

When Personality Traits Become Problems: Signs Symptoms & Interventions That Help

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You may be tempted during this presentation to.....

- ▶ Diagnose yourself
- ▶ Diagnose someone you know
- ▶ Diagnose your partner/spouse
- ▶ Look up your symptoms on google
- ▶ Think of a family member
- ▶ Think of the In Laws?

DEEP BREATH..... FIRST....

- ▶ Always consult a professional provider
 - ▶ Therapist: LPC, LMFT, LCSW
 - ▶ Psychologist: PhD
 - ▶ Psychiatrist: MD
 - ▶ This list is not exhaustive....
- ▶ Try to reserve judgement
- ▶ We all have a degree of some of these traits

What is a Personality Disorder?

- ▶ **Axis II disorders (no longer applicable in the DSM V)**
- ▶ **DSM V Definition:** “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.”

The Perfect Narcissist?



Personality Disorders do occur with other Symptoms

- ▶ Panic attacks
- ▶ Depression
- ▶ Phobic fears
- ▶ Substance use disorder or abuse
- ▶ Social Anxiety
- ▶ Agoraphobia - fear of public places, perceiving such environments as too open, crowded or dangerous
- ▶ Trauma symptoms - dissociation, flashbacks, paranoid fears of others

What is Not Personality Disorder?

These must be ruled out as a *primary cause*

- ▶ Major Depression
- ▶ Dysthymia
- ▶ Post Partum Depression
- ▶ Seasonal Mood Disorder
- ▶ Bipolar Disorder
- ▶ Substance Induced Personality change
- ▶ Substance Induced Mood Disorder
- ▶ Personality Change or Mood Disorder due to Medical Condition
 - ▶ (e.g., endocrine system, diabetes mellitus, hormonal change, neurologic/brain damage)
- ▶ Dementia (e.g., Alzheimer's, Vascular, Parkinson's, etc).
 - ▶ Can cause personality/mood changes
- ▶ Generalized Anxiety Disorder
- ▶ Social Anxiety Disorder
- ▶ Posttraumatic Stress Disorder
 - ▶ Can be partial cause of certain PDs (e.g., Borderline, Avoidant, Histrionic Disorders)
- ▶ Pervasive Developmental Disorders
 - ▶ (e.g., Autism Spectrum Disorders)

Every Family's Got One...



Personality Disorders

- ▶ How do you know if someone has an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture?” Start by assessing the following aspects of their life/behavior...
 - ▶ Cognition-the way they perceive and interpret, themselves, others, and events
 - ▶ Affectivity-range, intensity, lability, and appropriateness of emotional responses
 - ▶ Interpersonal functioning
 - ▶ Impulse control

Personality Disorders

- ▶ Cluster A-odd or eccentric
 - ▶ Paranoid PD
 - ▶ Schizoid PD
 - ▶ Schizotypal PD
- ▶ Cluster B-dramatic, emotional, erratic
 - ▶ Antisocial PD
 - ▶ Borderline PD
 - ▶ Histrionic PD
 - ▶ Narcissistic PD
- ▶ Cluster C- anxious and fearful
 - ▶ Avoidant PD
 - ▶ Dependent PD
 - ▶ Obsessive-Compulsive PD

Cluster A

Odd or Eccentric
Personality
Disorders



Personality Disorders-Cluster A

Paranoid Personality Disorder

- ▶ Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent (as indicated by 4 or more of the following).
 - ▶ Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
 - ▶ Preoccupied with unjustified doubts about loyalty of friends or associates
 - ▶ Reluctant to confide in others because of fear of malicious intent of others
 - ▶ Reads threatening meanings into benign remarks
 - ▶ Holds grudges
 - ▶ Frequently perceives attacks on their character
 - ▶ Recurrently suspicious of spouses fidelity

Personality Disorders-Cluster A

Schizoid Personality Disorder

- ▶ Pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings (as indicated by 4 or more of the following).
 - ▶ Neither desires or enjoys close relationships
 - ▶ Almost always chooses solitary activities
 - ▶ Little, if any, interest in sexual experiences with another person
 - ▶ Takes pleasure in few activities
 - ▶ Lacks close friends other than first-degree relatives
 - ▶ Appears indifferent to praise or criticism
 - ▶ Shows emotional coldness, detachment, or flattened affectivity

Personality Disorders-Cluster A

Schizotypal Personality Disorder

- ▶ 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 (as indicated by 5 or more of the following).
 - ▶ Ideas of reference
 - ▶ Odd beliefs or magical thinking
 - ▶ Unusual perceptual experiences
 - ▶ Odd thinking and speech
 - ▶ Suspiciousness or paranoid ideation
 - ▶ Inappropriate or constricted affect
 - ▶ Behavior or appearance that is odd, eccentric, or peculiar
 - ▶ Lack of close friends other than first-degree relatives
 - ▶ Excessive social anxiety

Cluster B

Dramatic Personality Disorders



Personality Disorders-Cluster B

Histrionic Personality Disorder

- ▶ Pervasive pattern of excessive emotionality and attention seeking as indicated by 5 or more of the following.
 - ▶ Uncomfortable in situations in which they are not the center of attention
 - ▶ Interaction with others often characterized by inappropriate sexual or provocative behavior
 - ▶ Displays rapidly shifting and shallow expression of emotions
 - ▶ Consistently uses physical appearance to draw attention to self
 - ▶ Style of speech that is excessively impressionistic and lacking in detail
 - ▶ Dramatic, exaggerated expression of emotion
 - ▶ Easily influenced by others
 - ▶ Considers relationships to be more intimate than they actually are

Personality Disorders-Cluster B

Borderline Personality Disorder

- ▶ Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity as indicated by 5 or more of the following
 - ▶ Frantic efforts to avoid real or imagined abandonment
 - ▶ Pattern of unstable, intense relationships characterized by alternating between idealization and devaluation
 - ▶ Unstable self image
 - ▶ Impulsivity in at least two potentially self-damaging behaviors
 - ▶ Recurrent suicidal behavior, gestures, or threats or self-mutilating behavior
 - ▶ Transient, stress-related paranoid ideations or severe dissociative symptoms
 - ▶ Affect instability
 - ▶ Chronic feelings of emptiness
 - ▶ Inappropriate, intense anger

Personality Disorders-Cluster B

Narcissistic Personality Disorder

- ▶ Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy as indicated by 5 or more of the following.
 - ▶ Grandiose sense of self-importance
 - ▶ Preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love
 - ▶ Believes that they are special and unique and can only be understood by other special or high status people
 - ▶ Requires excessive admiration
 - ▶ Sense of entitlement
 - ▶ Takes advantage of others to achieve their own ends
 - ▶ Lacks empathy
 - ▶ Often envious of others or believes others are envious of them
 - ▶ Arrogant, haughty behaviors or attitudes

Personality Disorders-Cluster B

Antisocial Personality Disorder

- ▶ Pervasive pattern of disregard for and violation of the rights of others occurring since age 15 as indicated by three or more of the following.
 - ▶ Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
 - ▶ Deceitfulness
 - ▶ Impulsivity or failure to plan ahead
 - ▶ Irritability and aggressiveness
 - ▶ Reckless disregard for safety of self or others
 - ▶ Consistent irresponsibility
 - ▶ Lack of remorse
- ▶ Individual is at least age 18 and there is evidence of Conduct Disorder with onset before age 15

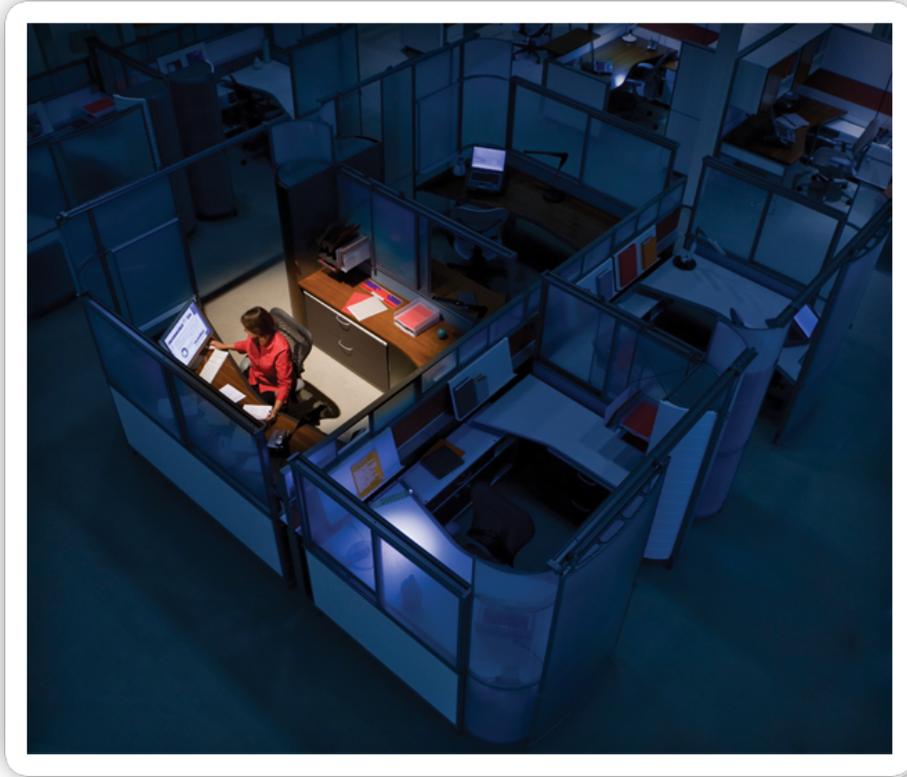


Narcissus - falling in love with himself

Narcissus - Son of a Greek God who fell in love with his own image in the water. His image could not love him back so he became so depressed he committed suicide. In one version, his body disintegrates

Fearful or Anxious Personality Disorders

Cluster
C



Personality Disorders-Cluster C

Avoidant Personality Disorder

- ▶ Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation as evidenced by 4 or more of the following.
 - ▶ Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
 - ▶ Unwilling to get involved with people unless certain of being liked
 - ▶ Shows restraint within intimate relationship because of the fear of being shamed or ridiculed
 - ▶ Preoccupied with being criticized or rejected in social situations
 - ▶ Inhibited in new interpersonal situations because of feelings of inadequacy
 - ▶ Views self as socially inept, personally unappealing, or inferior to others
 - ▶ Unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

Personality Disorders-Cluster C

Dependent Personality Disorder

- ▶ Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation as indicated by 5 or more of the following
 - ▶ Difficulty making everyday decisions without an excessive amount of advice and reassurance from others
 - ▶ Needs others to assume responsibility for most major areas of their life
 - ▶ Has difficulty expressing disagreement with others because of fear of loss of support or approval.
 - ▶ Difficulty initiating projects or doing things on their own
 - ▶ Goes to excessive lengths to obtain nurturance and support
 - ▶ Feels uncomfortable or helpless when alone
 - ▶ Urgently seeks another relationship as a source of care when a close relationship ends
 - ▶ Unrealistically preoccupied with fears of being left to take care of himself or herself

Dependent Disorders-Cluster C

Obsessive-Compulsive Personality Disorder

- ▶ Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency as indicated by 4 or more of the following.
 - ▶ Preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
 - ▶ Perfectionism that interferes with task completion
 - ▶ Excessively devoted to work and productivity to the exclusion of leisure activities and friendships
 - ▶ Over conscientious, scrupulous, and inflexible in matters of morality, ethics, or values
 - ▶ Unable to discard worn-out or worthless objects even when they have no sentimental value
 - ▶ Reluctant to delegate tasks or work with others
 - ▶ Adopts a miserly spending style
 - ▶ Shows rigidity and stubbornness

Causes of Odd or Eccentric Personality Disorders

Biological vulnerabilities/early predispositions: Genetic vulnerability (e.g., family history of schizophrenia); Neurobiological vulnerability (e.g., cognitive and perceptual deficits; dopaminergic dysfunction)

Early family problems: Adverse family environment (e.g., parental Abuse, emotional withdrawal)

Stressful life events: Family conflict, abuse, trauma

Cognitive-stress and behavioral vulnerabilities: Cognitive schemas (e.g., distrust, autonomy); Personality traits (e.g., restricted expression, suspiciousness)

Possible odd/eccentric personality disorder



Causes of Dramatic Personality Disorders



Biological vulnerabilities/early predispositions: Genetic vulnerability (e.g., family history of mood or impulsive disorders); Neurobiological vulnerability (e.g., impulsive aggression; affective instability; serotonergic or noradrenergic dysfunction)



Early family problems: Adverse family environment (e.g., child abuse, poor parental bonding, inconsistent parenting)



Stressful life events: Family conflict, abuse, trauma

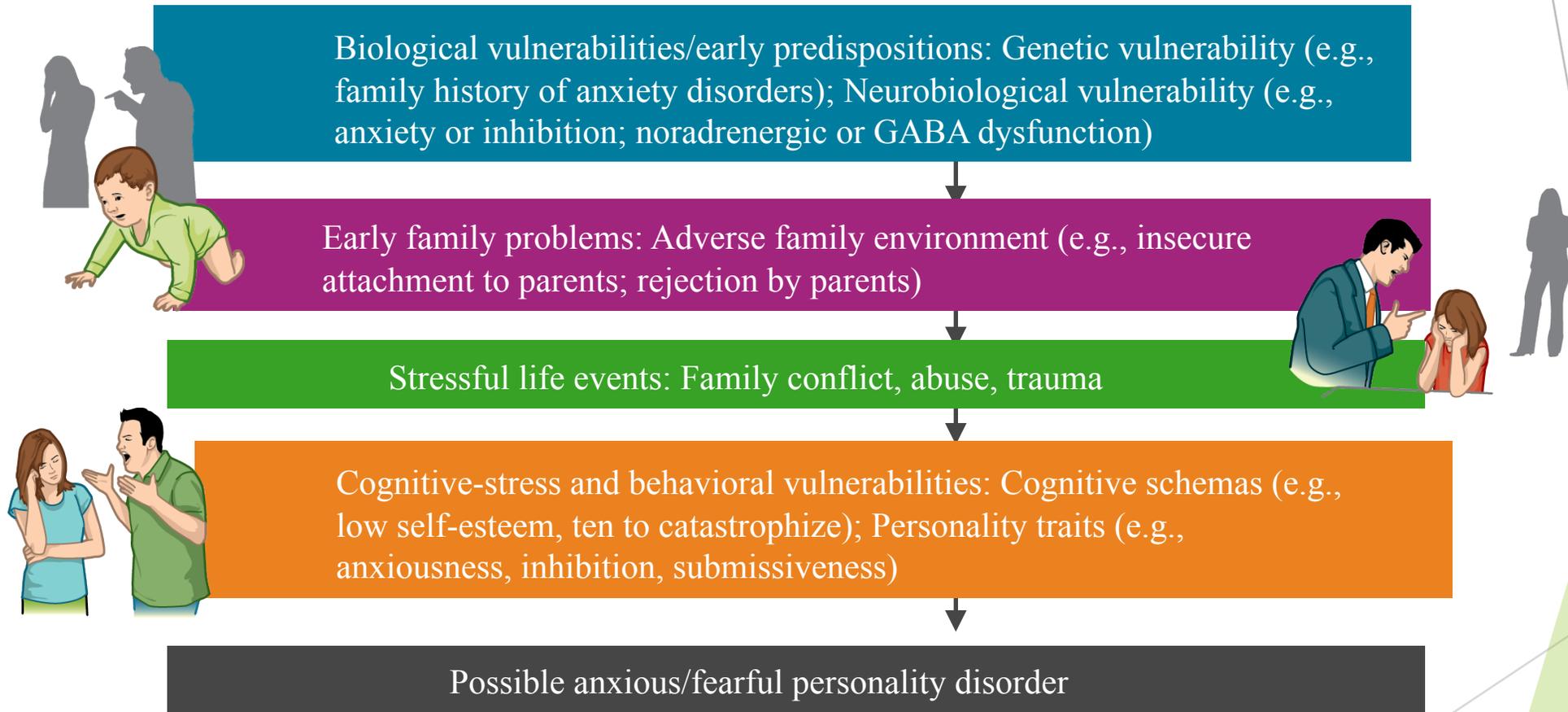


Cognitive-stress and behavioral vulnerabilities: Cognitive schemas (e.g., immediate gratification, dramatic); Personality traits (e.g., emotional dysregulation, impulsivity, callousness)



Possible dramatic personality disorder

Causes of Anxious/Fearful Personality Disorders



How Common are Personality Disorders?

▶ Paranoid

- ▶ General population: .5-2.5%
- ▶ Inpatient: 10-30%
- ▶ Outpatient mental health: 2-10%

▶ Schizoid

- ▶ Uncommon in clinical settings

▶ Schizotypal

- ▶ General population: 3%

▶ Histrionic

- ▶ General population: 2-3%
- ▶ Outpatient mental health: 10-15%

▶ Borderline

- ▶ General population: 2%
- ▶ Inpatient: 20%
- ▶ Outpatient mental health: 20%

▶ Narcissistic

- ▶ General population: 1%
- ▶ Clinical settings: 2-16%

▶ Antisocial

- ▶ Community sample: 3% men; 1% women
- ▶ Higher rates: inpatient, substance abuse treatment, prison, forensics

How Common are Personality Disorders?

▶ Avoidant

- ▶ General population: .5-1%
- ▶ Outpatient mental health: 10%

▶ Dependent

- ▶ General population: .5%
- ▶ Mental health: most frequently diagnosed PD

▶ Obsessive-Compulsive

- ▶ Community samples: 1%
- ▶ Mental health clinics: 3-10%

Now What to Do? Are Personality Disorders “Untreatable?”



What are Treatment Options/Formats

- ▶ Outpatient individual psychotherapy
- ▶ Outpatient group psychotherapy
- ▶ Intensive outpatient programs (IOP)
 - ▶ 2-4 days per week
 - ▶ Individual therapy
 - ▶ Group therapies 2-4 times per week
 - ▶ Outpatient psychiatric medication management
- ▶ Intensive workshops
- ▶ Residential
- ▶ Inpatient
- ▶ Consider the severity and level of impairment

Paranoid PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Narcissistic, Avoidant, Borderline, Schizoid PDs
 - ▶ Substance abuse
 - ▶ Major Depression
 - ▶ OCD
 - ▶ Agoraphobia
- ▶ Treatments
 - ▶ Cognitive-Behavioral Therapy (CBT)
 - ▶ Change information bias, learn communication skills
 - ▶ Restructure maladaptive beliefs
 - ▶ Rapport and trust building are crucial

Histrionic PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Other PDs - narcissistic, borderline, dependent
 - ▶ Major Depression
 - ▶ Strong overlap with antisocial traits
 - ▶ Excitement seeking, extroversion, neuroticism
 - ▶ Somatic symptom disorder; Conversion Disorder
 - ▶ Childhood trauma - may have impacted emotion regulation, social functioning, self control centers of the brain
 - ▶ Early conditional love response by the caregivers

Histrionic PD - Comorbidity and Treatment

▶ Treatments

▶ Cognitive Behavioral Therapy

- ▶ Analyzing present relationships situations
- ▶ Examine thoughts, feelings, physical sensations to work on change

▶ Dialectical Behavioral Therapy

- ▶ Distress tolerance, interpersonal effectiveness skills, Mindfulness skills, emotion regulation

▶ Functional Analytical Psychotherapy

- ▶ Identify interpersonal patterns in/out of sessions in different relational contexts

▶ Support groups or group psychotherapy

▶ Medications: antidepressants, anxiolytics

Bob Wiley?



Borderline PD - Comorbidity and Treatment

▶ Comorbid conditions

- ▶ Panic attacks
- ▶ Impulsive anger
- ▶ Self-injury - cutting, picking, burning
- ▶ Impulsivity - eating disorder behavior, gambling, substance abuse
- ▶ High risk sexual behavior
- ▶ Dissociative symptoms and paranoia - triggered by increased stress
- ▶ Shifting identity - intense changes in values, interests, or goals
- ▶ Self-sabotage - quitting school early or ending relationships impulsively
- ▶ NOT AS A RESULT OF MANIC EPISODE

Borderline PD - Treatment

- ▶ Dialectical Behavioral Therapy (DBT)
 - ▶ Core components - mindfulness and acceptance
 - ▶ Acceptance of painful emotion - tolerating distress
 - ▶ Crisis management skills have to be rehearsed
 - ▶ Emotion regulation skills training
 - ▶ Interpersonal skills training
 - ▶ Group therapy context often used
 - ▶ Recognize and reduce relationship chaos
- ▶ Treatment format may require frequent sessions
 - ▶ Intensive outpatient program
 - ▶ Psychiatric medication management
 - ▶ Antidepressants, mood stabilizers, anxiolytics; certain cases antipsychotic medication is used to treatment paranoid ideation and delusional thinking

Narcissistic PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Core components: Need for admiration and lack of empathy
 - ▶ Anxiety and depression
 - ▶ Low self-esteem and feelings of inadequacy
 - ▶ Substance abuse is common
 - ▶ Major depression
 - ▶ Bipolar Disorder
 - ▶ Poor learning from mistakes - due to no tolerance for threats to the self concept
 - ▶ Resulting in legal and disciplinary trouble
 - ▶ Employment problems, poor relationships, school problems

Narcissistic PD - Comorbidity and Treatment

▶ Treatments

- ▶ Long-term group therapy
- ▶ CBT skills training - schema focused therapy
 - ▶ Identifying and changing grandiose schemas and mood shifts
- ▶ Individual outpatient therapy - approach balancing confrontation with empathic support
- ▶ Medications: antidepressants, mood-stabilizers for comorbid disorders
- ▶ May need long-term monitoring for risk of suicide
 - ▶ Comorbid depression with impulsive nature

Antisocial PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Substance abuse
 - ▶ Other PDs
 - ▶ Legal charges; incarceration
 - ▶ “uncoupled connections” - in frontal and parietal lobes from MRI studies
 - ▶ attention, self regulation, self control, conflict resolution
 - ▶ Low arousal and impulsivity (NOT due to fear of abandonment)
 - ▶ Early disorders (leading to internalizing messages from peers/parents)
 - ▶ Oppositional Defiant Disorder
 - ▶ Reactive Attachment Disorder

Antisocial PD - Treatment

- ▶ Treatment success is difficult
 - ▶ Empathy training - research shows variable success
 - ▶ Monitoring - parole and probation
 - ▶ Cognitive Self Change (CSC - a form of CBT)
 - ▶ Some success at modifying behaviors
 - ▶ Does not necessarily change the antisocial belief system
 - ▶ Behavioral modification - through reward and consequence system
 - ▶ Schema focused therapy
 - ▶ More effective - with a history of internalizing antisocial beliefs in early life

Avoidant PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Early experience affects self-esteem
 - ▶ Isolated school experience or profession
 - ▶ Social phobia
 - ▶ Secretive behavior in relationships
 - ▶ Depression and anxiety symptoms
- ▶ Treatments
 - ▶ Individual psychotherapy - must develop trust
 - ▶ CBT - identify and challenge schemas of rejection, perceiving criticism
 - ▶ Distress tolerance - managing emotions around rejection/criticism
 - ▶ Social skills training

Dependent PD - Comorbidity and Treatment

- ▶ Comorbid conditions
 - ▶ Low social support
 - ▶ Substance abuse
 - ▶ Early strict/authoritarian parenting
 - ▶ Tolerance for abusive behavior in partner
 - ▶ Inconsistent employment/schooling
- ▶ Treatments
 - ▶ CBT treatment
 - ▶ Ongoing group therapy
 - ▶ Individual outpatient therapy
 - ▶ Schema focused therapy

Obsessive-Compulsive PD

▶ Comorbid Conditions

- ▶ Obsessive Compulsive Disorder (OCD)
 - ▶ Obsessive thoughts and related compulsive actions
- ▶ Hoarding of items
- ▶ Substance abuse
- ▶ Rule out central nervous system disorder (CNS) as cause
- ▶ Linked with anorexia nervosa and hypochondriasis (focus on medical problems)

▶ Treatments

- ▶ Long term change of the traits is difficult
- ▶ CBT skills training - identifying stress triggers and coping tools
- ▶ Psychodynamic therapy
- ▶ Social skills training
- ▶ Medications - antianxiety medications

Other Treatments for Comorbid Conditions and Relationship Factors

- ▶ Acceptance and Commitment Therapy (ACT)
- ▶ Trauma Treatment
 - ▶ Prolonged exposure therapy
 - ▶ Eye Movement Desensitization Reprocessing (EMDR)
- ▶ Communication skill building
- ▶ Couples counseling
- ▶ Family therapy
- ▶ Addiction counseling

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