

# Human Behavior Course 2004

## Personality Disorders Two

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**HUMAN BEHAVIOR COURSE 2004**  
**PERSONALITY DISORDERS TWO - SLIDES**

**LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.**

1. Know the meaning of the terms and concepts listed in slide one and slide two below.
2. What are the cluster B personality disorders? What are the similarities across disorders within this cluster of disorders?
3. Which of the cluster B disorders are 'very common' (point prevalence > 5%), 'common' (1-5%) or 'uncommon' (<1%) in the general population.
4. Know whether each cluster B personality disorder is more common in men, more common in women, or occurs in a similar proportion of men and women.
5. What are the diagnostic features of borderline personality disorder? Describe its pathogenesis from the perspective of both form and function.
6. What are the diagnostic features of antisocial personality disorder? Describe its pathogenesis from the perspective of both form and function.
7. What are the diagnostic features of narcissistic personality disorder? Describe its pathogenesis from the perspective of both form and function.
8. What are the diagnostic features of histrionic personality disorder? Describe its pathogenesis from the perspective of both form and function.
9. What types of medications, if any, are useful for cluster B personality disorders?
10. What types of psychosocial treatments are useful for cluster B personality disorders?
11. What are the cluster C personality disorders? What are the similarities across disorders within this cluster of disorders?
12. Which of the cluster C disorders are 'very common' (point prevalence > 5%), 'common' (1-5%) or 'uncommon' (<1%) in the general population.
13. Know whether each cluster C personality disorder is more common in men, more common in women, or occurs in a similar proportion of men and women.
14. What are the diagnostic features of obsessive-compulsive personality disorder? Describe its pathogenesis from the perspective of both form and function.
15. What is the difference between obsessive-compulsive personality disorder and obsessive-compulsive disorder?
16. What are the diagnostic features of dependent personality disorder? Describe its pathogenesis from the perspective of both form and function.
17. What are the diagnostic features of avoidant personality disorder? Describe its pathogenesis from the perspective of both form and function.
18. What is the difference between schizoid personality disorder and avoidant personality disorder?
19. What types of medications, if any, are useful for cluster C personality disorders?
20. What types of psychosocial treatments are useful for cluster C personality disorders?

# Personality Disorders: Cluster B Disorders



## Cluster A: "Eccentric or odd"

Paranoid                  Schizotypal  
Schizoid

## Cluster B: "Dramatic, emotional, or erratic"

Histrionic                Antisocial  
Narcissistic              Borderline

## Cluster C: "Anxious or fearful"

Avoidant                  Dependent  
Obsessive-Compulsive



## Antisocial Personality Disorder

- ★ Pervasive pattern of disregard or a violation of the rights of others
  - Repeatedly performing acts that are grounds for arrest
  - Deceitfulness
  - Impulsivity or failure to plan ahead
  - Reckless disregard for safety of self or others



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## Antisocial Personality Disorder

- ★ Consistent irresponsibility
- ★ Lack of remorse
- ★ Individual is at least 18 years old
- ★ Evidence of Conduct Disorder with onset before age 15 years



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## Antisocial Personality Disorder

### CALLOUS MAN \*

C-onduct disorder before 15 yo; now 18 yo or older

A-ntisocial acts that are grounds for Arrest

L-acunae (lacks a superego)

L-ies frequently

O-bligations are not honored (financial, occupational, etc.)

U-nstable (can't plan ahead; impulsive)

S-afety of self & others is ignored

M-oney: child and spouse are not supported

A-ggressive, Assaultive

N-ot occurring during schizophrenia or mania



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\* From DSM-IV Personality Disorders  
Explained. Robinson D. 2000

## Antisocial PD Differential

- ★ Substance-related Disorders
- ★ Manic episode of Bipolar Disorder
- ★ Narcissistic Personality Disorder
- ★ Histrionic Personality Disorder
- ★ Adult Antisocial Behavior



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## Antisocial PD Epidemiology

### Prevalence:

- ★ General population:
  - 3% in men;
  - 1% in women
  
- ★ Clinical Settings: depends on pt population:  
higher in substance abuse, prison & forensic settings



## Antisocial PD Etiology

- ★ more common among 1<sup>o</sup> relatives of those with the disorder
- ★ biological relative of persons with APD at greater risk to have
  - somatization Disorder
  - substance-Related Disorders
- ★ environmental factors also involved (e.g. , modeling by parents & peers)



## Antisocial PD in Med/Surg Settings

### Patient's experience of illness --

- ★ Sense of fear may be masked by increased hostility or entitled stance

### Problem behaviors --

- ★ Irresponsible, impulsive, or dangerous health behavior, without regard to consequences to self or others
- ★ Angry, deceitful, or manipulative behavior



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Antisocial PD in Med/Surg Settings

### Common problematic HCP reactions --

- ★ Succumbing to pt's manipulation
- ★ Angry, punitive reaction when manipulation is discovered



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Antisocial PD in Med/Surg Settings

### Management Strategies --

- ★ carefully, respectfully investigate pt's concerns and motives
- ★ communicate directly
- ★ avoid punitive reactions to pt.
- ★ set clear limits in context of medically indicated interventions



Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Borderline Personality Disorder

- ★ Instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood
- ★ Frantic efforts to avoid real or imagined abandonment
- ★ Pattern of unstable and intense interpersonal relationships
- ★ Markedly and persistently unstable self-image or sense of self



## Borderline Personality Disorder

- ★ Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- ★ Affective instability due to a marked reactivity of mood
- ★ Chronic feelings of emptiness
- ★ Inappropriate, intense anger or difficulty controlling anger
- ★ Transient, stress-related paranoid ideation or severe dissociative symptoms



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## Borderline Personality Disorder

**I RAISED A PAIN \***

I-identity disturbance

R-relationships are unstable

A-bandonment is frantically avoided

I-mpulsivity

S-uicidal gestures

E-emptiness as a description of inner selves

D-issociative symptoms



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\* From DSM-IV Personality Disorders Explained. Robinson D. 2000

## Borderline Personality Disorder

I RAISED A PAIN \* (Continued)

A-ffective instability

P-aranoid ideation

A-nger is poorly controlled

I-dealization of others, followed by devaluation

N-egativistic - undermine their efforts & those of others

\* From DSM-IV Personality Disorders Explained. Robinson D. 2000



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## Borderline PD Differential

- ★ Mood Disorders
- ★ Histrionic Personality Disorder
- ★ Narcissistic Personality Disorder
- ★ Antisocial Personality Disorder
- ★ Dependent Personality Disorder



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## Borderline PD Epidemiology

### ★ Prevalence:

- General population: 2%
- Psychiatric Inpatients: 20%
- Psychiatry Outpatients: 10%
- Constitutes 30-60% of clinical populations with PDs

### ★ Gender:

- Women comprise 75% of those dx'ed with BPD



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## Borderline PD Etiology

- ★ BPD is 5x more common in 1<sup>o</sup> family members of those with BPD
- ★ Often there is childhood history of physical or sexual abuse
- ★ Potential genetic predisposition towards dyscontrol of mood & impulses



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## Borderline PD in Med/Surg Settings

### Patient's experience of illness --

- ★ Terrifying fantasies about illness
- ★ Feels either completely well or deathly ill

### Problem behaviors --

- ★ Mistrust of physicians & delay in seeking care
- ★ Intense fear or rejection & abandonment
- ★ Abrupt shifts from idealizing to devaluing caregivers; Splitting
- ★ Self-destructive threats & acts



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in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Borderline PD in Med/Surg Settings

### Common problematic HCP reactions --

- ★ Succumbing to pt's idealizing & splitting
- ★ Getting too close to pt, causing overstimulation
- ★ Despair at pt's self-destructive behaviors
- ★ Temptation to punish pt angrily



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Borderline PD in Med/Surg Settings

### Management Strategies --

- ★ Don't get too close to pt
- ★ Schedule frequent periodic check-ups
- ★ Provide clear, non-technical answer to questions to counter scary fantasies
- ★ Tolerate periodic angry outbursts, but set limits
- ★ Be aware of pt's potential for self-destructive behavior
- ★ Discuss feelings with coworkers & schedule multidisciplinary meetings



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Histrionic Personality Disorder

Pervasive pattern of excessive emotionality  
and attention-seeking behavior

- ★ Uncomfortable if he or she is not the center of attention
- ★ Inappropriate sexual seductiveness or provocative behavior
- ★ Rapidly shifting and shallow expression of emotions
- ★ Uses physical appearance to draw attention



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## Histrionic Personality Disorder

- ★ Style of speech that is excessively impressionistic
- ★ Self-dramatization, theatrical, and exaggerated expression of emotion
- ★ Suggestible
- ★ Considers relationships to be closer than they actually are



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## Histrionic Personality Disorder

### I CRAVE SIN \*

I-nappropriate behavior: seductive or provocative

C-enter of attention

R-elationships are seen as closer than they really are

A-pppearance is most important

V-ulnerable to the suggestions of others

E-xaggerated emotional expression

S-hallow, shifting emotions

I-mpressionistic speaking style which lacks detail

N-ovel situations are sought



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\* From DSM-IV Personality Disorders Explained. Robinson D. 2000

## Histrionic PD Differential

- ★ Borderline Personality Disorder
- ★ Narcissistic Personality Disorder



## Histrionic PD Epidemiology

### Prevalence:

- ★ General population: 2.0-3.0%
- ★ Inpatient Psychiatry Settings: 10%-15%
- ★ Outpatient Psychiatry Clinics: 10%-15%

### Gender:

- ★ At least 2/3 are women
- ★ May reflect the ratio of females within the respective clinical setting



## Histrionic PD Etiology

### Genetic contribution:

- ★ There may be a genetic predisposition towards sensation seeking & impulsivity

### Possible psychosocial contributions:

- ★ Tendency of family to emphasize, value, or reinforce attention seeking behaviors



## Histrionic PD in Med/Surg Settings

### Patient's experience of illness --

- ★ Threatened sense of attractiveness & self-esteem

### Problem behaviors --

- ★ Overly dramatic; tendency to draw HCP into excessively familiar relationship
- ★ Overemphasis on feeling states; inadequate focus on symptoms & their management
- ★ Tendency to somatize
- ★ May say things they think their physician wants to hear



Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Histrionic PD in Med/Surg Settings

### ★ Common problematic HCP reactions:

- Performing excessive or inadequate work-up
- Allowing too much emotional closeness & losing objectivity
- Frustration with patient's dramatic or vague presentation



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Histrionic PD in Med/Surg Settings

### ★ Management Strategies:

- Show respectful & professional concern for feelings, with emphasis on objective issues
- Avoid excessive familiarity



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Narcissistic Personality Disorder

Pervasive pattern of grandiosity, need for admiration, and lack of empathy

- ★ Grandiose sense of self-importance
- ★ Preoccupied with fantasies of unlimited success
- ★ Believes that he or she is "special" and unique and can only be understood by other special or high-status people
- ★ Requires excessive admiration



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## Narcissistic Personality Disorder

- ★ Sense of entitlement
- ★ Interpersonally exploitative
- ★ Lacks empathy
- ★ Often envious of others
- ★ Arrogant, haughty behaviors and attitudes



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# Narcissistic Personality Disorder

**A FAME GAME \***

**A**-dmiration is required in excessive amounts

**F**-antasizes about unlimited success, beauty, brilliance, etc.

**A**-rrogant

**M**-anipulative

**E**-nvious of others

**G**-randiose sense of self importance

**A**-ssociated with famous people

**M**-e first attitude

**E**-mpathy lacking

\* From DSM-IV Personality Disorders Explained. Robinson D. 2000



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## Narcissistic PD Differential

- ★ Antisocial Personality Disorder
- ★ Histrionic Personality Disorder
- ★ Borderline Personality Disorder
- ★ Obsessive-Compulsive Personality Disorder
- ★ Bipolar Disorder, mania or hypomania
- ★ Substance-Related Disorders



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## Narcissistic PD Epidemiology

### Prevalence:

- ★ General population: 1%
- ★ Psychiatric population: 2%-16%

### Gender:

- ★ Of those diagnosed with NPD, 50%-75% are men



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## Narcissistic PD Etiology

### Genetic contribution:

- ★ No genetic data

### Possible psychosocial contributions:

- ★ Cultural hypothesis: Western society has become overly self-centered
- ★ Psychodynamic hypotheses: Unempathic, neglectful, or devaluing parents



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## Narcissistic PD in Med/Surg Settings

### Patient's experience of illness:

- ★ Illness may increase anxiety related to doubts about personal adequacy

### Problem behaviors:

- ★ Demanding, entitled attitude
- ★ Excessive praise toward HCP may turn to devaluation, in effort to maintain sense of superiority
- ★ Denial of illness or minimization of symptoms



Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Narcissistic PD in Med/Surg Settings

### Common problematic HCP reactions:

- ★ Outright rejection of pt's demands, resulting in pt distancing self from HCP
- ★ Excessive submission to patient's grandiose stance



Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Narcissistic PD in Med/Surg Settings

### Management Strategies:

- ★ Generous validation of pt's concerns, with attentive but factual responses to questions
- ★ Allow pts to maintain sense of competence by rechannelling their "skills" to deal with illness, obviating need for devaluation of HCP

Feder & Robbins, in Behavioral Medicine in Primary Care: A Practice Guide. Feldman & Christensen (eds.) 1998



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## Personality Disorders: Cluster C Disorders



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**Cluster A: "Eccentric or odd"**

Paranoid                      Schizotypal  
Schizoid

**Cluster B: "Dramatic, emotional, or erratic"**

Histrionic                      Antisocial  
Narcissistic                      Borderline

**Cluster C: "Anxious or fearful"**

Avoidant                      Dependent  
Obsessive-Compulsive



**Avoidant Personality Disorder**

- ★ Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation
- ★ 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 relationships because of the fear of being shamed or ridiculed



## Avoidant Personality Disorder

- ★ 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



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## Avoidant Personality Disorder

### AURICLE \*

A-voids activities

U-nwilling to get involved

R-estrained within relationships

I-nhibited in interpersonal relations

C-riticism is expected within social relationships

L-ower than others (in own view)

E-mbarrassment is the feared emotion



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\* From DSM-IV Personality Disorders Explained. Robinson D. 2000

## Avoidant PD Differential

- ★ Social Phobia, Generalized Type
- ★ Panic Disorder with Agoraphobia
- ★ Dependent Personality Disorder
- ★ Schizoid Personality Disorder
- ★ Schizotypal Personality Disorder
- ★ Paranoid Personality Disorder



## Avoidant PD Epidemiology

### Prevalence:

- ★ General population: 0.5%-1%
- ★ Outpatient Psychiatry Clinics: 10%

### Gender:

- ★ Occurs equally in men & women



## Avoidant PD Etiology

- ★ Substantial heritability with introversion, social anxiety, shyness, & inhibition
- ★ Parents could contribute through overprotection, excessive cautiousness, or inculcation of low self esteem in child with respect to social desirability



## Dependent Personality Disorder

- ★ Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
- ★ Difficulty making everyday decisions
- ★ Needs others to assume responsibility for major areas of his or her life
- ★ Difficulty expressing disagreement
- ★ Difficulty initiating projects or doing things on his or her own



## Dependent Personality Disorder

- ★ Goes to excessive lengths to obtain nurturance and support from others
- ★ Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for oneself
- ★ Urgently seeks another relationship as a source of care and support when a close relationship ends
- ★ Unrealistically preoccupied with fears of being left to care care of oneself



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## Dependent Personality Disorder

### NEEDS PUSH \*

**N**-eedy - has others assume responsibility for major portions of life

**E**-xpression of disagreement with others is limited

**E**-xcessive need for nurturance & support

**D**-ecision making is difficult

**S**-elf-motivation is lacking

**P**-reoccupied by fears of being left on own

**U**-rgently seeks another relationship when close one ends

**S**-elf-confidence lacking

**H**-elpless when alone

\* From DSM-IV Personality Disorders Explained. Robinson D. 2000



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## Dependent PD Differential

- ★ Mood Disorders
- ★ Panic Disorder
- ★ Agoraphobia
- ★ Borderline Personality Disorder
- ★ Histrionic Personality Disorder
- ★ Avoidant Personality Disorder



## Dependent PD Epidemiology

### Prevalence:

- ★ Among the most prevalent
- ★ General population: 2%-4%
- ★ Psychiatric patients: 5%-30%

### Gender:

- ★ Controversial



## Dependent PD Etiology

- ★ Insecure attachment to parent & helplessness may be generated through parent via clinging on parent's part or infantilization
- ★ May be an interaction between anxious temperament of child with an insecure attachment to parent



## Dependent PD in Med/Surg Settings

Patient's experience of illness:

- ★ Fear that illness will lead to abandonment & helplessness

Problem behaviors:

- ★ Dramatic & urgent appeals for medical attention
- ★ Angry outbursts at HCP if not responded to
- ★ Pt may contribute to prolonged illness or encourage medical procedures in order to get attention
- ★ May abuse substances & medications



Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## Dependent PD in Med/Surg Settings

### Common problematic HCP reactions:

- ★ Inability to set limits to availability leading to burnout
- ★ Hostile rejection of pt

Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998



## Dependent PD in Med/Surg Settings

### Management Strategies:

- ★ Provide reassurance & make frequent periodic checkups
- ★ Be consistently available to provide firm realistic limits to availability
- ★ Enlist other members of team to provide support
- ★ Help pt obtain outside support systems
- ★ Avoid hostile rejection of pt.

Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998



## Obsessive-Compulsive Personality Disorder

- ★ Preoccupation with orderliness, perfectionism, & mental and interpersonal control, at the expense of flexibility, openness, & efficiency
- ★ Preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- ★ Shows perfectionism that interferes with the task completion



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## Obsessive-Compulsive Personality Disorder

- ★ Reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- ★ Adopts a miserly spending style towards both self and others; money is viewed as something to be hoarded for future catastrophes
- ★ Shows rigidity and stubbornness



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## Obsessive-Compulsive Personality Disorder

- ★ Excessively devoted to work and productivity to the exclusion of leisure and friendships
- ★ Overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values
- ★ Unable to discard worn-out or worthless objects even when they have no sentimental value



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## Obsessive-Compulsive PD

### PERFECTION \*

P-reoccupied with details, rules, plans

E-motionally restricted

R-eluctant to delegate tasks

F-rugal

E-xcessively devoted to work

C-ontrols others

T-ask completion hampered by perfectionism

I-nflexible

O-verconscientious about morals, values, ethics, etc.

N-ot able to discard belongings; hoards objects



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\* From DSM-IV Personality Disorders Explained. Robinson D. 2000

## Obsessive-Compulsive PD Differential

- ★ Obsessive-Compulsive Anxiety Disorder
- ★ Narcissistic Personality Disorder
- ★ Antisocial Personality Disorder
- ★ Schizoid Personality Disorder



## O/C PD Epidemiology

### Prevalence:

- ★ General population: 2%
- ★ Inpatient Psychiatry Settings: 3%-10%

### Gender:

- ★ Men diagnosed 2x as often as women



## Obsessive-Compulsive PD Etiology

- ★ Heritability for obsessional and conscientiousness traits
- ★ Psychoanalytic theories:
  - Unconscious guilt or shame
  - Need to maintain an illusion of infallibility to defend against feelings of insecurity
  - Identification with authoritarian parents
  - Excessive, rigid control of feelings & impulses



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## O/C PD in Med/Surg Settings

### Patient's experience of illness:

- ★ Fear of losing control of bodily functions & over emotions
- ★ Feelings of shame & vulnerability

### Problem behaviors:

- ★ Anger about disruption of routines
- ★ Repetitive questions & excessive attention to detail
- ★ Fear of relinquishing control to health care team



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## O/C PD in Med/Surg Settings

### Common problematic HCP reactions:

- ★ Impatience & cutting answers short
- ★ Attempts to control treatment planning



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998

## O/C PD in Med/Surg Settings

### Management Strategies:

- ★ Thorough history taking & careful dx'ic workups are reassuring
- ★ Give clear & thorough explanations
- ★ Do not overemphasize uncertainties about treatments
- ★ Avoid vague & impressionistic explanations
- ★ Treat pt as an equal partner; encourage self-monitoring & allow pt participation in treatment



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Feder & Robbins, in Behavioral Medicine  
in Primary Care: A Practice Guide.  
Feldman & Christensen (eds.) 1998