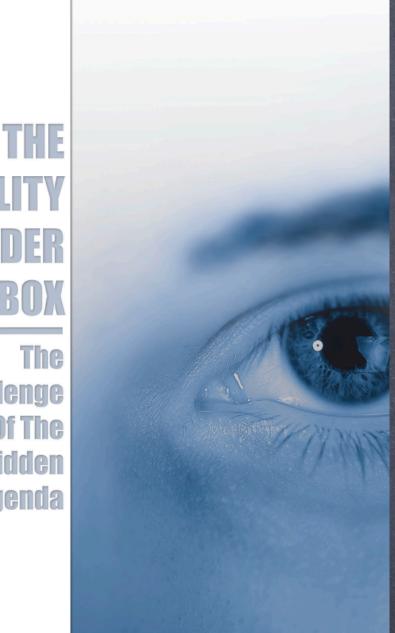# Evidence-Based Treatment of Personality Disorders Certification Course Sponsored by:

The Hirose Institute

THE PERSONALITY DISORDER TOOLBOX

The Challenge Of The Hidden Agenda

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Evidence-Based Treatment of Personality Disorders

Certification Course Sponsored by:

The Hirose Institute

Session 1: Assessment and Diagnosis

- Etiology, gender distribution, prevalence rates

- Clinical distinctions of PD and implications for accurate assessment
- Assessment of Cluster A Disorders

  - Are Schizoid and Schizotypal really PDs?
  - Distinguish between to types of paranoia

- Assessment of Cluster C Disorders
- Assessment of Non-Borderline Cluster B Disorders

- Assessment of Borderline PD

  - Having the conversation with the client or family member
  - 8 reasons clients with BPD engage in non-suicidal self-injury and important implications for treatment
  - Differential diagnosis with bipolar disorder, PTSD and others

Personality Etiology

- Biopsychosocial = Genes + Environment

Personality Etiology

- Trait:

  – An enduring pattern of perceiving, relating to, or thinking about the world and one's self.

- Habit:

  – An acquired or learned patterns of thinking and behaving

Personality Etiology

- Temperament:

  - Innate, genetic, or constitutional aspects of personality

- Character:

  - Primarily learned, psychosocial influences on personality

Why was there ever an "Axis II?"

Evidence-Based Treatment of Personality Disorders

Why was there ever an Axis II?

DSM I =1952

- Approximately 60 different disorders

- 5 Personality Dysfunction Subdivisions

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Why there was ever an "Axis II:"DSM Evolution

DSM I Personality Subdivisions

1. Personality Pattern Disturbance
2. Personality Trait Disturbance
3. Sociopathic Personality Disturbance
4. Special Symptom Reaction
5. Transient Situational Personality Disorder

Why there was Ever an "Axis II:" DSM Evolution

DSM II = 1968

- Eliminated subheadings

- Specific Descriptions

  - Not based on clinical trials
  - No distinction between normal and abnormal
  - No specific diagnostic criteria

- No distinction between axis I and II

Why there was Ever an "Axis II:" DSM Evolution

DSM III = 1980

- Abandoned Psychoanalytic terminology

- First DSM to have diagnostic criteria

- First to distinguish between 2 categories of Mental Illness (Axis I & II)

    - Axis I: Issues of Clinical Concern
    - Axis II: Personality Disorders

Why there was ever an "Axis II": DSM Evolution

DSM III-R – 1987

DSM-IV – 1994

DSM-IV-TR – 2000

DSM 5 – 2013   – abandoned multiaxial diagnostic system

Categorical vs. Dimensional Models

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Problems with Current Conceptualization

1. Line between "normalcy" and pathology harder to delineate

2. Considerable overlap in diagnostic Categories

Personality Spectrum

Personality Disorder Diagnosis

General Assessment and Diagnosis

PDO Characteristic	Assessment Technique
1) Ego-Syntonic	1) Emphasis on assessment of signs vs. symptoms

General Assessment and Diagnosis

PDO Characteristic	Assessment Technique
2) External Locus of Control	2) Monitor for non-responsible language

Evidence-Based Treatment of Personality Disorders

General Assessment and Diagnosis

Events ➡ Thoughts ➡ Feelings ➡ Actions ➡ Results

General Assessment and Diagnosis

PDO Characteristic	Assessment Technique
2) External Locus of Control	2) Monitor for non-responsible language

General Assessment and Diagnosis

PDO Characteristic	Assessment Technique
3) Pervasive	3) Look for patterns of behavior that are showing up in different areas

General Assessment and Diagnosis

PDO Characteristic	Assessment Technique
4) Enduring vs. Episodic	4) Videotape vs. Snapshot

Personality Disorder Diagnosis

PDO Characteristic	Assessment Technique
5) Inflexible	5) Monitor Across Contexts

General Assessment and Diagnosis

"If you don't have the data, you have no business making a personality disorder diagnosis. If you DO have the data, you have no business NOT making the diagnosis."

– Shawn Christopher Shea

Evidence-Based Treatment of Personality Disorders
Cluster A: The Detached Type

- Schizotypal

- Schizoid

- Paranoid

Schizotypal Personality Disorder

- Prevalence

- 1% General Population

- Gender Distribution – More commonly dx in men

- More Common in 1st Degree Relatives of Schizophrenia

- Heritibility: Estimated .72

Schizotypal Personality Disorder

- Cognitive Profile

  - View of Self: "I am Unique"

  - View of Others: "Others are Peculiar"

  - View of World: "World is Intriguing"

Schizotypal Personality Disorder

Diagnostic Criteria

Must have five (5) of Nine (9) Characteristics

1. Ideas of Reference
2. Odd beliefs or magical thinking
3. Unusual perceptual experiences

Schizotypal Personality Disorder

Diagnostic Criteria

4. Odd thinking, speech

5. Suspicious or paranoid ideation

6. Inappropriate or constricted affect

Schizotypal Personality Disorder

Diagnostic Criteria

7. Behavior that is Odd, eccentric, or peculiar
8. Lacks personal friends or confidants
9. Excessive social anxiety related to paranoid perceptions, not to self-image

Schizoid Personality Disorder

- Prevalence:

    - Approximately 1% of General Population

    - 1% of Clinical Population

    - Gender Distribution – 2x More Common in Men

    - More Common in 1st Degree Relatives of Schizophrenia

    - Heritability: Estimated .70

    - Functionality: Can Maintain Employment w/ Good "Fit"

    - Least Hospitalized of any PD

Schizoid Personality Disorder

- Cognitive Profile

  - View of Self: "I am Sufficient"

  - View of Others: "Others are Unnecessary"

  - View of World: "World is Boring"

Schizoid Personality Disorder

Diagnostic Criteria – 4 of following 7

1. Neither desires nor enjoys close relationships
2. Almost always chooses solitary activities
3. Has little interest in sexual experiences

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Schizoid Personality Disorder

Diagnostic Criteria – 4 of 7

4. Takes pleasure in few activities
5. Lacks close friends
6. Appears indifferent to criticism
7. Shows emotional coldness; flattened affect

Schizoid Personality Disorder

- Associated Features

    - Difficulty Expressing Anger

    - Passivity

    - Brief psychosis under stress

    - Association with Autism Spectrum Disorders

Schizoid Personality Disorder

- Interview Features

    - Lack of Affective Response

    - Impression of Indifference

    - Anxiety Triggered With Closeness/Intimacy

Evidence-Based Treatment of Personality Disorders
Paranoid PD

- Agenda: To stay safe in a dangerous world

- Primary Descriptive Trait: "Suspicious"

- Prevalence rates:

  - 2-3% Clinical population

  - Difficult to tell in general population

- Gender Distribution: More common in men

- Heritability: Estimated .41-.59

- Treatability: Poor

Paranoid PD Profile

- Common Schemas: Mistrust, Punitiveness

- Cognitive Profile

  - "I am Vulnerable"
  - "Others are out to get you"
  - "The world is dangerous"

- View of Treatment: Treatment Rejecting

- Behavioral Targets: Avoiding necessary tasks, angry outbursts, attacking others

Evidence-Based Treatment of Personality Disorders
Paranoid PD

Diagnostic Criteria – 4 of following 7

1) Suspects that others are exploiting, harming, or deceiving them
2) Is preoccupied with doubts about loyalty
3) Is reluctant to confide in others for fear that the info will be used against them

Paranoid PD

Diagnostic Criteria – 4 of 7

4) Has recurrent suspicions regarding fidelity
5) Reads "hidden meaning" into events or statements
6) Holds persistent grudges; is excessively unforgiving
7) Remarks received as benign to others are taken as personal attacks – quick to anger

Paranoid PD

- Associated Features

  - Blame others

  - Importance of autonomy - uncomfortable in situations that require dependence on others

  - Associated with IBS, Arthritis and Other Medical Conditions

Paranoid PD

- Interview Features

  - Not taking responsibility for actions

  - Guarded – not forthcoming in information

  - Secretive

  - May share conspiracy – related stories

  - Expect you to Be Untruthful as Well

  - Irritability

  - Often Low Functioning/Unemployed

Paranoid PD

- Differential Diagnosis

  1. Paranoid Schizophrenia – episodic presence of other psychotic symptoms, blunted affect

  2. Delusional Disorder, Paranoid Type

Cluster C: The Anxious Type

- OCPD

- Avoidant PD

- Dependent

Evidence-Based Treatment of Personality Disorders
Obsessive-Compulsive PD

- Agenda: to do things the "right" way

- Primary Descriptive Trait: "Anal"

- Prevalence rates:

  – As high as 8% General Population
  – 3% – 13% Clinical Population

- Gender Distribution: More common in men

- Heritability: Estimated .37

- Treatability: Moderate to Good

Obsessive - Compulsive PD Profile

- Common Schemas: Unrelenting Standards, Hypercritical

- Cognitive Profile

  - "I must be perfect"

  - "Others screw up a lot"

  - "The world must have order"

  - View of Treatment: Treatment Rejecting

  - Behavioral Targets: Perfectionism, Procrastination, Criticalness

Evidence-Based Treatment of Personality Disorders
Obsessive-Compulsive PD

Diagnostic Criteria – 4 of following 8

1. So preoccupied with rules, details, lists, order, organization that point of activity is lost
2. Perfectionism that interferes with task completion
3. Excessively devoted to work and productivity, often to the exclusion of leisure activities or friendships

Obsessive-Compulsive PD

Diagnostic Criteria – 4 of following 8

4. Overconscientious, scrupulous, and inflexible about morality, ethics, and values, not accounted for by cultural or religious beliefs
5. Is unable to discard old objects, even if they have no sentimental value
6. Is reluctant to delegate tasks, for fear they will not be done "the right way"

Obsessive-Compulsive PD

Diagnostic Criteria – 4 of following 8

7. Has miserly spending style
8. Rigid and stubborn

Evidence-Based Treatment of Personality Disorders
Obsessive-Compulsive PD

- Associated Features

  - Decision Making is time consuming

  - Time allocated poorly

  - Relationships take on serious quality

  - Leisure time viewed as "waste"

  - Play time turned into structured activity

Evidence-Based Treatment of Personality Disorders
Obsessive-Compulsive PD

- Interview Features

  - Circumstantial Speech
  - To get answer, must sort through a myriad of other details leading up to current situation
  - Overly analytical

Obsessive-Compulsive PD

Video "Case Study"

Evidence-Based Treatment of Personality Disorders
Avoidant PD

- Agenda: To not be hurt emotionally

- Prevalence rates:

  - 2%–3% of General Population
  - 10% of Clinical Population

- Gender Distribution: Equally diagnosed in men & Women
- Heritability: Estimated .28
- Prognosis: Moderate to Good

Avoidant PD Profile

- Common Schemas: Approval Seeking, Failure

- Cognitive Profile

  - "I am not likable"
  - "Others will judge me"
  - "The world is scary"

  - Behavioral Targets: Isolation, avoiding social, job-related situations

Avoidant PD

Diagnostic Criteria – 4 of 7

1) Avoids occupational activities that involve significant interpersonal interactions due to fear of rejection, criticism, or disapproval
2) Unwilling to get involved with people unless certain of being liked
3) Inhibited in new interpersonal situations due to feelings of inadequacy

Avoidant PD

Diagnostic Criteria – 4 of 7

4) Preoccupation with being criticized or rejected
5) Inhibited intimate relationships due to fear of shame or ridicule
6) View selves as socially inept, personally unappealing, or inferior to others
7) Unusually reluctant to take risks or engage in new activities due to fear of embarrassment

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Avoidant PD

- Associated Features

  - Self-Criticism

  - Isolation

  - Avoidance

Avoidant PD

Video "Case Study"

Dependent PD

- Agenda: To get taken care of

- Primary Descriptive Trait: "Needy"

- Prevalence rates:

    - 1% - 8% of General Population

    - Difficult to establish in Clinical Population

- Gender Distribution: More common in women

- Heritability: Estimated .27

- Treatability: Moderate to Good

Evidence-Based Treatment of Personality Disorders
Dependent PD Profile

- Common Schemas: Failure, Dependence, Approval-Seeking, Self Sacrifice, Subjugation

- Cognitive Profile

  - "I am inadequate"
  - "Others are necessary for me to survive"
  - "The is too vast for me to make it alone"

  - View towards Treatment: Treatment Seeking

  - Behavioral Targets: Constant phone calls/texts, excessive need for time together, developing hobbies, taking initiative & responsibility

Dependent PD

Diagnostic Criteria – 5 of 8

1) Has difficulty making every day decisions without excessive reassurance from someone else

2) Requires others to assume responsibility for major areas of their life

Dependent PD

Diagnostic Criteria – 5 of 8

3) Has difficulty disagreeing with others due to fear of loss of support and/or approval

4) Difficulty initiating projects or doing things on own

5)   Goes to excessive lengths to obtain nurturing and support from others – will often volunteer for unpleasant things to get this

Dependent PD

Diagnostic Criteria – 5 of 8

6) Uncomfortable or helpless when alone – exaggerated fears of being unable to care for self

7) Urgently seeks new relationships for care and support whenever an existing relationship ends

8) Unrealistically preoccupied with fears of being left to care for selves

Dependent PD

- Associated Features

    - Co-occurring Depression

    - Co-occurring Anxiety Disorders

    - Belittles Abilities

    - Put self down

    - Avoid responsibility

Dependent PD

- **Interview Features**

  - Overly compliant
  - Cooperative demeanor
  - Rarely misses sessions

Dependent PD

Video "Case Study"

Evidence-Based Treatment of Personality Disorders
Histrionic PD

- Agenda: To be noticed

- Primary Descriptive Trait: Dramatic

- Prevalence rates:

  - 2-3% General Population
  - 10% Clinical Population

- Gender Distribution: More Common in Women
- Heritability: Estimated .26
- Treatability: Moderate

Evidence-Based Treatment of Personality Disorders
Histrionic PD Profile

- **Common Schemas:** Worthless, Emotional Deprivation, Inhibition, Approval Seeking, Insufficient Self-Control

- **Cognitive Profile**

  - "I am noteworthy"
  - "Others should pay attention to me"
  - "The world is my stage"

- View of Treatment: Treatment Seeking

- Behavioral Targets: Inappropriate flirtatious or provocative behaviors

Histrionic PD

Diagnostic Criteria – 4 of following 8

1) Is uncomfortable with situations in which he or she is not the center of attention
2) Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
3) Displays rapidly shifting and shallow expressions of emotion

Histrionic PD

Diagnostic Criteria – 4 of 8

4) Consistently uses physical appearance to draw attention to self

5) Has a style of speech that is excessively impressionistic and lacking in detail

Histrionic PD

Diagnostic Criteria – 4 of 8

6) Shows self-dramatization...exaggerated expression of emotion

7) Is suggestible

8) Considers relationships to be more intimate than they really are

Histrionic PD

- Associated Features

  - Sexual provocative /flirtatious
  - Solicits compliments about physical appearance
  - Somatic Complaints
  - Impulsive and arbitrary about decision-making
  - Flighty, gregarious, shallow, fickle, need for attention

Evidence-Based Treatment of Personality Disorders
Histrionic PD

- Interview Features

  - Demonstrative, shallow

  - Vivid expressions

  - Dramatic gestures

  - Mood changes quickly & has superficial quality

Histrionic PD

Video "Case Study"

Evidence-Based Treatment of Personality Disorders
Antisocial PD

- **Agenda: To get what** I want

- Primary Descriptive Trait: Violator

- Prevalence rates:

  - 3-4% General Population
  - 3x more common in men

- Heritability: Estimated .69

- Treatability: Poor, especially if psychopathic

Psychopath–> Sociopath–> Antisocial PD

Evidence-Based Treatment of Personality Disorders
Antisocial Profile

- Common Schemas: Entitlement, Social Isolation, Insufficient Self-control

- Cognitive Profile

    - "I am superior"
    - "Others are in my way"
    - "Do what you have to to survive"

- View of Treatment: Treatment Rejecting

- Behavioral Targets: Rule breaking behaviors, criminal activity

Antisocial PD

Diagnostic Criteria

A pervasive pattern of disregard for and violation of the rights of others occurring since age 15, as indicated by three (3) or more of the following:

1) Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest

Antisocial PD

Diagnostic Criteria – 3 of 7

2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure

3) Impulsivity or failure to plan ahead

4) Irritability or aggressiveness, as indicated by repeated physical fights or assaults

Antisocial PD

Diagnostic Criteria – 3 of 9

5) Reckless disregard for safety of self or others

6) Consistent irresponsibility

7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another

Antisocial PD

- Associated Features

  - Superficial charm

  - Absence of nervousness

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Antisocial PD

- Interview Features

  - Often brag about sham jobs

  - Street "slang" or jargon others may be unfamiliar with

Antisocial PD

Video "Case Study"

Evidence-Based Treatment of Personality Disorders
Narcissistic PD

- Agenda: To achieve and to maintain" special" status

- Primary Descriptive Trait: Special

- Prevalence rates:

    - 1% – 6% – General Population
    - 7% – 9% Clinical Population

- Gender Distribution: More common in men

- Heritability: Estimated .23

- Treatability: Poor – Moderate

Narcissistic Profile

- Common Schemas: Defectiveness, Emotional Deprivation, Insufficient Self-Control, Subjugation, unrelenting standards

- Cognitive Profile

    - "I am more deserving than others"
    - "Others are less deserving"
    - "The world is a mountain to be climbed"

- View of Treatment: Treatment Rejecting

- Behavioral Targets: Verbally & emotionally abusive behaviors, addictions

Evidence-Based Treatment of Personality Disorders
Narcissistic PD

Diagnostic Criteria

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

Narcissistic PD

Diagnostic Criteria – 5 of 9

1. Grandiose sense of self-importance (exaggerates achievements, talents, etc..)

2. Is preoccupied with fantasies of unlimited success, power, brilliance, or ideal love

Narcissistic PD

Diagnostic Criteria – 5 of 9

3. Believes that he or she is "special" and unique and can only be understood by other "special" or high status people

4. Requires excessive admiration

Narcissistic PD

Diagnostic Criteria – 5 of 9

5. Has sense of entitlement (unreasonable expectations of especially favorable treatment)

6. Is interpersonally exploitive – takes advantage of others to achieve his or her own ends

Evidence-Based Treatment of Personality Disorders
Narcissistic PD

Diagnostic Criteria – 5 of 9

7. Lacks empathy – unable or unwilling to recognize or identify with feelings or needs of others

8. Believes others are envious of him or her

9. Shows arrogant, haughty behaviors/attitudes

Narcissistic PD

- Associated Features

  - Exaggerate their own achievements

  - Intolerant of criticism

  - Appearance of humility that masks grandiosity

Evidence-Based Treatment of Personality Disorders
Narcissistic PD

- **Interview Features**

  - Presents self in positive light
  - Puts others down/may talk down to you
  - Exaggerates or emphasizes accomplishments
  - Hypersensitive to criticism

Narcissistic PD

Types of Narcissist

- Compensated/"Fragile"
- "Spoiled"
- High Functioning
- "Malignant"/Low Functioning

Narcissistic PD

Video "Case Study"

Evidence-Based Treatment of Personality Disorders
Borderline PD

- Agenda: To keep from being left

- Primary Descriptive Trait: "Intense"

- Prevalence rates:

  - 3-6% of General Population
  - 10% Outpatient
  - 20% Inpatient

- Gender Distribution: More Common in Women
- Heritability: Estimated .49 – .65
- Prognosis: Good

Evidence-Based Treatment of Personality Disorders
Borderline Profile

◉ Common Schemas: Abandonment, Defectiveness, Approval Seeking, Vulnerable, Insufficient Self-Control

◉ Cognitive Profile

- "I am worthless (bad)
- "Others are flawless"
- "Others will never understand me"
- "Others are evil"
- "The world is unfair"

◉ Behavioral Targets: Self-injurious behaviors, substance use, promiscuous sex, spending, lashing out, shutting down

Borderline PD: Diagnostic Criteria

A pervasive pattern of instability of interpersonal relationships, self-image and affects and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

Evidence-Based Treatment of Personality Disorders
Borderline PD: Diagnostic Criteria

1. Frantic efforts to avoid real or imagined abandonment

2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

3. Identity Disturbance – markedly and persistently unstable self-image or sense of self

Borderline PD: Diagnostic Criteria

4. Impulsivity in at least two areas that are potentially self-damaging

6. Affective Instability

Borderline PD: Diagnostic Criteria

5. Recurrent suicidal behavior, gestures, threats, and self-mutilating behavior

Borderline PD: Diagnostic Criteria

Three components of criteria 5

- Parasuicide (SIB, NSSI)
- Chronic Suicide
- Acute Suicide

- Parasuicide: intentional self-harm with no intent of lethality

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Borderline PD: Diagnostic Criteria

<u>Why people with BPD self-injure</u>

a. To make anguish known to others
b. Revenge on a partner
c. To force someone else to demonstrate a caring act
d. Anxiety reduction

Borderline PD: Diagnostic Criteria

Why people with BPD self-injure

e. To end an argument
f. Punish perceived "bad self"
g. Method of reorganization
h. Numbness

Evidence-Based Treatment of Personality Disorders
Borderline PD: Diagnostic Criteria

- Chronic Suicide: repetitive thoughts of killing self

- Acute Suicide: plan, intent, means to end ones life

Evidence-Based Treatment of Personality Disorders
Borderline PD: Diagnostic Criteria

7. Emptiness

8. Inappropriate or Intense Anger

9. Transient Stress Related Paranoid Ideation or Dissociative Symptoms

Borderline PD

Video "Case Study"

BPD Differential Diagnosis: PTSD

Borderline PD	PTSD
• Absence of hypervigilence, flashbacks, abandonment fears • Dissociative sx with ANY stressor • B & W Thinking • Anger/Rage	• Hypervigilence, flashbacks • Dissociative sx directly related to specific trauma • No B & W thinking • Primary affect is one of anxiety/fear

BPD Differential Diagnosis: Bipolar Disorder

Borderline PD	Bipolar Disorder
• "Mood swings" environmentally cued	• "Mood swings" biologically cued
• Swing short in length, unstable	• Swing usually longer, more stable
• Black & White thinking	• No B & W thinking
• Anger/Rage	• No Inherent anger

Borderline PD

Other Personality Disorder Rule Outs

BPD Differential Diagnosis: HPD

Borderline PD	Histrionic PD
• Intense drama • Claim to hate intensity of drama • "Upset" is often rage and hurts self and occasionally others	• Soap opera, but less intense • Enjoy drama • "Upset" is usually tears

BPD Differential Diagnosis: NPD

Borderline PD	Narcissistic PD
• "Selfishness" is genuinely needy • Idealize/Devalue others/Self • Openly express their needs or perceived needs	• "Selfishness" w/o dependency aspect • Idealize Self/Devalue others • Do have a need for admiration, but express it more subtly

BPD Differential Diagnosis: DPD

Borderline PD	Dependent PD
• Reaction to being left is Rage (and impulsive behavior) • Idealize and devalue others, self • Unstable relationships	• Reaction to being left is Anxiety (and devastation) • Idealize others, devalue self • Relatively stable relationships

Session 1 Questions???