

# Module 13: Personality Disorders

## Module 13 Outline

- 13.1. Clinical Presentation
- 13.2. Epidemiology
- 13.3. Comorbidity
- 13.4. Etiology
- 13.5. Treatment

## Module 13 Learning Objectives

- Describe how personality disorders present.
- Describe the epidemiology of personality disorders.
- Describe comorbidity in relation to personality disorders.
- Describe the etiology of personality disorders.
- Describe treatment options for personality disorders.

### 13.1 Clinical Presentation

#### Section 13.1 Learning Objectives

- List the defining features of personality disorders.
- Describe the three clusters of personality disorders.
- Describe how paranoid personality disorder presents.
- Describe how schizoid personality disorder presents.
- Describe how schizotypal personality disorder presents.
- Describe how antisocial personality disorder presents.
- Describe how borderline personality disorder presents.
- Describe how histrionic personality disorder presents.
- Describe how narcissistic personality disorder presents.
- Describe how avoidant personality disorder presents.
- Describe how dependent personality disorder presents.
- Describe how obsessive-compulsive personality disorder presents.

#### Section 13.1 Key Terms

Antisocial personality disorder: Characterized by the persistent pattern of disregard for, and violation of, the rights of others.

Avoidant personality disorder: Characterized by a pervasive pattern of social anxiety due to feelings of inadequacy and increased sensitivity to negative evaluations.

Borderline personality disorder: Characterized by a pervasive pattern of instability in interpersonal relationships, self-image, and affect.

Cluster A personality disorders: The odd/eccentric cluster of personality disorders.

Cluster B personality disorders: The dramatic, emotional, or erratic cluster of personality disorders.

Cluster C personality disorders: The anxious/fearful cluster of personality disorders.

Dependent personality disorder: Characterized by pervasive and excessive need to be taken care of by others.

Histrionic personality disorder: Characterized by pervasive and excessive emotionality and attention-seeking.

Ideas of reference: When a person believes that unrelated events pertain to him or her in a particular and unusual way; a prominent feature of schizotypal personality disorder.

Narcissistic personality disorder: Characterized by a pattern of grandiosity, along with a lack of empathy for others.

Obsessive-compulsive personality (OCPD): Characterized by an individual's preoccupation with orderliness, perfectionism, and ability to control situations to the degree that they lose flexibility, openness, and efficiency in everyday life.

Paranoid personality disorder: Characterized by a marked distrust or suspicion of others.

Personality disorders: Have four defining features, which include distorted thinking patterns, problematic emotional responses, over- or under-regulated impulse control, and impaired interpersonal functioning.

Schizoid personality disorder: Characterized by a persistent pattern of avoidance of social relationships, along with a limited range of emotion among social relationships.

Schizotypal personality disorder: Characterized by a range of impairment in social and interpersonal relationships due to discomfort in relationships, along with odd cognitive or perceptual distortions and eccentric behaviors.

### Section 13.1 Key Takeaways

- Personality disorders share the features of distorted thinking patterns, problematic emotional responses, over- or under-regulated impulse control, and interpersonal difficulties and can be divided into three clusters.
- Cluster A personality disorders are described as the odd/eccentric cluster and share as the common feature social awkwardness and social withdrawal. It consists of Paranoid, Schizoid , and Schizotypal personality disorders.
- Cluster B personality disorders are described as the dramatic, emotional, or erratic cluster and consists of Antisocial, Borderline, Histrionic, and Narcissistic personality disorders.
- Cluster C is the anxious/fearful cluster and consists of Avoidant, Dependent, and Obsessive-Compulsive personality disorders.
- Paranoid personality disorder is characterized by a marked distrust or suspicion of others.
- Schizoid personality disorder is characterized by a persistent pattern of avoidance of social relationships, along with a limited range of emotion among social relationships.

- Schizotypal personality disorder is characterized by a range of impairment in social and interpersonal relationships due to discomfort in relationships, along with odd cognitive or perceptual distortions and eccentric behaviors.
- The essential feature of antisocial personality disorder is the persistent pattern of disregard for, and violation of, the rights of others. They show no remorse for their behavior.
- Individuals with borderline personality disorder display a pervasive pattern of instability in interpersonal relationships, self-image, and affect.
- Histrionic personality disorder addresses pervasive and excessive emotionality and attention-seeking.
- Narcissistic personality disorder is characterized by a pattern of grandiosity along with a lack of empathy for others.
- Individuals with avoidant personality disorder display a pervasive pattern of social anxiety due to feelings of inadequacy and increased sensitivity to negative evaluations.
- Dependent personality disorder is characterized by pervasive and excessive need to be taken care of by others.
- OCPD is defined by an individual's preoccupation with orderliness, perfectionism, and ability to control situations that they lose flexibility, openness, and efficiency in everyday life.

### **Section 13.1 Review Questions**

1. What are the three clusters? How are disorders grouped into these three clusters? Discuss the differences in symptom presentation between the three personality clusters.
2. Create a chart identifying each of the disorders among the three clusters. Be sure to include personality characteristics of each disorder. It is important to find characteristics unique to each personality disorder to aid in their identification.

## **13.2 Epidemiology**

### **Section 13.2 Learning Objectives**

- Describe the epidemiology of Cluster A personality disorders.
- Describe the epidemiology of Cluster B personality disorders.
- Describe the epidemiology of Cluster C personality disorders.

### **Section 13.2 Key Terms**

N/A

### **Section 13.2 Key Takeaways**

- Disorders within Cluster A have a prevalence rate of around 3-4% with males being diagnosed at higher rates for schizoid and schizotypal personality disorders.
- Antisocial personality disorder has an estimated prevalence rate of up to 3.3% of the population while borderline personality disorder is around 5.9%. Histrionic only occurs in 1.84% of the general population and narcissistic in 6.2%. Antisocial and narcissistic are more common in men,

borderline more common in women, and males and females having an equal rate of diagnosis in histrionic.

- As for Cluster C, these personality disorders are rarely diagnosed in the general population with the exception being OCPD which is diagnosed in almost 8% of individuals.

### **Section 13.2 Review Questions**

1. What is the difference in prevalence rates across the three clusters? Are there any trends among gender?
2. Identify the most commonly occurring personality disorder. Which is the least common?

## **13.3 Comorbidity**

### **Section 13.3 Learning Objectives**

- Describe the comorbidity of personality disorders.

### **Section 13.3 Key Terms**

N/A

### **Section 13.3 Key Takeaways**

- Mood disorders, anxiety disorders, and substance abuse disorders have a high comorbidity with personality disorders.
- Substance abuse disorders occur less frequently across the ten personality disorders but when they do, are comorbid with antisocial, borderline, and schizotypal personality disorders.

### **Section 13.3 Review Questions**

1. With what other disorders are personality disorders comorbid?

## **13.4 Etiology**

### **Section 13.4 Learning Objectives**

- Describe the biological causes of personality disorders.
- Describe the psychological causes of personality disorders.
- Describe the social causes of personality disorders.

### **Section 13.4 Key Terms**

Dichotomous thinking: The tendency to think in terms of polar opposites—that is, in terms of the best and worst—without accepting the possibilities that lie between these two extremes; also known as all-or-nothing thinking.

Discounting the positive: Overlooking one's personal achievements and disregarding one's positive attributes; may deny one's success, believing that it was just luck or chance.

- **Section 13.4 Key Takeaways**
- Biological causes of personality disorders have not been identified in most disorders, the exception being schizotypal which has similar biological causes as schizophrenia and antisocial and borderline personality disorders which have similar neurological changes.
- Psychological causes of personality disorders include negative early childhood experiences; maladaptive thought patterns and cognitive distortions; and modeling, reinforcement, and lack of social skills.
- Social causes of personality disorders include high levels of psychological and social dysfunction within families and maltreatment.

#### **Section 13.4 Review Questions**

1. What personality disorders are most explained by the biological model?
2. How does the psychodynamic model explain the development of personality disorders?
3. What cognitive distortions are most commonly discussed with respect to personality disorders?
4. What are the three behavioral theories used to explain the development of personality disorders?
5. Discuss the roll of attachment and how theorists have used it to explain the development of personality disorders.

## **13.5 Treatment**

#### **Section 13.5 Learning Objectives**

- Describe treatment options for personality disorders.

#### **Section 13.5 Key Terms**

Dialectical behavioral therapy (DBT): A form of cognitive-behavioral therapy developed by Marsha Linehan that has four main goals: reduce suicidal behavior, reduce therapy interfering behavior, improve quality of life, and reduce post-traumatic stress symptoms.

#### **Section 13.5 Key Takeaways**

- Individuals with a Cluster A personality disorder do not often seek treatment and when they do, struggle to trust the clinician (paranoid and schizotypal) or are emotionally distant from the clinician (schizoid). When in treatment, cognitive restructuring and cognitive behavioral strategies are used.
- In terms of Cluster B, treatment options for antisocial are limited and generally not effective, borderline responds well to dialectical behavioral therapy (DBT), histrionic patients seek out help but are difficult to work with, and finally narcissistic are the most difficult to treat.
- For Cluster C, cognitive techniques aid with OCPD while gradual exposure to various social settings and social skills training help with avoidant. Clinicians use cognitive strategies to challenge thoughts on helplessness in patients with dependent personality disorder.

#### **Section 13.5 Review Questions**

1. What is the process in dialectical behavioral therapy (DBT)? What does the treatment entail? What disorders are treated with DBT?
2. Given the difference in personality characteristics between the three clusters, how are the suggested treatment options different between cluster A, B, and C?