

Personality Disorders

Emil F. Coccaro, M.D.

E.C. Manning Professor and Chairman,

Department of Psychiatry & Behavioral Neuroscience

The University of Chicago

What is Personality?

Personality is Composed of Two Factors:

Temperament: Tendency to behave in a certain way.

(Biogenetic)

Character: How we view the world and view ourselves in the world.

(Developmental)

What is Personality?

How is Personality Measured?

Questionnaires:

MMPI, EPQ, MPQ, TCI, NEO et al.

Interviews:

SCID-II, SIDP-IV, et al.

What is Personality?

Temperament: Neuroticism, Extraversion, etc.

Character: Agreeableness, Conscientiousness, etc.

What is a Personality Disorder?

Simply put.....

Extreme Personality Traits that repeatedly get the individual in significant difficulty in personal, social, or work related situations.

Extreme Personality Traits?

Proposed Clinical Dimensions:

Schizotypy

Impulsive Aggression

Affective Instability

Anxious Traits

Extreme Personality Traits?

***There are Biological Findings
for Some PD Traits***

Extreme Personality Traits?

Schizotypy:

**Impaired Smooth Pursuit Eye
Movement → Negative Sx**

**HVA (CSF/Plasma) → Positive
Symptoms**

Extreme Personality Traits?

Schizotypy:

**Negative Sx Respond to DA
Agonists**

**Positive Sx Respond to DA
Antagonists**

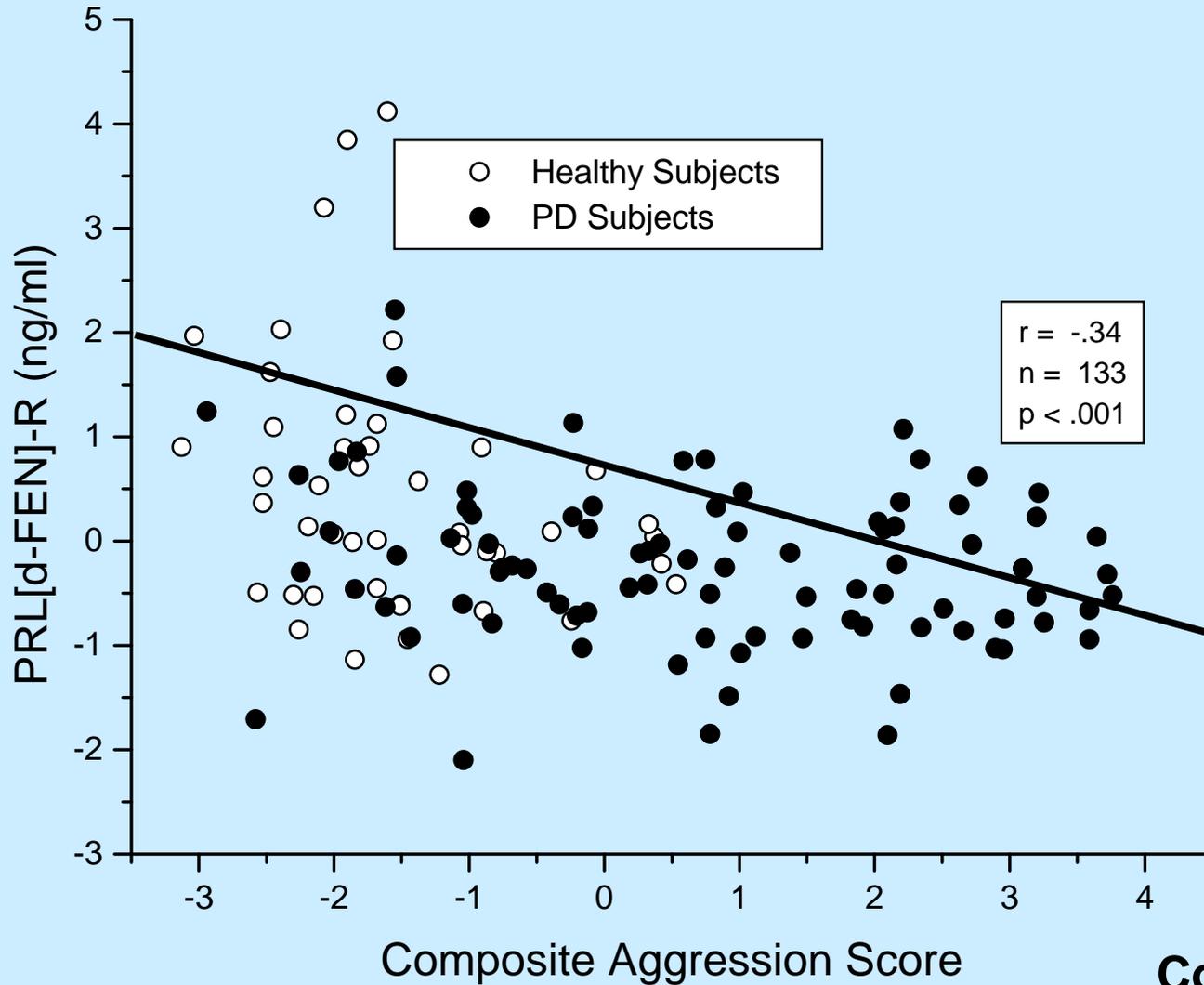
Extreme Personality Traits?

Impulsive Aggression:

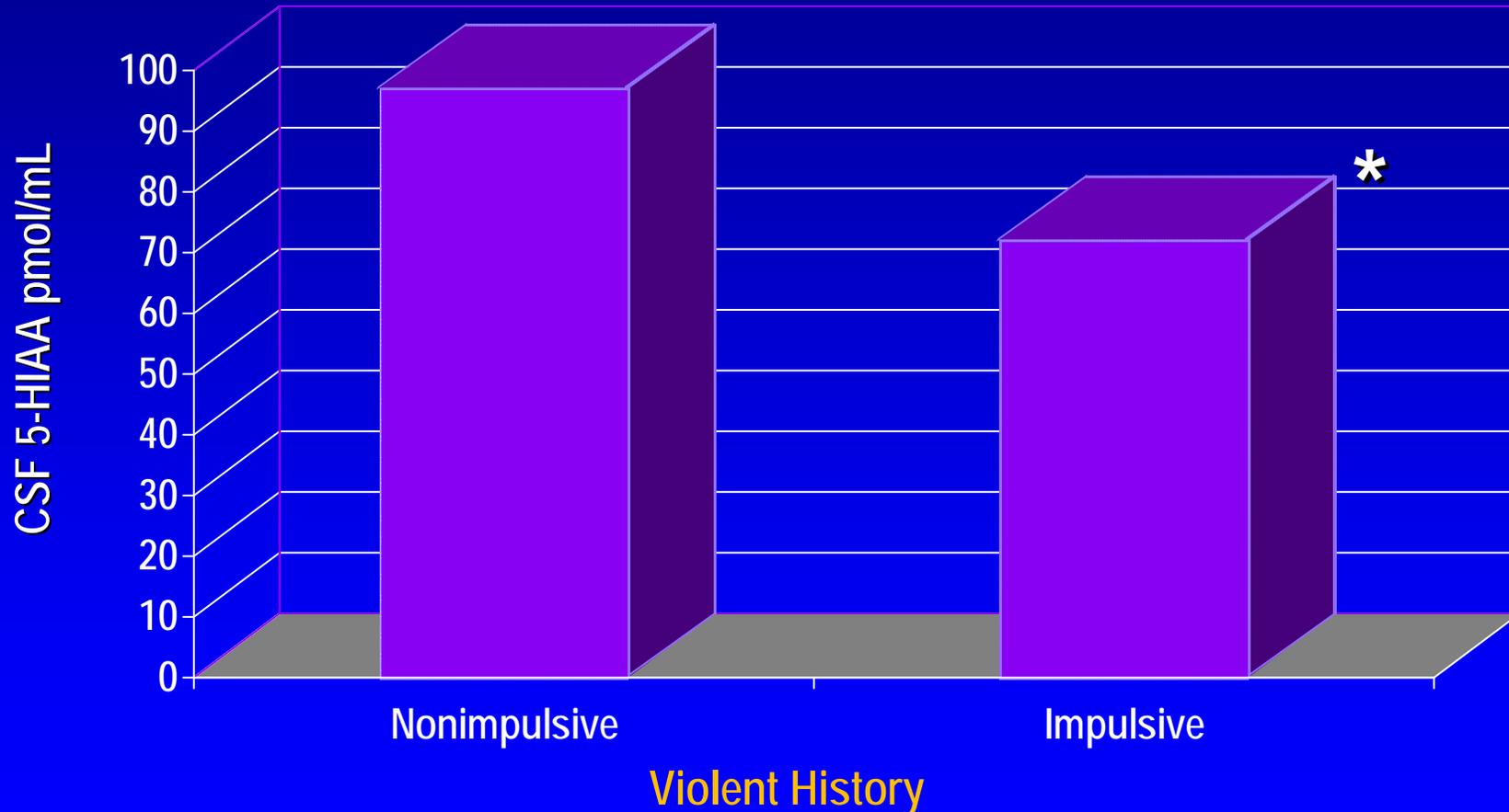
**Inverse Correlation with 5-HT
Measures**

Responds to 5-HT Agents

5-HT Function Correlates with Aggression

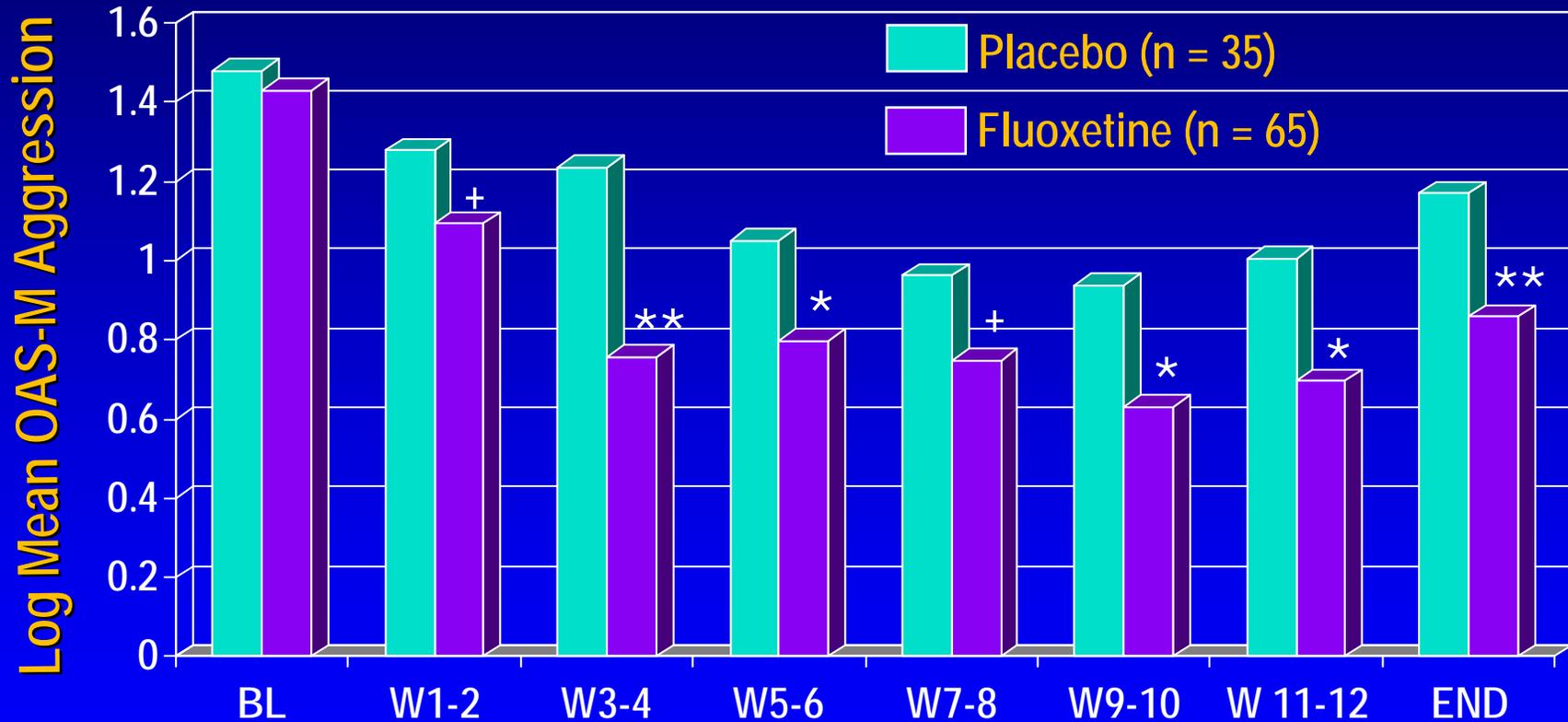


CSF 5-HIAA: History of Impulsive vs Non-Impulsive Violence in Violent Offenders



Linnoila et al, 1983

FLUOX vs. PLA in Aggressive PD Subjects: OAS-M Aggression Scores



+ p < .10; * p < .05, **, p < .01

Coccaro, et al. 2009

Extreme Personality Traits?

Affective Instability:

**May be associated with
Cholinergic Hypersensitivity**

Extreme Personality Traits?

Anxious Traits →

5-HT Dysfunction?

General Diagnostic Criteria for Personality Disorder

- A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of individual's culture. This pattern is manifested in two (or more) of the following areas:**
- 1) Cognition (i.e., ways of perceiving and interpreting self, other people, and events)**
 - 2) Affectivity (i.e., the range, intensity, liability, and appropriateness of emotional response)**
 - 3) Interpersonal functioning**
 - 4) Impulse control**

General Diagnostic Criteria for Personality Disorder (Cont.)

- B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.**

- C. The enduring pattern leads to clinically significant distress or impairment in social occupational, or other important areas of functioning.**

- D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.**

- E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.**

- F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).**

Personality Disorders: Facts and Statistics

- ◆ **Prevalence of Personality Disorders**
 - About 10% of the general population
 - Rates are higher in inpatient and outpatient settings
- ◆ **Origins and Course of Personality Disorders**
 - Begin in childhood
 - Run a chronic course
 - Comorbidity rates are high

DSM-IV Personality Disorder Clusters

Odd Cluster

Dramatic Cluster

Anxious Cluster

Specific DSM-IV Personality Disorders

Odd Cluster

A. Paranoid

B. Schizotypal

C. Schizoid

Specific DSM-IV Personality Disorders

Dramatic Cluster

- A. Borderline**
- B. Narcissistic**
- C. Antisocial**
- D. Histrionic**

Specific DSM-IV Personality Disorders

Anxious Cluster

A. Avoidant

B. Obsessive-Compulsive

C. Dependent

Specific DSM-IV Personality Disorders

Odd Cluster

A. Paranoid

B. Schizotypal

C. Schizoid

Odd Cluster Personality Disorders

Paranoid: Is characterized by a pervasive tendency to be inappropriately suspicious of other people's motives and behaviors.

Diagnostic Criteria (301.0) for Paranoid Personality Disorder

- A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:**
- 1) Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her**
 - 2) Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates**
 - 3) Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her**
 - 4) Reads hidden demeaning or threatening meanings into benign remarks or events**
 - 5) Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights**
 - 6) Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack**
 - 7) Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner**
- B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder with Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition.**

Mnemonic for Paranoid PD (4/7)

- ◆ S - Spouse infidelity suspected
- ◆ U - Unforgiving (bears grudges)
- ◆ S - Suspicious (of others)
- ◆ P - Perceives attacks (and reacts quickly)
- ◆ E - Enemy in everyone; suspects friends, etc.
- ◆ C - Confiding in others feared
- ◆ T - Threats seen in very benign events



Paranoid PD Description

- **SELF-VIEW:**
 - Vulnerable
- **VIEW OF OTHERS:**
 - Adversaries
- **BELIEFS:**
 - Core beliefs: The world is threatening; I must protect myself
 - I can only rely on myself, no one else
- **THREAT:**
 - EVERYONE!!!!!!
- **STRATEGY:**
 - Don't trust anyone, social isolation
- **AFFECT:**
 - Hostile, anxious, dysphoric

Paranoid PD

◆ Associated Features:

- During high stress transient psychotic symptoms may occur (Do not warrant additional diagnosis)
- Predispose to Delusional Disorder and Schizophrenia, Paranoid Type
- Substance Abuse, Depression common

Odd Cluster Personality Disorders

Schizotypal: A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

Diagnostic Criteria (301.22) for Schizotypal Personality Disorder

- A.** A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
- 1) Ideas of reference (excluding delusions of reference)**
 - 2) 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)**
 - 3) Unusual perceptual experiences, including bodily illusions**
 - 4) Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)**
 - 5) Suspiciousness or paranoid ideation**
 - 6) Inappropriate or constricted affect**
 - 7) Behavior or appearance that is odd, eccentric, or peculiar**
 - 8) Lack of close friends or confidants other than first-degree relatives**
 - 9) Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self**
- B.** Does not occur exclusively during the course of Schizophrenia, a mood Disorder with Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder.

Mnemonic for Schizotypal PD (5/9)

- ◆ M - magical thinking
- ◆ E - eccentric behavior or appearance

- ◆ P - paranoid ideation
- ◆ E - experiences unusual perceptions
- ◆ C - constricted (or inappropriate) affect
- ◆ U - unusual thinking & speech
- ◆ L - lacks friends
- ◆ I - ideas of reference
- ◆ A - anxiety (socially)
- ◆ (R) - rule out psychosis & PDD



Schizotypal PD Description

- **SELF-VIEW:**
 - Outsider, defective
- **VIEW OF OTHERS:**
 - Strange, scary, yet desire for social contact
- **BELIEFS:**
 - Core beliefs: “I do not fit in”, “I must protect myself from threats”
 - There are reasons for everything. Things don't happen by chance
- **THREAT:**
 - World (don't understand)
- **STRATEGY:**
 - Social isolation
 - Retreat into odd/ referential ideas
- **AFFECT:**
 - Anxiety, Depression

Schizotypal PD

◆ **Associated Features:**

- **Interpersonal relatedness impaired w/rare reciprocation of the expressions or gestures of others**
- **Few close friends**
- **Features of Borderline Personality are often present and may justify both diagnoses**
- **History of MDD common (> 50%)**

Odd Cluster Personality Disorders

Schizoid: A pattern of detachment from social relationships and a restricted range of affect.

Diagnostic Criteria (301.20) for Schizoid Personality Disorder

- A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:**
- 1) Neither desires nor enjoys close relationships, including being part of a family**
 - 2) Almost always chooses solitary activities**
 - 3) Has little, if any, interest in having sexual experiences with another person**
 - 4) Takes pleasure in few, if any, activities**
 - 5) Lacks close friends or confidants other than first-degree relatives**
 - 6) Appears indifferent to the praise or criticism of others**
 - 7) Shows emotional coldness, detachment, or flattened affectivity**
- B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder with Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder and is not due to the direct physiological effects of a general medical condition.**

Mnemonic for Schizoid PD (4/7)

- ◆ **D** - Detached affect
- ◆ **I** - Indifferent to praise or criticism
- ◆ **S** - Sexually uninterested
- ◆ **T** - Tasks done solitarily
- ◆ **A** - Absence of close friends
- ◆ **N** - Neither desire nor enjoys close relationships
- ◆ **T** - Takes pleasure in few activities



Schizoid PD Description

- **SELF-VIEW:**
 - Different, Empty
- **VIEW OF OTHERS:**
 - More trouble than worth, impediment to freedom
- **BELIEFS:**
 - Core beliefs are "Relationships are problematic ," "Life is less complicated without other people ”
 - I need plenty of space
- **THREAT:**
 - Compliance, complications
- **STRATEGY:**
 - Isolation
- **AFFECT:**
 - Flat (not to be confused with depressed)

Specific DSM-IV Personality Disorders

Dramatic Cluster

- A. Borderline**
- B. Narcissistic**
- C. Antisocial**
- D. Histrionic**

Dramatic Personality Disorders

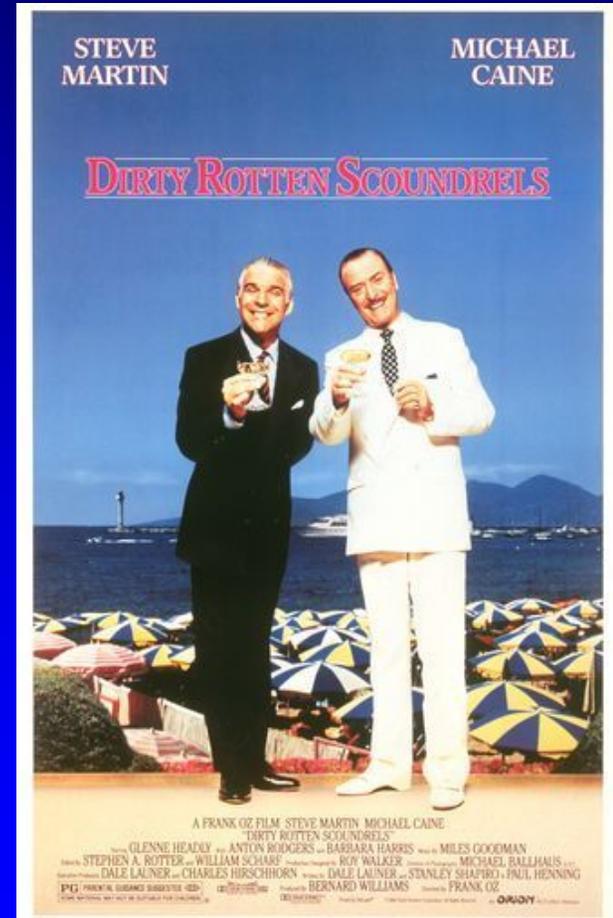
Antisocial: A pattern of disregard for, and violation of, the rights of others.

Diagnostic Criteria (301.7) for Antisocial Personality Disorder

- A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (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**
 - 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 and aggressiveness, as indicated by repeated physical fights or assaults**
 - 5) Reckless disregard for safety of self or others**
 - 6) Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations**
 - 7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another**
- B. The individual is at least age 18 years.**
- C. There is evidence of Conduct Disorder with onset before age 15 years.**
- D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.**

Mnemonic for Antisocial PD (3/7)

- ◆ C - Cannot follow law
- ◆ O - Obligations ignored
- ◆ R - Remorselessness
- ◆ R - Reckless disregard for safety
- ◆ U - Underhanded (deceitful)
- ◆ P - Planning deficit (impulsive)
- ◆ T - Temper (irritable, aggressive)
- ◆ + Childhood conduct disorder



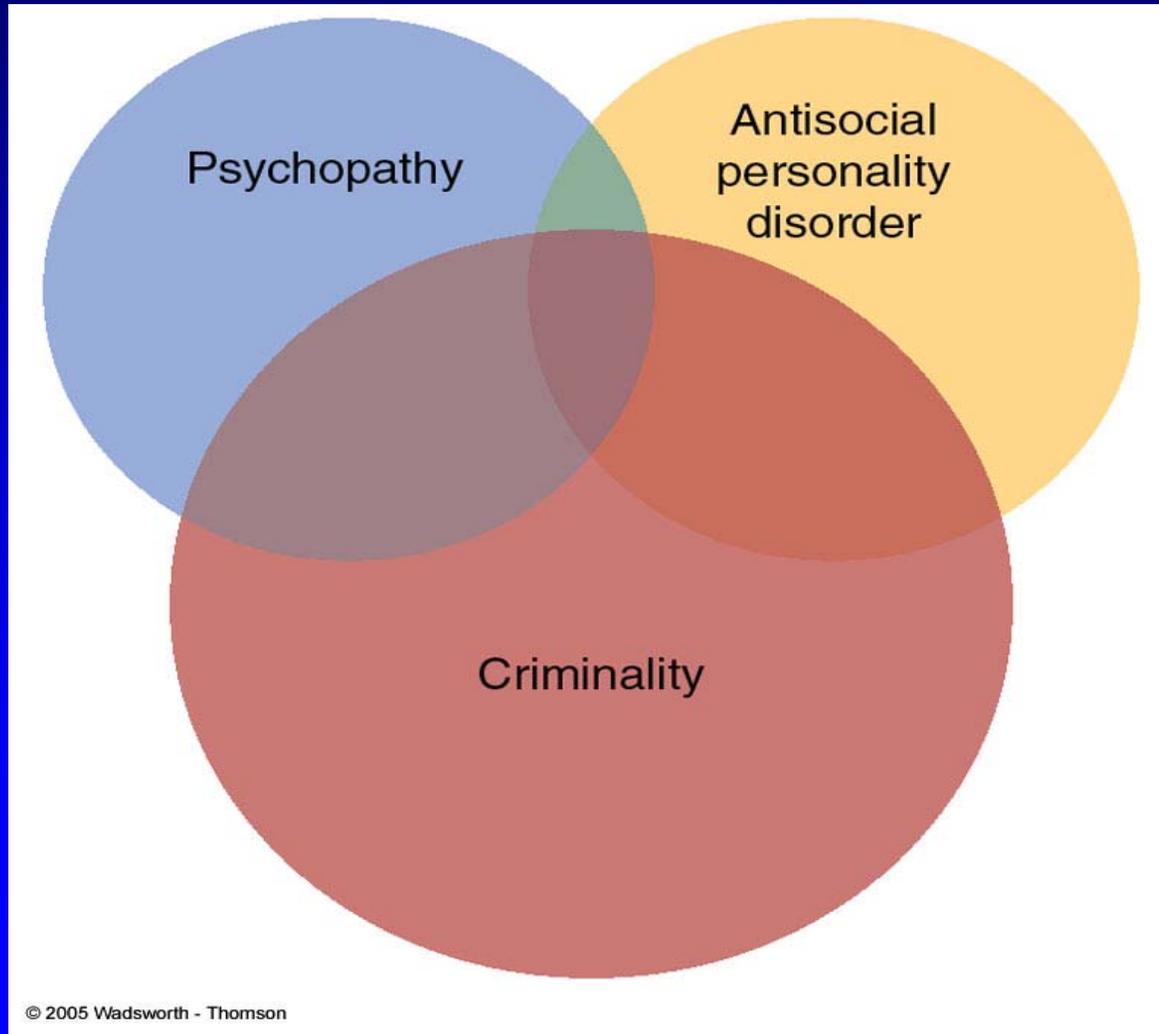
Antisocial PD Description

- **SELF-VIEW:**
 - Superior, unconcerned
- **VIEW OF OTHERS:**
 - Suckers, inferior, means to an end
- **BELIEFS:**
 - Core beliefs are “People are there to be taken,” “If I want something, I should do whatever is necessary to get it ”
 - If people can't take care of themselves, that's their problem
 - I can get away with things so I don't need to worry about bad consequences
- **THREAT:**
 - ???
- **STRATEGY:**
 - Take what you want.
- **AFFECT:**
 - Irritability, anger when blocked from goals.

Antisocial PD

- ◆ **Associated Features:**
 - **Diminishes in midlife**
 - **Substance abuse and early sex experiences**
 - **High levels of criminality**

Overlap Between AsPD, Psychopathy, & Criminality



Dramatic Personality Disorders

Borderline: A pattern of instability in, self-image, interpersonal relationships, and affect, and marked impulsivity.

Diagnostic Criteria (301.83) for Borderline Personality Disorder

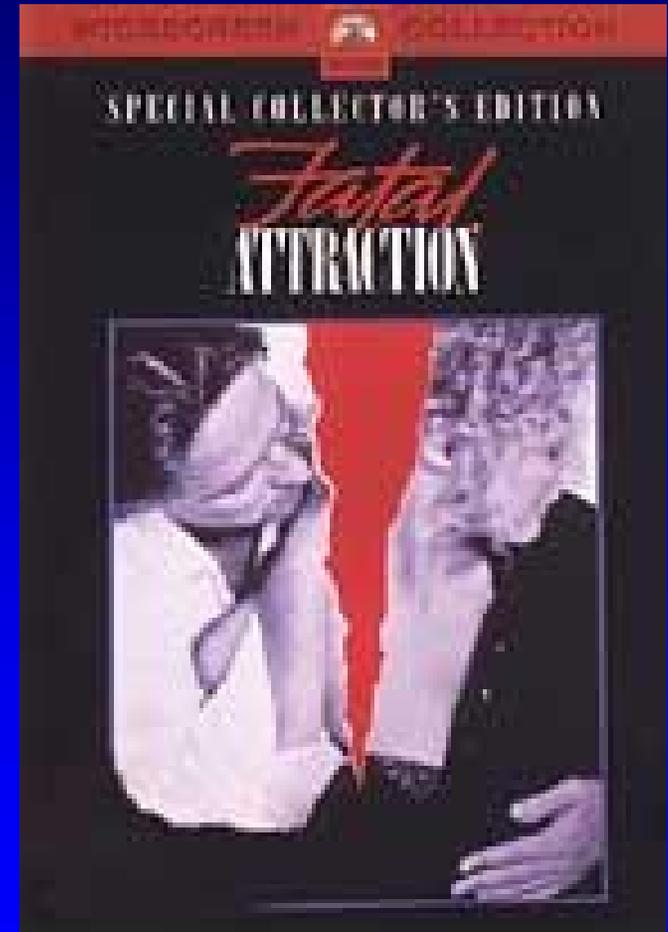
A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- 1) Frantic efforts to avoid real or imagined abandonment (do not include suicidal or self-mutilating behavior covered in Criterion 5).
- 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
- 4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating; do not include suicidal or self-mutilating behavior covered in Criterion 5).
- 5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- 6) Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- 7) Chronic feelings of emptiness
- 8) Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- 9) Transient, stress-related paranoid ideation or severe dissociative symptoms

Mnemonic for Borderline PD (5/9)

- ◆ **A** - Abandonment fears
- ◆ **M** - Mood instability

- ◆ **S** - Suicidal / self-injurious behavior
- ◆ **U** - Unstable, intense relationships
- ◆ **I** - Impulsivity
- ◆ **C** - Control of anger poor
- ◆ **I** - Identity disturbance
- ◆ **D** - Dissociative / paranoid symptoms
- ◆ **E** - Emptiness



Borderline PD Description

- **SELF-VIEW:**
 - Unstable and fragmented, helpless, victims
- **VIEW OF OTHERS:**
 - The cause of and answer to all life's problems
- **BELIEFS:**
 - "I am unlovable," "No one is ever there to meet my needs, etc."
 - I can't cope on my own. I need someone to rely on
- **THREAT:**
 - Abandonment
- **STRATEGY:**
 - Demand love, test love
- **AFFECT:**
 - Anger, Depression, Anxiety

Borderline PD

◆ Associated Features:

- Up to 10% of persons with BPD eventually die by their own hand**
- High co-morbidity with Mood Disorders**
- Marked mood shifts, unpredictable**
- Undermining one's own success**
- some symptoms may improve by midlife**
- Over 50% report childhood maltreatment**

Dramatic Personality Disorders

Histrionic: A pattern of excessive emotionality and attention seeking.

Diagnostic Criteria (301.50) for Histrionic Personality Disorder

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- 1) Is uncomfortable in 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 expression of emotions**
- 4) Consistently uses physical appearances to draw attention to self**
- 5) Has a style of speech that is excessively impressionistic and lacking in detail**
- 6) Shows self-dramatization, theatricality, and exaggerated expression of emotion**
- 7) Is suggestible, i.e., easily influenced by others or circumstances**
- 8) Considers relationships to be more intimate than they actually are**

Mnemonic for Histrionic PD (5/8)

- ◆ P - provocative (or seductive) behavior
- ◆ R - relationships considered more intimate than they are
- ◆ A - attention, must be at center of
- ◆ I - influenced easily
- ◆ S - speech (style) - impressionistic, lacks detail
- ◆ E - emotional lability, shallowness

- ◆ M - made-up (physical appearance get attention)
- ◆ E - exaggerated emotions (theatrical)



Histrionic PD Description

- **SELF-VIEW:**
 - ???
- **VIEW OF OTHERS:**
 - Objects to be won over
- **BELIEFS:**
 - Core beliefs are “In order to be happy I need other people to pay attention to me.” “Unless I entertain or impress people, I am nothing.”
 - It is awful for people to ignore me
- **THREAT:**
 - Being ignored, forgotten
- **STRATEGY:**
 - Entertain, draw attention to self
- **AFFECT:**
 - Anxiety, depression when ignored

Histrionic PD

◆ Associated Features:

- Attempts to control other persons while establishing dependent relationship
- Often overly trusting
- Comorbidity with somatization

Dramatic Personality Disorders

Narcissistic: A pattern of grandiosity, need for admiration, and lack of empathy.

Diagnostic Criteria (301.81) for Narcissistic Personality Disorder

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 (or more) of the following:

- 1) Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- 2) Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- 3) 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)
- 4) Requires excessive admiration
- 5) Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
- 6) Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- 7) Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
- 8) Is often envious of others or believes that others are envious of him or her
- 9) Shows arrogant, haughty behaviors or attitudes

Mnemonic for Narcissistic PD (5/9)

- ◆ **S** - Special (believes they are special)
- ◆ **P** - Preoccupied with fantasies of success, etc
- ◆ **E³** - Envious (of others), Entitled, Excessive admiration
- ◆ **C** - Conceited
- ◆ **I** - Interpersonally Exploitive
- ◆ **A** - Arrogant
- ◆ **L** - Lacks Empathy



Narcissistic PD Description

- **SELF-VIEW:**
 - Superior, special
- **VIEW OF OTHERS:**
 - “less equal”, servants, threat
- **BELIEFS:**
 - Core beliefs: “I am special and other people should recognize how special I am,” “No one's needs should interfere with my own ”
 - “It's intolerable if I'm not accorded my due respect or don't get what I'm entitled to”
- **THREAT:**
 - Being average (narcissistic facade?)
- **STRATEGY:**
 - Demand special treatment, begrudge others
- **AFFECT:**
 - Anger

Narcissistic PD

- ◆ **Associated Features:**
 - **May attain significant achievement, but they rarely accept them as “enough” or derive pleasure from them**
 - **Self-esteem, outwardly high, is actually quite fragile with a need for constant attention and admiration**
 - **Other PD are often common**
 - **Adjustment Disorders are common**

Specific DSM-IV Personality Disorders

Anxious Cluster

A. Avoidant

B. Obsessive-Compulsive

C. Dependent

Anxious Cluster Personality Disorders

Avoidant: A pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

Diagnostic Criteria (301.82) for Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- 1) Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection**
- 2) Is unwilling to get involved with people unless certain of being liked**
- 3) Shows restraint within intimate relationships because of the fear of being shamed or ridiculed**
- 4) Is preoccupied with being criticized or rejected in social situations**
- 5) Is inhibited in new interpersonal situations because of feelings of inadequacy**
- 6) Views self as socially inept, personally unappealing, or inferior to others**
- 7) Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing**

APD Mnemonic (4/7)

- ◆ **A** - **Avoids occupational activities**
- ◆ **V** - **Views self as socially inept**
- ◆ **O** - **Occupied with being criticized or rejected**
- ◆ **I** - **Inhibited in new interpersonal situations**
- ◆ **D** - **Declines to get involved with people**
- ◆ **E** - **Embarrassed by engaging in new activities**
- ◆ **R** - **Refrains from intimate relationships**



Avoidant PD Description

- **SELF-VIEW:**
 - Socially inept and incompetent in academic and/or work situations
- **VIEW OF OTHERS:**
 - Potentially critical, uninterested, and demeaning
- **BELIEFS:**
 - Core beliefs: I am no good...worthless...unlovable. I cannot tolerate unpleasant feelings
 - If people got close, they would discover the 'real me' and reject me-- that would be intolerable . It is best to stay clear of risky involvement
- **THREAT:**
 - Rejection, demeaned, humiliation, “found out”
- **STRATEGY:**
 - Avoid, Avoid, Avoid
- **AFFECT:**
 - Dysphoria – anxiety and sadness

Avoidant PD

- ◆ **Associated Features:**
 - **Phobias**
 - **Depression**
 - **Anxiety**

Anxious Personality Disorders

Obsessive-Compulsive: A pattern of preoccupation with orderliness, perfectionism, and control.

Diagnostic Criteria (301.4) for Obsessive-Compulsive Personality Disorder

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- 1) Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- 2) Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his/her own overly strict standards are not met)
- 3) Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
- 4) Is over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
- 5) Is unable to discard worn-out or worthless objects even when they have no sentimental value
- 6) Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- 7) Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
- 8) Shows rigidity and stubbornness

OCPD Mnemonic (4/8)

- ◆ **L** - Loses point of activity (preoccupation with detail)
- ◆ **A** - Ability to complete tasks compromised (perfectionism)
- ◆ **W** - Worthless objects (unable to discard)

- ◆ **F** - Friendships excluded (preoccupation with work)
- ◆ **I** - Inflexible, overconscientious
- ◆ **R** - Reluctant to delegate
- ◆ **M** - Miserly (toward self and others)
- ◆ **S** - Stubbornness (and rigidity)



Obsessive Compulsive PD Description

- **SELF-VIEW:**
 - Responsible for themselves and others . Often core image of selves as inept / helpless
- **VIEW OF OTHERS:**
 - Too casual, often irresponsible, self-indulgent, or incompetent
- **BELIEFS:**
 - Core beliefs are "I could be overwhelmed," "I am basically disorganized or disoriented"
 - If I don't have systems, everything will fall apart
 - If I fail in this, I am a failure as a person
- **THREAT:**
 - Flaws, mistakes, disorganization, or imperfections –loss of control
- **STRATEGY:**
 - Be perfect, control everything.
- **AFFECT:**
 - Anxiety, irritability – and depression when “failure” occurs

Obsessive-Compulsive PD

- ◆ **Associated Features and Disorders:**
 - **Difficulty expressing tender feelings**
 - **Depression**
 - **Type A -increased incidence of myocardial infarction**

Anxious Cluster Personality Disorders

Dependent: A pattern of submissive and clinging behavior related to an excessive need to be taken care of.

Diagnostic Criteria (301.6) for Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- 1) Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- 2) Needs others to assume responsibility for most major areas of his or her life
- 3) Has difficulty expressing disagreement with others because of fear of loss of support or approval. NOTE: Do not include realistic fears of retribution.
- 4) Has difficulty initiating project or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- 5) Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- 6) Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care of himself or herself
- 7) Urgently seeks another relationship as a source of care and support when a close relationship ends
- 8) Is unrealistically preoccupied with fears of being left to take care of himself or herself

Dependent PD Mnemonic (5/8)

- ◆ D - Difficulty making everyday decisions
- ◆ E - Excessive lengths to obtain nurturance and support from others
- ◆ P - Preoccupied with fears of being left to take care of self
- ◆ E - Exaggerated fear of caring for self = uncomfortable if alone
- ◆ N - Needs others to assume responsibility for his or her life
- ◆ D - Difficulty expressing disagreement with others
- ◆ E - End of a close relationship = beginning of another relationship
- ◆ N - Noticeable difficulties in initiating / doing things their own
- ◆ (T) - “Take care of me” is his or her motto



Dependent PD Description

- **SELF-VIEW:**
 - Needy, weak, helpless and incompetent
- **VIEW OF OTHERS:**
 - Caretakers, protectors, super-competent
- **BELIEFS:**
 - Core beliefs: I am helpless, I am all alone in the world
 - I need other people--specifically, a strong person--in order to survive
 - If I am not loved I cannot be happy
- **THREAT:**
 - Rejection, abandonment
- **STRATEGY:**
 - Cultivate relationship, subjugate own needs for “security”
- **AFFECT:**
 - Anxiety (relations strained), Depression (relation over), Euphoria (relations good)

Why it is Important to Assess for Personality Disorders

- ◆ **Consequences of under-diagnosis**
- ◆ **Consequences of over-diagnosis**

Consequences of Under-Diagnosis

- ◆ **Prevalence of PD = 10% ± 2%**
- ◆ **PD Associated with**
 - **Increased suicide risk**
 - **Increased violence/criminality risk**
 - **Increased social /occupational difficulties**
 - **Poorer response to treatment for Axis I disorders**

Consequences of Over-Diagnosis

- ◆ **STIGMA, STIGMA, STIGMA**
 - **Permanent Record**
 - **Influences future diagnoses**
 - **Influences how mental health provider interacts with patient**