reparenting: A therapy process in which clients allow the therapist to form an emotional attachment to them in order to challenge dysfunctional schemas.

Schemata therapy

- Developed by Young, Klosko & Weishaar (2003)
- Schema theory outlines three specific stages:
 - Clients need to be convinced that their maladaptive schemas are actually a cause of their symptoms
 - Attempts to identify and prevent schema avoidance responses
 - Examination of the life events that have given rise to maladaptive schemas

Personality disorders reviewed

- Personality disorders represent long-standing, pervasive patterns of behaviour that deviate from acceptable norms
- Personality disorders are divided into three primary clusters
- Personality disorders are particularly difficult to treat because they are enduring and the sufferer will often deny their behaviour is problematic