



ECHO Idaho: Behavioral Health in Primary Care

Personality Disorders

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Introduce the Personality Disorders
- Discuss ways to identify a PD in clinic
- Review treatment options
- Discuss clinical interventions

Nature v. Nurture

- Personality Disorders (PDs) are thought to be caused by both genetic and environmental factors
- Childhood trauma can trigger a PD
- Close family member with PD (parent) can increase chances of developing a PD

Clinical indicators

- Clinician resistance
- Noncompliance to treatment
- Questionable motivation
- Poor insight
- Series of crises
- Patients problems are ego-syntonic; other-blaming
- Many previous failed therapeutic encounters
- Hypersensitivity/hypervigilance
- Low resilience/high vulnerability
- Significant distrust in people, institutions, etc.
- Keeps score
- “Satisfied” with treatment, but no observable change
- Significant interpersonal struggles

General Diagnostic Criteria for PD (DSM-5)

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. The pattern is manifested in two or more of the following areas:

1. Cognition
2. Affectivity
3. Interpersonal functioning
4. Impulse control

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

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 explained as a manifestation or consequence of another mental disorder

F. The enduring pattern is not the result of a substance or another medical condition

G. Diagnosis can be made before age 18 if significant traits have been present for more than a year, with the exception of Antisocial PD

Cluster A

- Eccentric cluster
- Diagnostic Criteria (DSM-5)
 - Paranoid
 - Pervasive pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent
 - Schizoid
 - Pervasive pattern of detachment from social relationships and restricted range of emotional expression
 - Schizotypal
 - Pervasive pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior

Cluster B

- Dramatic cluster
- Diagnostic Criteria (DSM-5)
 - Antisocial
 - Pervasive pattern of disregard for, and violation of, the rights of others (must be 18 years old, with a history of symptoms of conduct disorder before 15yo)
 - Borderline
 - Pervasive pattern of instability in interpersonal relationships, self-image, and affects, with marked impulsivity
 - Histrionic
 - Pervasive pattern of excessive emotionality and attention seeking
 - Narcissistic
 - Pervasive pattern of grandiosity, need for admiration, and lack of empathy

Cluster C

- Anxious cluster
- Diagnostic Criteria (DSM-5)
 - Dependent
 - Pervasive pattern of dismissive and clingy behavior related to an excessive need to be taken care of
 - Obsessive Compulsive
 - Pervasive pattern of preoccupation orderliness, perfectionism, and control
 - Avoidant
 - Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation

Parking Lot of the Personality Disordered



1. **PARANOID** - Cornered again!!
2. **NARCISSIST** - Largest car; prominent hood ornament
3. **DEPENDENT** - Needs other cars to feel sheltered
4. **PASSIVE-AGGRESSIVE** - Angles car to take 2 spaces
5. **BORDERLINE** - Rams into car of ex-lover
6. **ANTISOCIAL** - Blocks other cars
7. **HISTRIONIC** - Parks in center of lot for dramatic effect
8. **OBSESSIVE** - Perfect alignment in parking space
9. **AVOIDANT** - Hides in corner
10. **SCHIZOID** - Can't tolerate closeness to other cars
11. **SCHIZOTYPAL** - Intergalactic parking

Treatment Options

- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)
- Psychodynamic approaches
- Behavior modification approaches
- Some medication can help with symptomatic aspects of PDs

Clinical Intervention

- Rapport building is key
- Patient must have trust in you in order to accept your challenges
- Challenge yourself to see the patient in their best light and focus on strengths, while challenging them to evaluate and adjust their behaviors and beliefs
- Help patient identify that their struggles originate within themselves, and are not externally caused
- Effective boundary setting and maintenance are crucial
- Treatment is long-term and not seen to be curative, but can be helpful to improve functioning

Key Points

- PDs are enduring patterns of being that cause significant impairment across settings
- Treatment is difficult, but positive change is possible
- Treatment goal is to reshape personality characteristics, behaviors, and beliefs to improve interpersonal functioning and decrease personal distress

References

- www.behavioraltech.org
- Beck, A.T., & Freedman, A. (1990). Cognitive therapy of personality disorders. New York: Guilford.
- Lineman, Marsha. (1983). Cognitive Behavioral treatment of Borderline Personality Disorder. New York: Guilford.