# Possible Topics

- NP Interviewing
- Neuroanatomy
- **History of Neuroscience
- Neuroimaging
- Neuropathology
- Cortical Development
- Memory Functioning
- ** Dementias
- NP of Aphasic Syndromes
- NP of Epilepsy
- Seizure Disorder Films
- Competency & Capacity
- Non-credible Test Performance
- Brain Fitness
- Depression in Seniors

**NP of Alcoholism
Neurotoxicology
HIV-Cognitive Syndromes
NP of Cardiovascular Disease
NP of Cerebral Vascular Accidents
** Personality Disorders
Executive Functioning Treatment
Multiple Sclerosis
White Matter Disease
NP of Weird Syndromes
Neurogenetic Development Disorders
NP of PTSD
NP of Rare Neurological Syndromes
NP of Medical Conditions
NP of TBI
NP of Schizophrenia/Bipolar
NP of ADHD
NP of Executive Functioning

# 2017 Pumpkins

# Neuropsychology and Neurobiology of Personality Disorders

Charles J. Vella, PhD

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November 14, 2017

# Greek Temperaments

Sanguine

Melancholic

Choleric

Phlegmatic

# Freud

Oral

Anal

Phallic

Genital

# Jung's Typology

Introversion

Extroversion

Sensing

Intuiting

Myers-Briggs Test

# Temperament

- Alexander Thomas and Stella Chess: the “how” of behavior:
  - Harm avoidance (fear)
  - Novelty seeking (anger)
  - Reward dependence (attachment)
  - Persistence (mastery)
- Known to be:
  - Heritable,
  - observed in early childhood,
  - stable over time,
  - predictive of adult behavior,
  - culturally consistent

# Constraint not Determination

- The probability that a high-reactive infant will not become an adolescent who is extremely sociable, spontaneous, relaxed, free of worry, and possessing low levels of autonomic and cortical arousal is very high.
- However, the probability that this class of child will be a quiet introvert with high levels of autonomic and cortical arousal is quite low (probably less than 0.2).
- The biology that is the foundation of a temperamental bias functions as a constraint rather than as a determining force.

Jerome Kagan

# Metaanalysis: Personality is Stable

- Stability of personality across adulthood is high, with only modest change.
- By contrast, personality during childhood is significantly more changeable.
- Both normal personality and personality disorders are highly stable across the life span
- Patients in therapy experienced no more personality change than did non-patients.
- Personality shows stability cross-culturally

Ferguson, 2010

# 2017: Longest study of Personality

- 2017 study in Psychology and Aging has found:
- the first to measure personality in the same people in their adolescence and then again in old age. By covering a period of 63 years, this in a sense is the longest ever personality study. Matthew Harris and his colleagues at the University of Edinburgh failed to find any correlation between their participants' personality scores at age 14 and their scores on the same items at the age of 77. "Personality in older age may be quite different from personality in childhood," they said.
- In 1950 as part of 1936 study if IQ, teachers rated the teens on six questionnaire items each addressing their Self-confidence, Perseverance, Stability of Moods, Conscientiousness, Originality and Desire to Learn, respectively. Ratings for these six items correlated strongly and indeed, the teachers were rating the teens on something very close to what today is referred to as trait Conscientiousness

# Personality Longevity

- 174 of them, now aged 77, rated themselves on the same six items that their teachers had rated them on all those years ago, and they nominated a close friend or relative to rate them on the items too
- They found there was no correlation between the ratings the participants received when they were aged 14 and the ratings they gave themselves at age 77, or the ratings they received at age 77 from a friend or relative. This was true whether looking at the individual personality items, such as Stability of Moods, or at a single “dependability” trait based on amalgamating across the six items.
- Moreover, although dependability at age 77 correlated with current wellbeing, the participants’ dependability at age 14 was not linked with their wellbeing in late life, seemingly contradicting past research that’s found higher scores on the related trait of conscientiousness are associated with superior wellbeing decades later.
- Methodological issues: change in personality methodology over these years; teachers knew student’s IQ

# Personality is important

- Personality is the single biggest factor in how we perceive our own well-being, accounting for 35 percent of individual differences in life satisfaction.

# Adjectives were the first PD DSM

- Dramatic, Emotional
- Self Centered
- Detail Oriented
- Irresponsible
- Odd, peculiar
- Suspicious
- Stormy, Empty
- Eccentric
- Detached
- Submissive
- Avoidant

# Neurology of Personality: Personality is brain based

Neurological ways to radically change Personality:

- Alzheimer's: Total Loss of Personality
- Traumatic Brain Injury: Personality Change = disinhibition
- Frontal Dementia:
  - End of social empathy, impulsivity
- Alcoholism: Disinhibited personality, lack of insight
- Borderline Personality Disorder

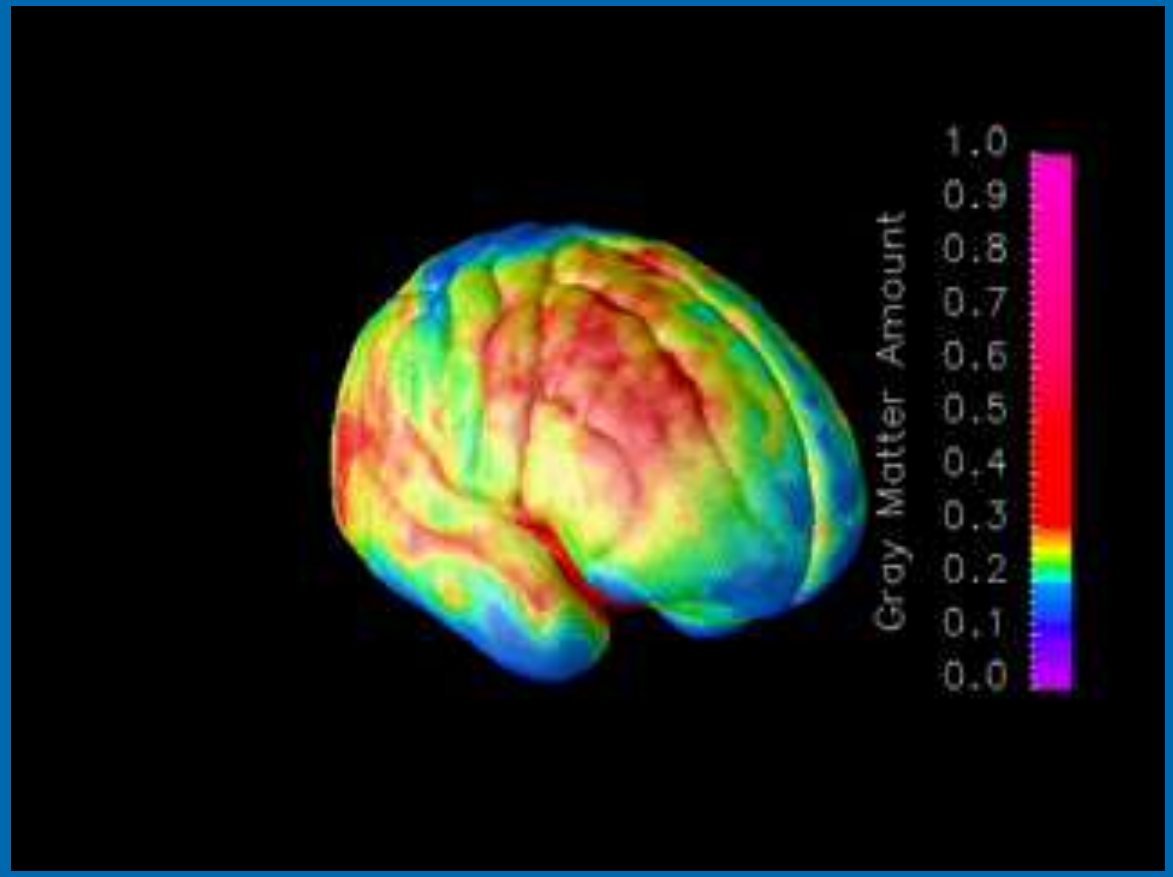
# Core brain contributions to Personality

- Procedural Memory:
  - All non-conscious behavioral learning
- Amygdala:
  - Emotional reactivity, fearfulness
  - Emotional salience
  - Left amygdala volume correlates with positive emotionality

# Core brain contributions to Personality

- Prefrontal:
  - Behavioral inhibition
  - Apathy
  - left medial orbitofrontal cortex thickness correlates with negative emotionality

# Great Pruning: Age 5 to 22



# Neurobiology of Childhood Abuse

- Long term effects of early trauma/stress
- Effects Limbic circuits:
  - Amygdala = emotional reactivity (50 ms vs. 600ms csness = 12 x faster),
  - Hippocampus = higher cortisol levels & stress sensitivity
- Chronic Stress =Smaller hippocampus, more reactive amygdala (GABA↓= less inhibition), greater R Hemisphere Activation

- Adverse Childhood Experience (ACEs) predict adult health and longevity

# Childhood Abuse & Sensitization to Stress

- When people are under stress, the hormone cortisol circulates widely, putting the body on high alert. One way the brain reduces this physical anxiety is to make receptors on brain cells that help clear the cortisol, inhibiting the distress and protecting neurons from extended exposure to the hormone, which can be damaging.
- The researchers found that the genes that code for these receptors were about 40 percent less active in people who had been abused as children who committed suicide than in those who had not.
- The scientists found the same striking differences between the abused group and the brains of 12 control subjects, who had not been abused and who died from causes other than suicide.

J. Panksepp, 2009

# Trauma and Brain Response

- Evocation of traumatic memory:
  - Right Hemisphere increased activation of limbic, amygdala, and visual centers
  - Decreased Left Broca's area

# ACES: 9 Adverse Childhood Experiences

- 1 Emotional abuse or neglect
- 2 Physical abuse or neglect
- 3 Sexual abuse
- 4 Witnessing domestic violence
- 5 Parental separation or divorce
- 6 Growing up with drug-abusing parent
- 7 Growing up with mentally ill parent
- 8 Growing up with suicidal parent
- 9 Having criminal household members

Robert F. Anda, MD, and Vincent J. Felitti, MD,

# Adverse Childhood Experiences Are Common

**Household dysfunction:**

| | |
|---|---|
| Substance abuse | 27% |
| Parental sep/divorce | 23% |
| Mental illness | 17% |
| Battered mother | 13% |
| Criminal behavior | 6% |

**Abuse:**

| | |
|---|---|
| Psychological | 11% |
| Physical | 28% |
| Sexual | 21% |

**Neglect:**

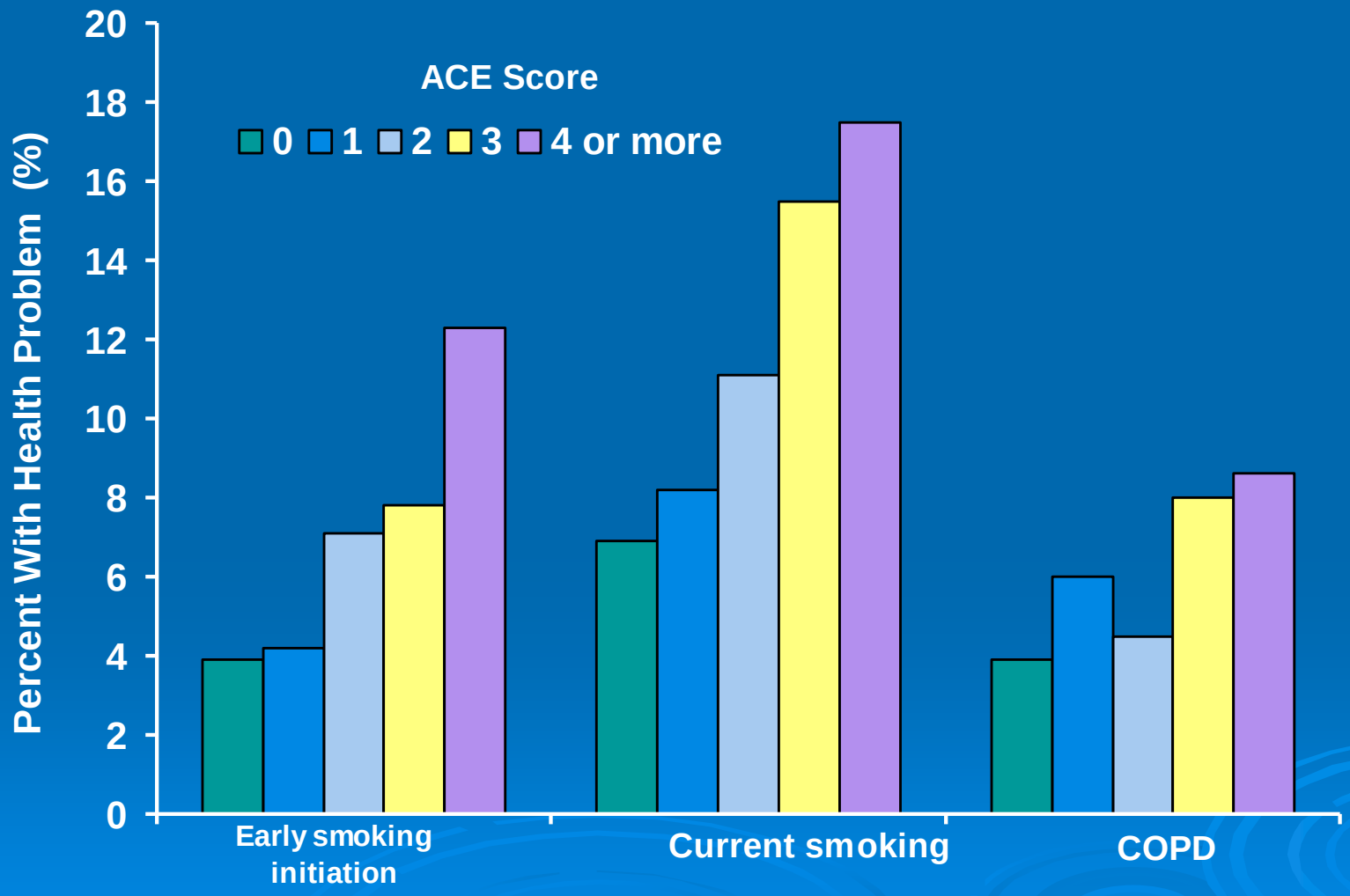
| | |
|---|---|
| Emotional | 15% |
| Physical | 10% |

# ACES

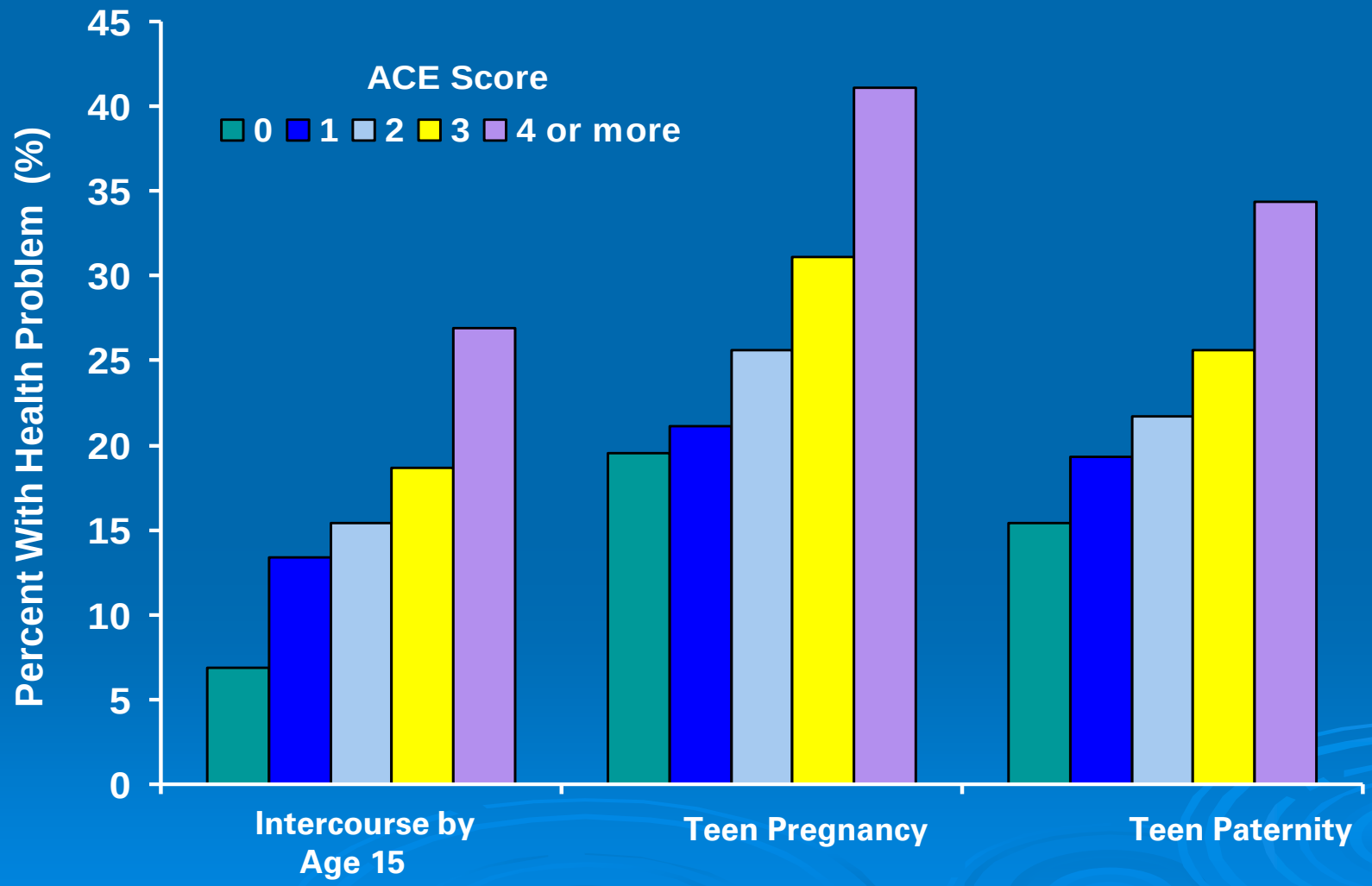
- 1 Fabulous predictors of adult health status
  - Felitti believes they are better predictors than medical variables

- 2 Predictors of adult behavior

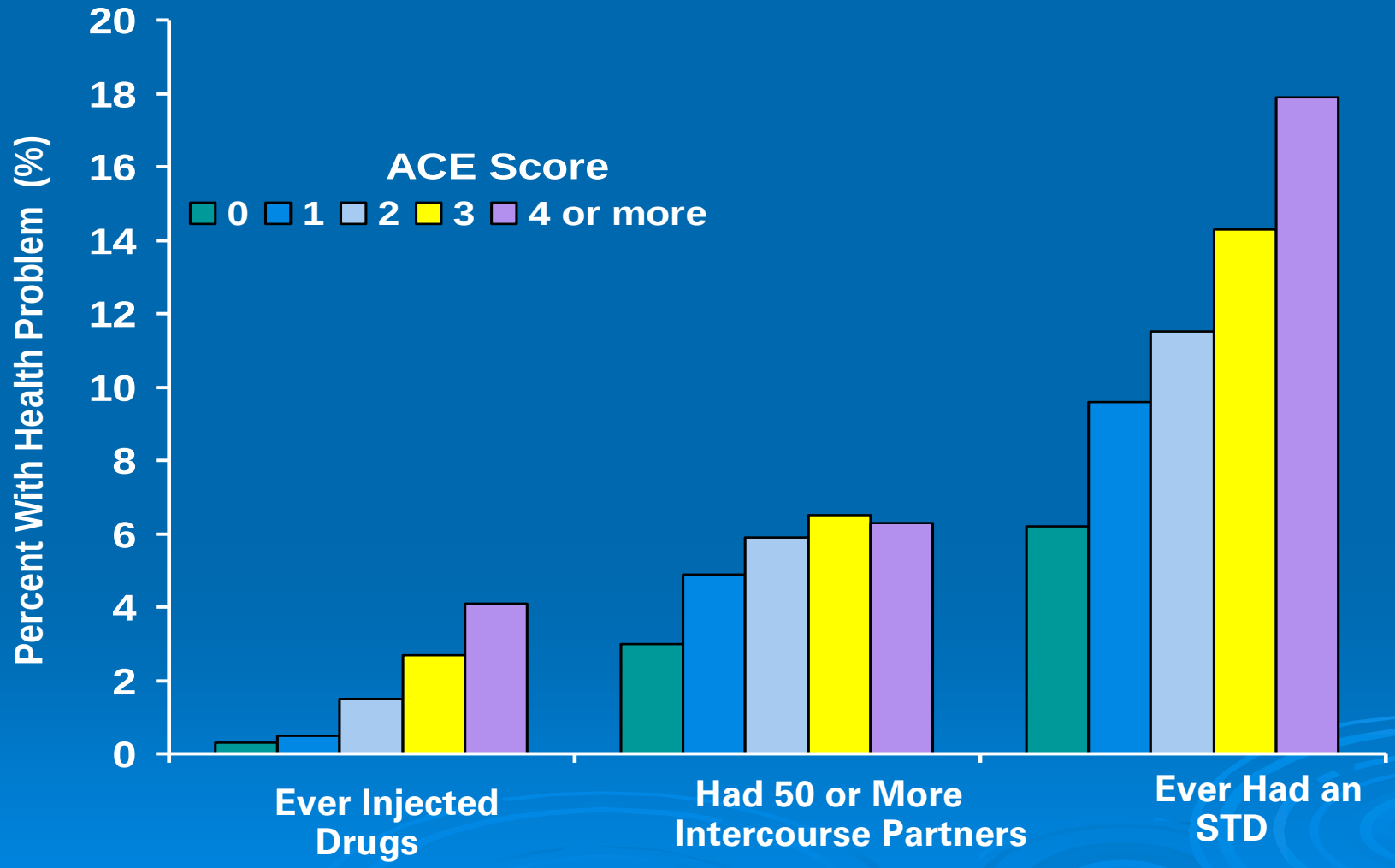
# Relationship Between Number of Adverse Childhood Experiences and Smoking Behaviors and Smoking-Related Lung Disease



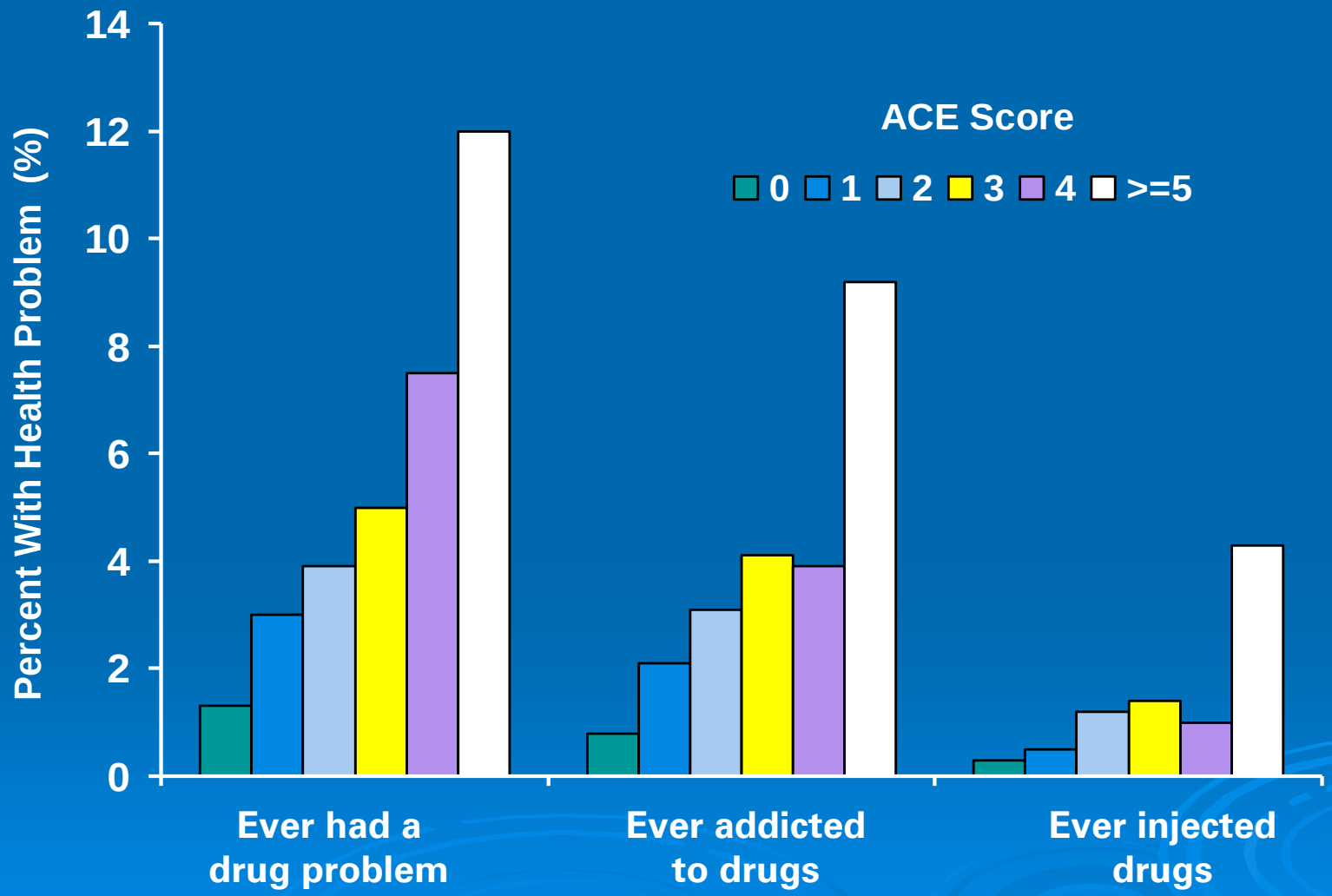
# ACE Score and Teen Sexual Behaviors



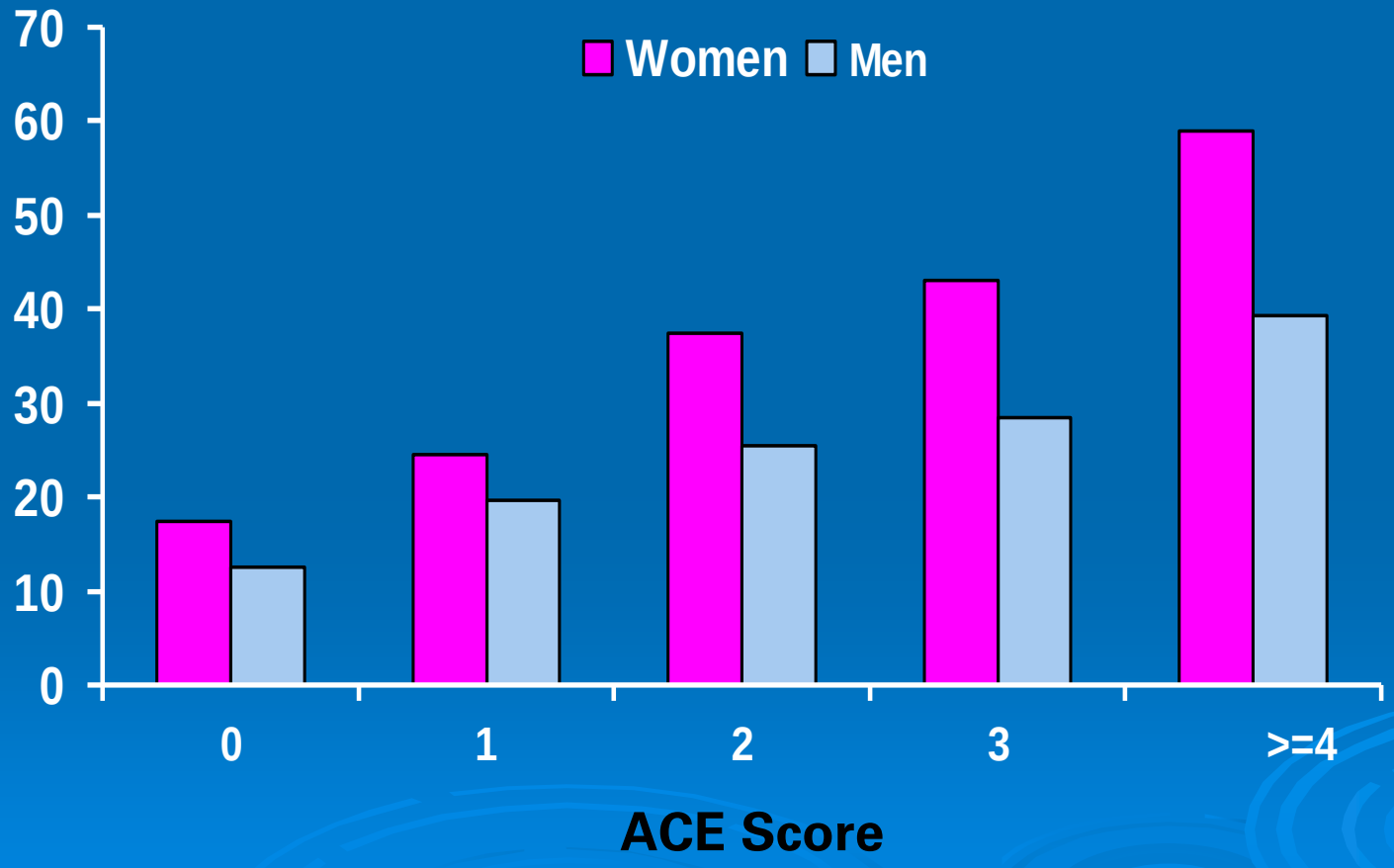
# ACE Score and HIV Risks



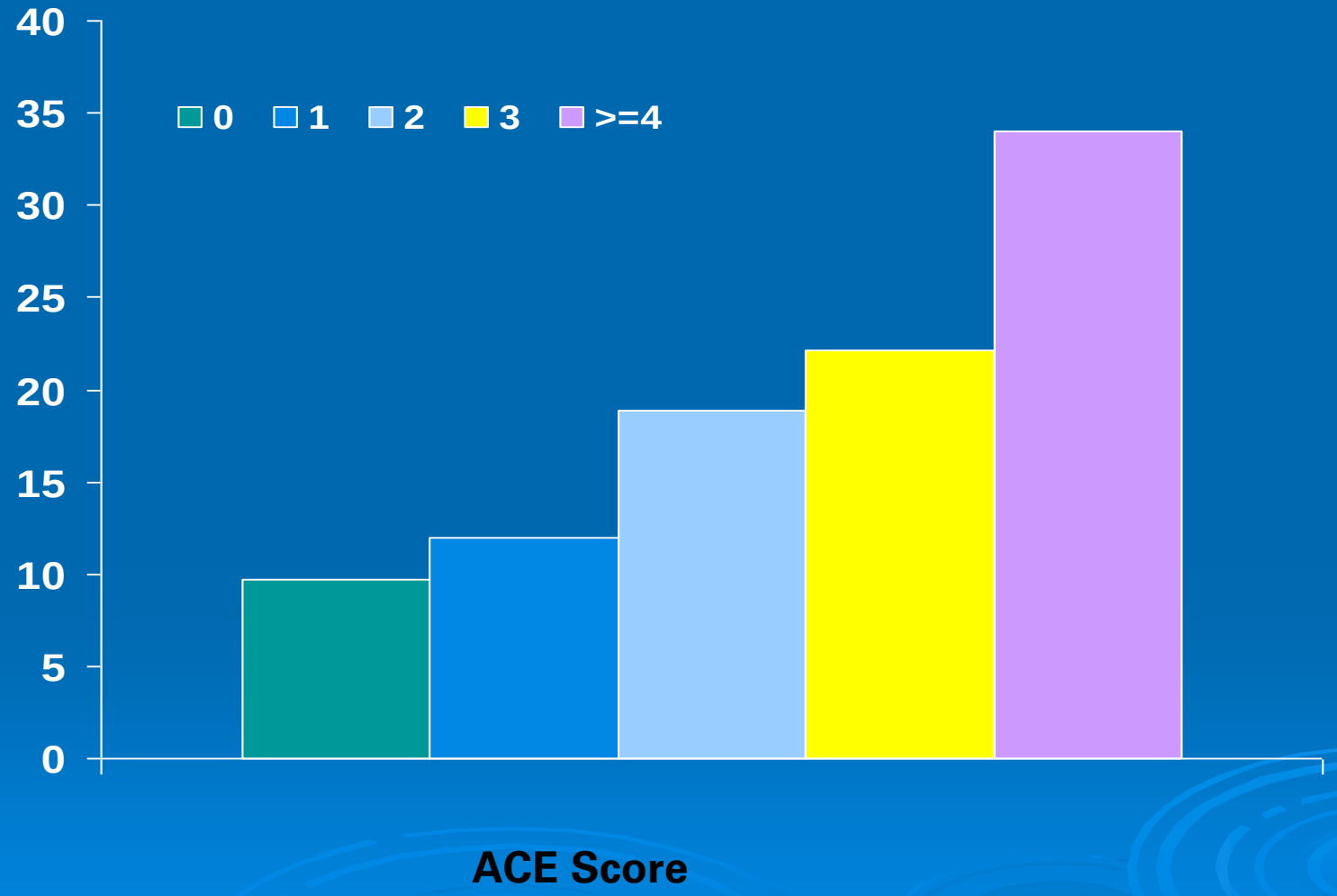
# ACE Score and Drug Abuse

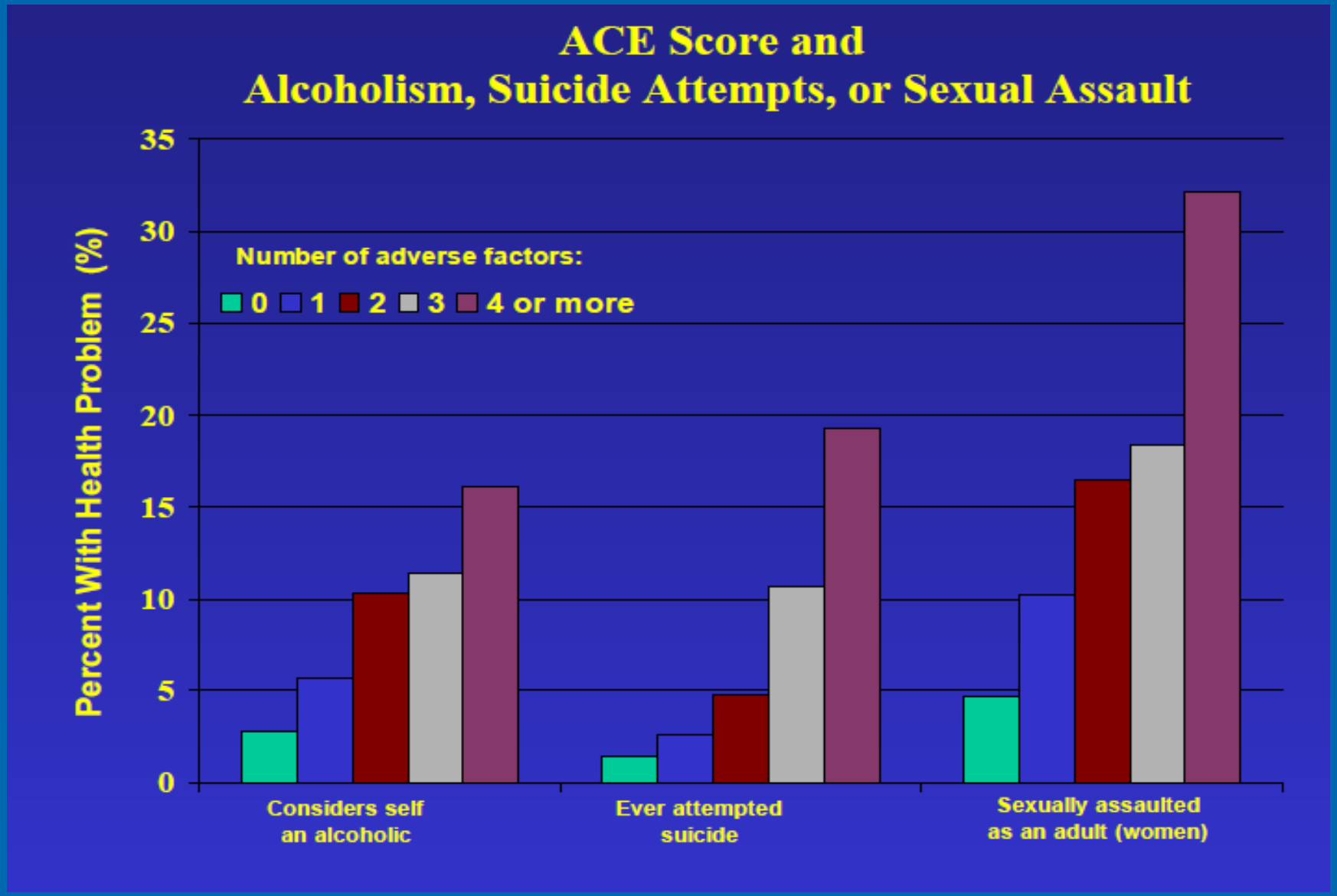


# Depression and ACES



# ACE Score and Impaired Memory of Childhood




ACE Score and
Alcoholism, Suicide Attempts, or Sexual Assault
Percent With Health Problem (%)
35
30
25
20
15
10
5
0
Number of adverse factors:
0
1
2
3
4 or more
Considers self an alcoholic
Ever attempted suicide
Sexually assaulted as an adult (women)

# Low-SES and Cortisol levels

- Study: Cortisol in a group of children every 6 months for 2 years.

- They found that cortisol levels nearly doubled in low-SES compared with high-SES children over 2 years.

# Personality & Genes

- DRD4 (dopamine): novelty-seeking, such as drug abuse and attention-deficit hyperactivity disorder
- DRD2 (dopamine): linked to drinking, and preferring drinkers for company
- 5-HTTLPR (serotonin transporter gene): neuroticism and other anxiety-related traits, such as harm avoidance (1-2% variance)
- CYP2A6: extraversion, openness, gregariousness
- Neuroticism and depression share 60 % of same genes

# Marshmallow Test

# 1 Marshmallow at age 4

- Study conducted at Stanford University by psychologist Walter Mischel in the 1960s, when a marshmallow was provided to a group of 4-year-olds.
- Each time the kids were promised a second marshmallow - but only if they could wait 20 minutes before eating the first one. Some could wait, others couldn't.

- Researchers tracked these kids into adolescence and found that those who delayed gratification and waited for the second marshmallow later turned out to be better adjusted, more dependable - and even scored an average 210 points higher on the SAT standardized assessments used for college admissions.

- Measure of prefrontal impulse control and planning?

# Marshmallow Test 2012: Environment important

- C. Kidd: Children lasted on average for 6 minutes
- New procedure: Half dealt with unreliable experimenter who failed to deliver on promises; rest had reliable experience
- Those with unreliable experience lasted 3 minutes (only 1 of 14 lasted 15 min.), others 12 minutes (9 of 12)
- Consistent with Mischel, 1961: 8 y old boys without fathers went for immediate reward

# Age 7 predicts age 30

- Trained observers rated the 7-year-olds on 15 different behaviors. These behaviors were then assigned to three different personality attributes: attention (the ability to stay focused on a task and persist in solving a problem), distress-proneness (the tendency to react negatively to situations), and behavior inhibition (the tendency toward shyness, acting withdrawn and having difficulty communicating).
- Superior attention spans and having a more positive outlook in youth affected health the most. These effects were greater for women
- Children who can stay focused and don't sweat the small stuff have a better shot at good health in adulthood

L. Kubzansky, 2009

# Personality Disorders and Psychiatry

- Personality Disorders:
- The majority of people with a personality disorder never come into contact with mental heath services, and those who do usually do so in the context of another mental disorder or at a time of crisis, commonly after self-harming or breaking the law.
- 15% of population; 50% of all Psychiatry patients
- Interfere with Tx of Axis I syndromes
- Increase disability, morbidity & mortality
- Predispose to Suicide attempts, Suicide and Mood disorders

# Personality Disorders and Psychiatry 2

- Perceived as:
  - more difficult to work with,
  - rejected by therapists as “poor prognosis”,
  - elicit inappropriate responses from therapists (rescue urge, sexual interest, rejection)
- Test limits of therapists skills
- Therapists needs: low narcissism, high energy, high tolerance

# Psychiatric disorder = Die sooner

- 20 review papers were identified, including over 1.7 million individuals and over 250,000 deaths.
- The average reduction in life expectancy in people with
  - bipolar disorder is between 9 and 20 years,
  - it's 10-20 years for schizophrenia,
  - between 9 and 24 years for drug and alcohol abuse,
  - and around 7-11 years for recurrent depression.
  - The loss of years among heavy smokers is 8-10 years.

- All diagnoses studied showed an increase in mortality risk, though the size of the risk varied greatly. Many had risks equivalent to or higher than heavy smoking
- The stigma surrounding mental health may mean people aren't treated as well for physical health problems when they do see a doctor.'

# Mental Disorders and Length of Life

- 16 state research, 2006: On average, people with severe mental illness die 25 years earlier than the general population
- Causes: cigarette smoking, obesity, diabetes
- 75% of those with severe MI smoke vs. 22% in general population
- 44% of all cigarettes in US are consumed by people with psychiatric histories.
- People with depression or bipolar disorder are 2x more obese than the general population; Schizophrenia, 3x. Psychotropic medications cause weight gain.
- Self worth as variable — Often report they don't feel like they are worthy of taking care of themselves.

# Personality Disorders and Primary Care

- Increased risk for:
  - CAD
  - Angina
  - HIV
  - Psoriasis
  - Ulcerative colitis
  - “Psychosomatic” diseases

# Prevalence of PD

Historical Range of Estimates:

- 1-3% of General Population (most textbooks)
- 10-20% Psychiatric Outpatients; Cloninger: 50% of all psychiatry pts, frequently comorbid with old Axis I conditions
- 10-60% Psychiatric Inpatients

# National Co-morbidity Survey Replication, 2005: Axis I

- The estimated lifetime prevalence of some other *DSM-IV* psychiatric disorders in American adults:
- 2 % obsessive-compulsive disorder
- 4 % bipolar disorder
- 6 % generalized anxiety disorder
- 13 % alcohol abuse
- 17% major depressive disorder

# 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC): Wave 1

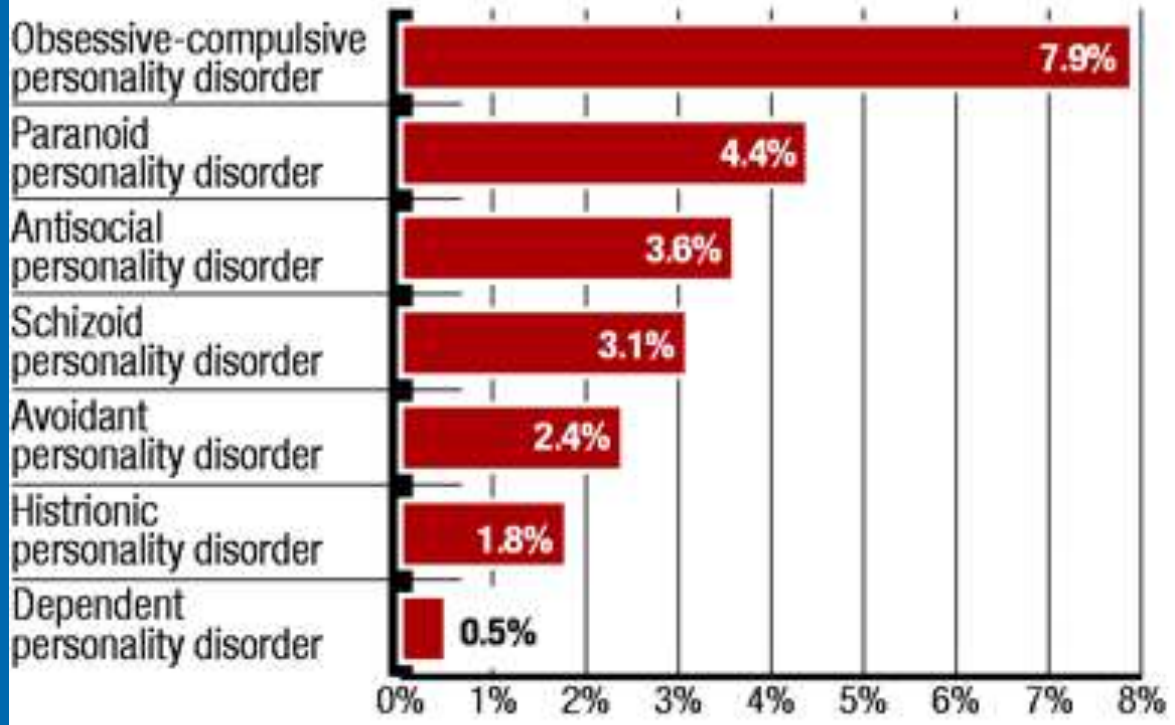
- The NESARC-Wave 1 (random community dwelling) found that the personality disorders are pervasive in the general population:
- 30.8 million American adults (15 percent) meet standard diagnostic criteria for at least one personality disorder
  - 16.4 million individuals (7.9 percent of all adults) had obsessive-compulsive personality disorder;
  - 9.2 million (4.4 percent) had paranoid personality disorder;
  - 7.6 million (3.6 percent) had antisocial personality disorder;
  - 6.5 million (3.1 percent) had schizoid personality disorder;
  - 4.9 million (2.4 percent) had avoidant personality disorder;
  - 3.8 million (1.8 percent) had histrionic personality disorder;
  - 1.0 million (0.5 percent) had dependent personality disorder.
  - 48 percent of drug abusers and 30% of depressed had at least one personality disorder.
  - 13 percent had experienced MDD at some time during their lives

  - Excluded from the study were borderline, schizotypal, and narcissistic disorders (later study to come).

# Personality Disorders Prevalent in American Adults

An NIH survey of 43,000 American adults finds personality disorders are far from uncommon.

An estimated 14.8% of American adults (or 30.8 million) meet criteria for at least one of the studied personality disorders.


**Source:** 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions conducted by NIAAA/NIH

# NESARC-Wave 1

- More women: Avoidant, dependent, and paranoid personality disorders
- No gender differences in the risk of having obsessive-compulsive, schizoid, or histrionic personality disorders.
- Other risk factors for personality disorders included being Native American or Black, being a young adult, having low socioeconomic status, and being divorced, separated, widowed, or never married.
- Associated with considerable emotional disability and impairment in social and occupational functioning.

# Other Statistics

- Antisocial personality disorder is 3 times more prevalent in men than in women.
- Old theory: Borderline personality disorder is 3 times more common in women than in men.
- Narcissistic personality disorder: 50-75% are male.

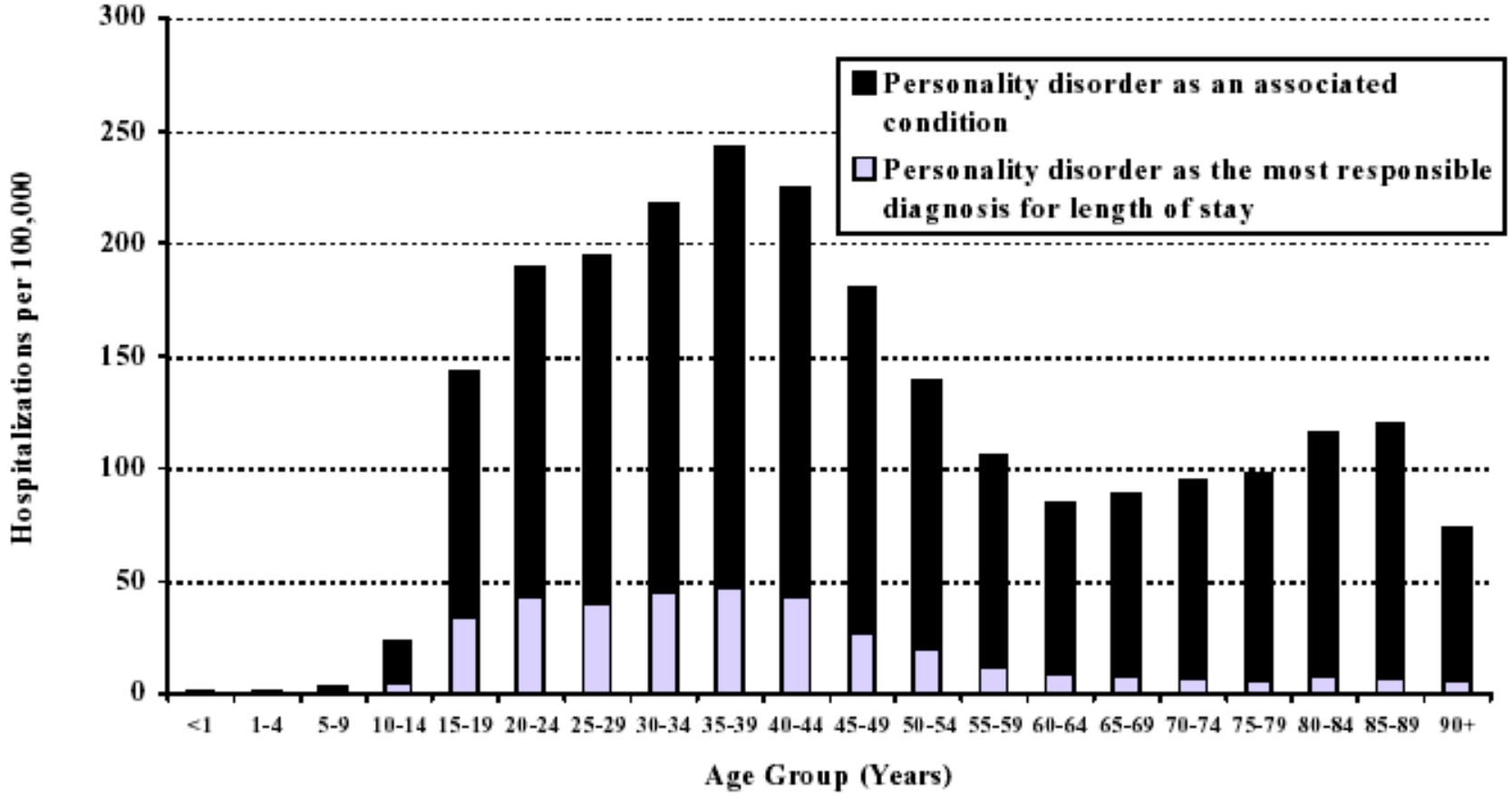
# PD in young adults

- N = 5,000 young people ages 19 to 25
- 20% have a personality disorder (obsessive compulsive, #1; 8%, anti-social and paranoid behaviors)
- 30% abuse alcohol or drugs
- 50% had a psychiatric condition
  - 12% anxiety, 8 % bipolar, 8 % had phobias and 7 % had depression
- Fewer than 25 % with mental problems get treatment

M. Olfson, Arch. Gen. Psych., 2008

# PD, Age and majority of Psych. Hospitalization

**Figure 5-2 Hospitalizations for personality disorders in general hospitals per 100,000 by by contribution to length of stay and age group, Canada, 1999/2000**



# PD: Generally recognized

- Personality disorders are common conditions.
- However, there is a large variation in severity, in degree of distress and dysfunction (hence the ranges in the prevalence data).
- People with a personality disorder are:
  - More vulnerable to other clinical problems, especially depression.
  - Experience more relationship, housing, and employment difficulties.
  - More likely to suffer from alcohol/drug problems

# Common Presenting Problems: Think PD

- Think PD if patient:
- Those with more severe problems
- Complex interpersonal difficulties
- Deliberate self-harm
- Risk of suicide
- Risk to others (aggressive/violent or take risks that endanger others)
- High use of medical & mental health resources

# Challenges for Therapist

- PD pts pose challenges for therapist:
- Poor treatment compliance
- Constant shifting of problems & goals
- Focus of therapy often lost because of regular “crises”
- Therapist becomes demoralized: “nothing seems to work”

# Definitions

- Personality – “Usual” Emotional + Behavioral Characteristics: enduring way of being in the world
- Personality Trait - Personality Component (i.e. obsessive, perfectionistic, shy, entitled)
- Temperament - Affective Tone, Intensity, Reactivity
- Character - Moral + Personality Traits, i.e. honest

# Personality Disorders

- Onset in Teens
- Enduring, Inflexible, Consistent, Maladaptive
- Causes Significant Impairment and/or Distress
- Personalities don't come in black and white, but instead operate in shades of grey
- “Too Much” of a personality trait

# Personality Disorder 2

- Lack insight into their own PD (seek treatment for Depression, Anxiety or relationship problems)
- PD symptoms are ego syntonic = feels like a normal part of oneself
- Most have interpersonal problems = externalize blame
- Intractable, difficult to treat; can affect treatment of other disorders

THE AMERICAN JOURNAL OF PSYCHIATRY

psychiatryonline

From: An Empirically Derived Taxonomy for Personality Diagnosis

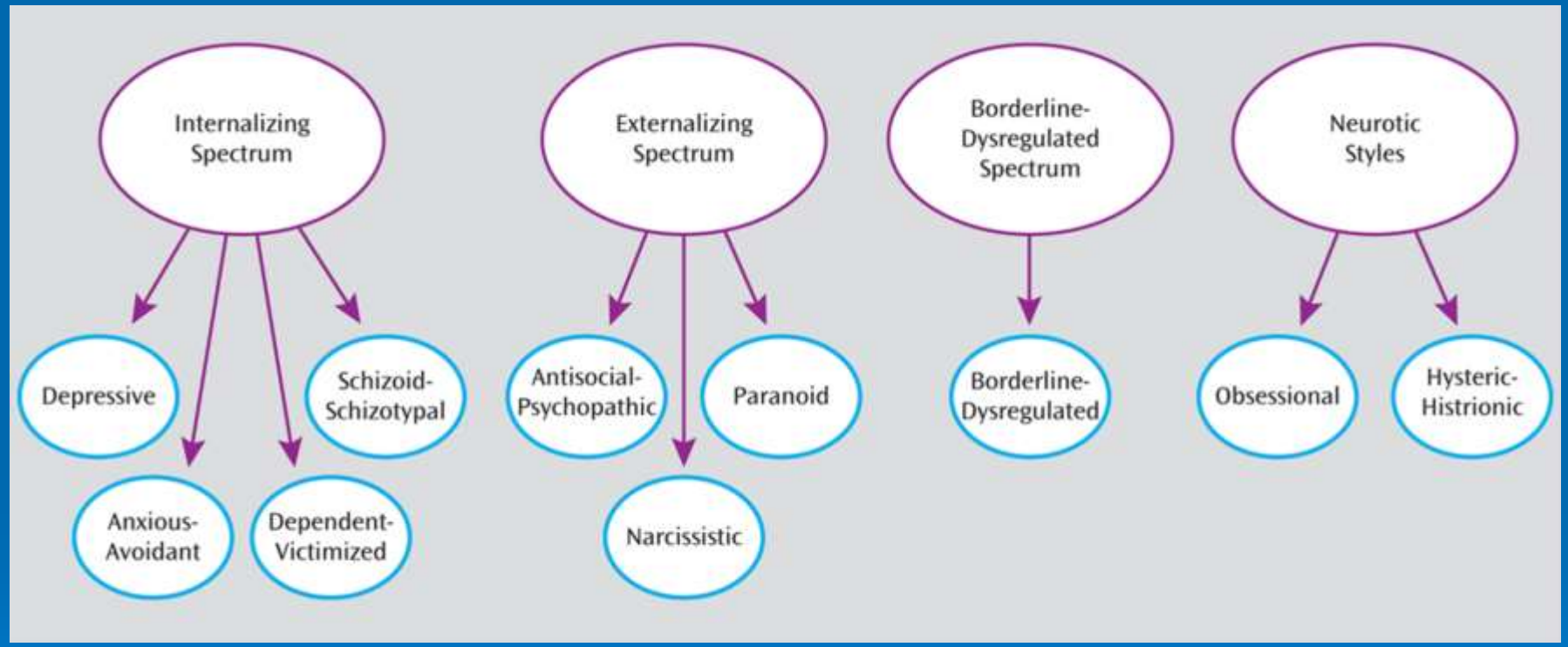



**Figure Legend:**

**Hierarchical Structure of Personality Diagnoses 2013**

Am J Psychiatry. 2012;169(3):273-284. doi:10.1176/appi.ajp.2011.11020274

# Interpersonal dysfunction in personality disorders

- 2017 Metaanalysis: associations between personality disorders and interpersonal functioning - 127 published and unpublished studies.

- A distinct profile of interpersonal style consistent with its characteristic pattern of symptomatic dysfunction;

- Overall, results support the construct and discriminant validity of the personality disorders in the current diagnostic manual, as well as the proposed conceptualization that disturbances in self and interpersonal functioning constitute the core of personality pathology.

Wilson, Sylia, et al., Psy. Bull., 2017

# The “3P’s” = Not PD unless:

- Problematic (clinically significant distress or problems for self or others; difficulties in social life, work, law)
- Persistent (pattern is stable & long-standing; present since early adulthood or adolescence and continues to adulthood)
- Pervasive (pattern is inflexible; & in broad range of personal or social situations)

# DSM-5

- A. Enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
  - Cognition (perception and interpretation of self, others and events)
  - Affectivity (the range, intensity, lability, and appropriateness of emotional response)
  - Interpersonal functioning
  - Impulse control
- 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.

# DSM-5

- 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 or a general medical condition such as head injury.
- People under 18 years old who fit the criteria of a personality disorder must have it for at least 1 year.
- Antisocial personality disorder cannot be diagnosed at all in persons under 18.
- No longer Axis II

CLUSTER A

*odd, eccentric*

- Paranoid
- Schizoid
- Schizotypal

CLUSTER B

*dramatic, erratic*

- Histrionic
- Narcissistic
- Borderline
- Antisocial

CUSTER C

*fearful*

- Avoidant
- Dependent
- Obsessive/Compulsive
- (*not* the same as Obsessive-compulsive disorder)

# DSM-5: 10 Types, 3 Clusters

# Problems with DSM

- Different personality types were poorly defined.
- Categorical structure
- Not based on research-derived criteria.
- Individual symptoms were vague,
- The idea of checking off abstract criteria such as "an exaggerated sense of self-importance" were difficult.
- Criteria overlapped heavily. A person meeting criteria for one personality disorder usually met critieria for 3 or 4 others, as well.

# DSM-5: Promise of a Dimensional System

- Recommendation to exclude new PD dx system from the main text and instead publish it in a section describing diagnoses requiring further study.
- Two major problems with the proposal.
  - First, the proposed classification is unnecessarily complex, incoherent, and inconsistent.
  - It consists of the juxtaposition of two distinct classifications (categorical and dimensional) based on incompatible models without any attempt to reconcile or integrate them into a coherent structure.

# DSM-5 PD: Lack of evidence

- Second, the proposal displays a truly stunning disregard for evidence.
- Important aspects of the proposal lack any reasonable evidential support of reliability and validity. For example, there is little evidence to justify which disorders to retain and which to eliminate.
- Evidence does not support the use of categorical constructs of the kind recommended by the current proposal.

# Alternative Model: ICD

- A new system of diagnosing personality disorders for the next edition of the World Health Organization's International Classification of Diseases (ICD), due out in 2015.
- A system that rates the scale of patients' personality problems – but its proposal is simpler. It is based on a four-point scale rating people's problems relating to others, running from "personality difficulties" through mild, moderate and severe personality disorder.
- This would be supported by ratings for "domains" of personality, linked to extremes on four of the "big five" personality traits recognized by psychologists: extraversion, agreeableness, conscientiousness, neuroticism and openness to experience.

# PDs and Therapist countertransference

- Patients' specific personality pathologies are associated with consistent emotional therapist responses, which suggests that clinicians can make diagnostic and therapeutic use of their responses to patients.

| PD patient | Your response |
| --- | --- |
| Paranoid & ASD | criticized/mistreated countertransference, |
| BPD | helpless/inadequate, overwhelmed/disorganized, and special/overinvolved countertransference. |
| Schizotypal & narcissistic personality | Disengaged |
| Dependent & histrionic personality | Engaged |

**Antonello Colli, et al., AJP, 2013**

# Therapist response

| Them | You Feel |
| --- | --- |
| Schizoid personality | helpless/inadequate |
| Avoidant personality | positive, parental/protective & special/overinvolved |
| OCPD | negatively associated with special/overinvolved |
| Lower functioning pts | stronger negative feelings |

# DSM-5: Cluster A

- Main feature is oddness or eccentricity
- Isolation, ideation, live in thoughts
- 3 PDs in this cluster:
  - Paranoid PD – distrust and suspiciousness, poor cognitive filtering disorder
  - Schizoid PD – detachment from social relationships (does not *want* them), social indifference with affect restriction
  - Schizotypal PD – social deficits and perceptual distortions or eccentricities, nonpsychotic schizophrenia

# Cluster A: Don't Seek TX

- Paranoid (4%):
  - do not seek help, suspicious & distrustful of others
  - If do present then tend to drop out of therapy
  - i.e. Santa Clara MUNI bus driver; or pt who notices my hypnosis book

- Schizoid (3%):
  - socially withdrawn,
  - tend not to engage with therapy,
  - treatments offered at present leads to little progress.

- Schizotypal (2-4%, more males)
  - Nonpsychotic schizophrenia

# Treatment of PD

- Overall therapy goal:

  Change “disorder” into a “style”

# Cluster A: Research & Treatment

- Very little research on Cluster A
- Rarely present for treatment
- If present to services then you offer help for mood, anxiety
- Help with the social consequences of their condition e.g. Family disruption; Loss of employment; Loss of housing

# Cluster A and Comorbidities

- Paranoid personality disorder may appear as a prodrome to delusional disorder or frank schizophrenia.
- At risk for agoraphobia, major depression, obsessive-compulsive disorder, and substance abuse.
  - Individuals with schizoid personality disorder may develop major depression.
  - Pts with schizotypal personality disorder may develop brief psychotic disorder, schizophreniform disorder, or delusional disorder.
    - At the time of diagnosis, 30-50% have concurrent major depression, and most have a history of at least one major depressive episode.

# Cluster B

- Main feature is dramatic, emotional, or erratic
- Intense interpersonal, exchange of affect
- TX by emergency telephone calls
- 4 PDs in this cluster:
  - Antisocial PD – disregard for social norms and rights of others
  - Borderline PD – instability in relationships, self-image, and mood; impulsivity
  - Histrionic PD – excessive emotionality and attention seeking
  - Narcissistic PD – grandiosity, need for admiration, self-centered

# Cluster B and Comorbidities

- Antisocial PD:  risk for anxiety disorders, substance abuse, somatization disorder, and pathological gambling.
- Borderline PD: risk for substance abuse, eating disorders (particularly bulimia), and posttraumatic stress disorder. Suicide is a particular risk in borderline patients.
- Histrionic personality disorder is associated particularly with somatoform disorders.
- Narcissistic PD: at risk for anorexia nervosa and substance abuse as well as experiencing depression.

# Cluster C

- Main feature involves anxiety or fearfulness
- 3 PDs in this cluster:
  - Dependent PD – submissive, need to be taken care of
  - Avoidant PD – social inhibition and inadequacy
  - Obsessive-compulsive PD – orderliness, perfectionism, need to control things

# Cluster C and Comorbidities

- Cluster C: comorbid anxiety disorders
  - Avoidant PD: associated with anxiety disorders (especially social phobia).
  - Dependent PD: risk for anxiety disorders and adjustment disorder.
  - Obsessive-compulsive PD: at risk for myocardial infarction because of their common type A lifestyles. They may also be at risk for anxiety disorders.
    - Not at increased risk for OCD (obsessive-compulsive disorder).

# PD and childhood abuse

- N= 600 male college students, nonclinical: relationship between childhood experiences of sexual and physical abuse and presently reported personality disorder symptoms.
- Childhood abuse was definitively associated with greater levels of symptomatology.
- Child abuse and neglect were risks for personality disorders in adulthood.
- The sexually abused group demonstrated the most consistently elevated patterns of psychopathology.
- Verified physical abuse showed an extremely strong role in the development of antisocial and impulsive behavior.

Miller and Lisak. Journal of Interpersonal Violence. June 1999

# Criticisms of PD Diagnoses
# Limits of categorical model

- Inadequate research base for some personality disorders
- Core features not clearly defined
- High degree of overlap between PDs
- Most commonly diagnosed PD in DSM-IV was PD-NOS
- Overlap between old axis I and axis II diagnoses

# Criticisms of PD Diagnoses 2

- Diagnoses have low reliability
- Thresholds are not adequately justified
- PD criteria are gender biased
- Application of PD criteria is open to gender bias

# DSM-5: Categorical Assumption

- The DSM adopts a categorical classification system, assuming that personality disorders are "qualitatively distinct clinical syndromes"
  - criteria present or absent:
  - “pregnant or not” in medicine

- The result is excessive comorbidity:
  - people often receive multiple PD diagnoses (4.6 dxs per person in MH settings).
  - This casts doubt on the assumption that the diagnostic categories correspond to independent disorders.

# Lots of Comorbid Diagnoses

| Common diagnoses | Number with dx | % with at least 1 comorbid dx |
|---|---|---|
| Somatization Disorder | 67 | 100 |
| *Antisocial PD* | *628* | *93* |
| Panic | 304 | 91 |
| Schizophrenia/Schizophreniform D. | 340 | 91 |
| Dysthymia | 703 | 86 |
| Agoraphobia | 1,281 | 84 |
| Obsessive-compulsive D. | 571 | 79 |
| Drug abuse/dependence | 1,316 | 75 |
| Depressive episode | 1,258 | 75 |

# Categorical Assumption 2

- Most common overlap:
  - Narcissistic PD & Antisocial PD,
  - Histrionic PD & Borderline PD,
  - Avoidant and Dependent;
  - Borderline PDs in 1 study: 81% met criteria for 3 other PDs
- PDs are the least reliable diagnoses.
- Atheoretical model
- This model is not true

# Dimensional Model of Personality

- Most research supports dimensional nature of personality traits
- Personality traits can be viewed as dimensional constructs, as a continuum, from too little to too much; normal to abnormal
- Personality trait depends on contextual appropriateness:
  - Kindness is not virtue on battlefield
  - Early bird gets worm, but its 2nd mouse who gets cheese.

# Disorder vs. Trait

- Trait: Conscientiousness in small doses is advantageous

- Disorder:  In the extreme, leads to paralyzing over attention to detail with interferes with finishing tasks

- Some traits are maladaptive at either extreme:
  - Too little trust: paranoid
  - Too much trust: gullibility leading to being taken advantage of

# Dimensional Model of PD

- The psychobiological perspective on axis II disorders is organized according to the following domains:
  - cognitive-perceptual (consider the dimensional differences between schizotypal versus avoidant personality disorders)
  - impulsivity-aggression (antisocial versus dependent personality disorders)
  - affectivity instability (narcissistic and borderline versus obsessive-compulsive personality disorders)
  - anxiety-inhibition (avoidant versus antisocial personality disorders).

# NESARC & Dimensionality

- All associations among PDs were positive and statistically significant on NESARC

- Co-occurrence between DSM-5 PDs is pervasive in the US general population.

# Personality & Gender

- Compared with women, men exhibit:
  - higher risk taking higher,
  - higher sensation seeking;
  - higher self-esteem;
  - higher assertiveness,
  - lower nurturance;
  - lower emotional intelligence;
  - lower neuroticism;
  - preference for working with things as opposed to people;
  - higher narcissism, driven by men's heightened sense of entitlement and authority

Emily Grijalva, 2014

# 5 Factor Theory –

## Most Massively Researched Personality Factors

## "OCEAN"

| High | **Personality trait** | Low |
|---|---|---|
| Curious | **Openness** | Conventional |
| Reliable | **Conscientiousness** | Unreliable |
| Sociable | **Extraversion** | Shy-quiet |
| Good natured | **Agreeableness** | Uncooperative |
| Nervous | **Neuroticism** | Calm |

NEO Personality Test

**(Costa & Mcrea, 1992)**

# 5 Factors & Brain

- Extraversion: Reward sensitivity: medial OFC
- Neuroticism:
  - reduced volume in dorsomedial PFC and LM Temporal related to cingulate
- Agreeableness:
  - reduced volume in posterior left STS (Mirror neurons)
  - increased volume in posterior cingulate cortex
- Conscientiousness:
  - volume of the left lateral PFC (middle frontal gyrus)
- Openness: only factor association with intelligence;
  - Associated with parietal cortex

# Extraversion

- Extraversion is linked to the tendency to experiencing positive emotions (stem from experiences of reward or the promise of reward)
- Reward sensitivity is at the core of Extraversion.
- An array of approach tendency traits, such as assertiveness, sociability, and talkativeness,
- Covaries with
  - volume of medial orbitofrontal cortex, reward processing center, dopamine
  - Lateral paralimbic group implicated in motivation and reward
  - Fusiform gyrus (social attention and face recognition).

**Colin G. DeYoung, 2010**

# Neuroticism: Sensitivity to threat & punishment

- Neuroticism is linked to the tendency to experience negative emotions, and includes such traits as anxiety, self-consciousness, and irritability.
- Low self-esteem, rumination, and emotional dysregulation are all hallmarks of Neuroticism
- Associated with brain systems associated with sensitivity to threat and punishment:
  - reduced volume in dorsomedial PFC
  - left medial temporal lobe including posterior hippocampus
  - Part of cingulate linked to the detection of error and response to pain,

# Agreeableness

- Agreeableness related to altruism: one's concern for the needs, desires, and rights of others
- Positive pole of Agreeableness describes prosocial traits, such as cooperation, compassion, and politeness;
- Negative pole describes antisocial traits, such as callousness and aggression.
- Underlies empathy, theory of mind, and other forms of social information processing
- Associated with Mirror Neuron System:
  - reduced volume in posterior left superior temporal sulcus
  - increased volume in posterior cingulate cortex.

# Conscientiousness

- Conscientiousness: self controllability and tendency of individuals to inhibit or constrain impulses in order to follow rules or pursue nonimmediate goals.
- Linked to both academic and occupational success, health behavior and longevity.
- Traits such as industriousness, orderliness, and self-discipline, versus impulsivity, distractibility, and disorganization.
- Related to volume of the middle frontal gyrus in left lateral PFC, medial temporal lobe
  - subsystem involved in future-oriented episodic judgment and planning.

# Conscientiousness & self control

- Low Marshmallow resistance: Low levels of conscientiousness in youngsters as young as age 3 herald high rates of physical health problems, substance abuse, financial woes, criminal arrests and single parenthood by age 32

- But 7 percent of youngsters in the long-term study developed notably better self-control as they got older. Members of this group displayed better health, made more money and had fewer criminal run-ins as adults than would have been predicted by their self-control levels as young children.

Terrie Moffitt and Avshalom Caspi, 2010

# Poor Self-control in childhood

- Kids who scored low in self-control were the most likely to make life-changing mistakes as teens, including starting to smoke cigarettes, becoming parents of unplanned babies and dropping out of school.

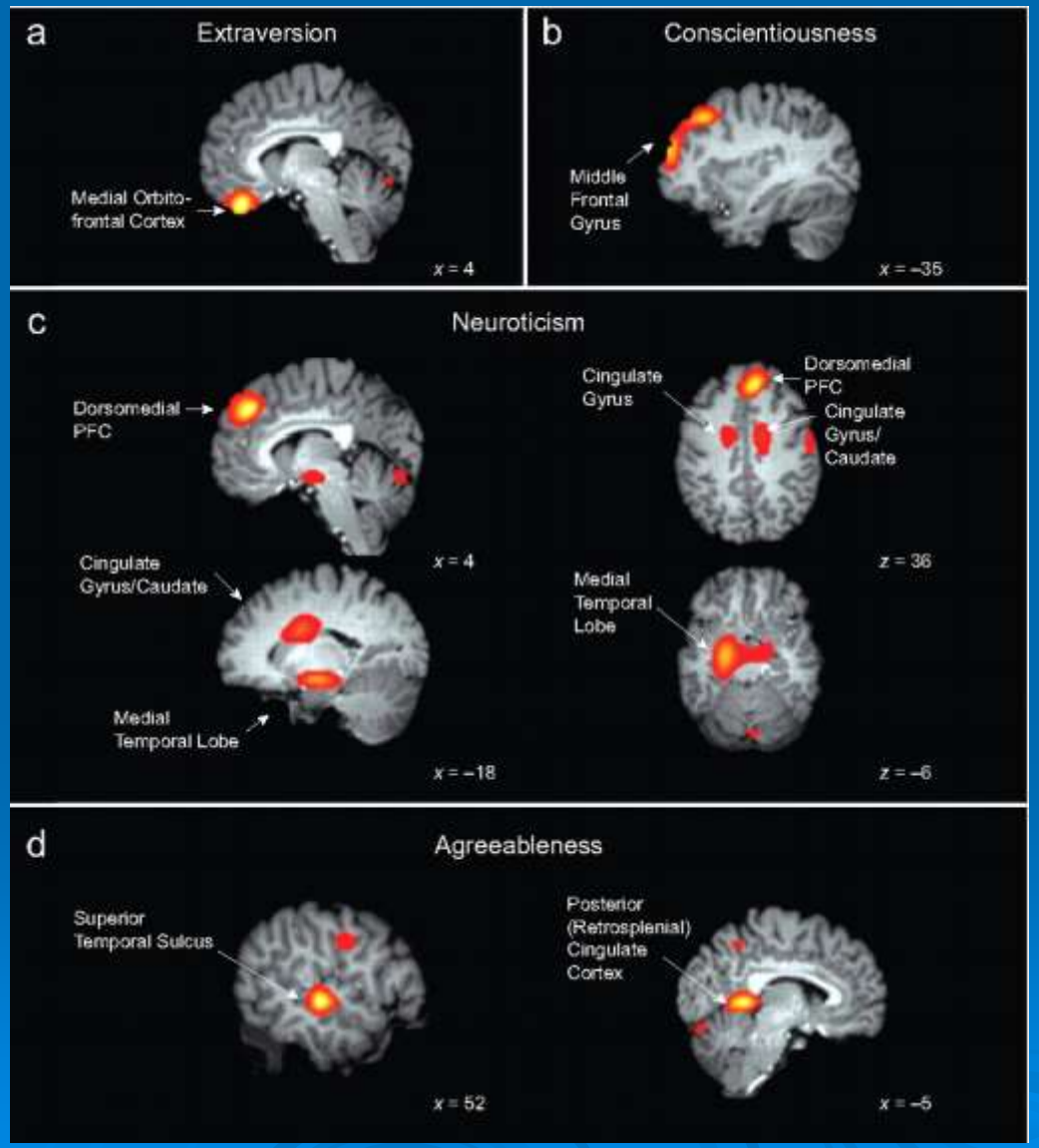
- Prominent physical health problems later in the New Zealand sample included gum disease, sexually transmitted infection, inflammation, overweight, high cholesterol and elevated blood pressure.

- Financial problems centered on difficulties with saving money, planning for retirement, making credit card payments and avoiding bankruptcy.

# Openness

- Openness/Intellect: tendency to process abstract and perceptual information flexibly and effectively, and includes traits such as imagination, intellectual engagement, and aesthetic interest.
- Larger bandwidth of information processing
- Only Big Five trait to be consistently and positively associated with intelligence
- Associated with an area of parietal cortex involved in working memory and the control of attention.
- Correlates with Default mode network (integration of the self and the environment) & the dorsolateral PFC

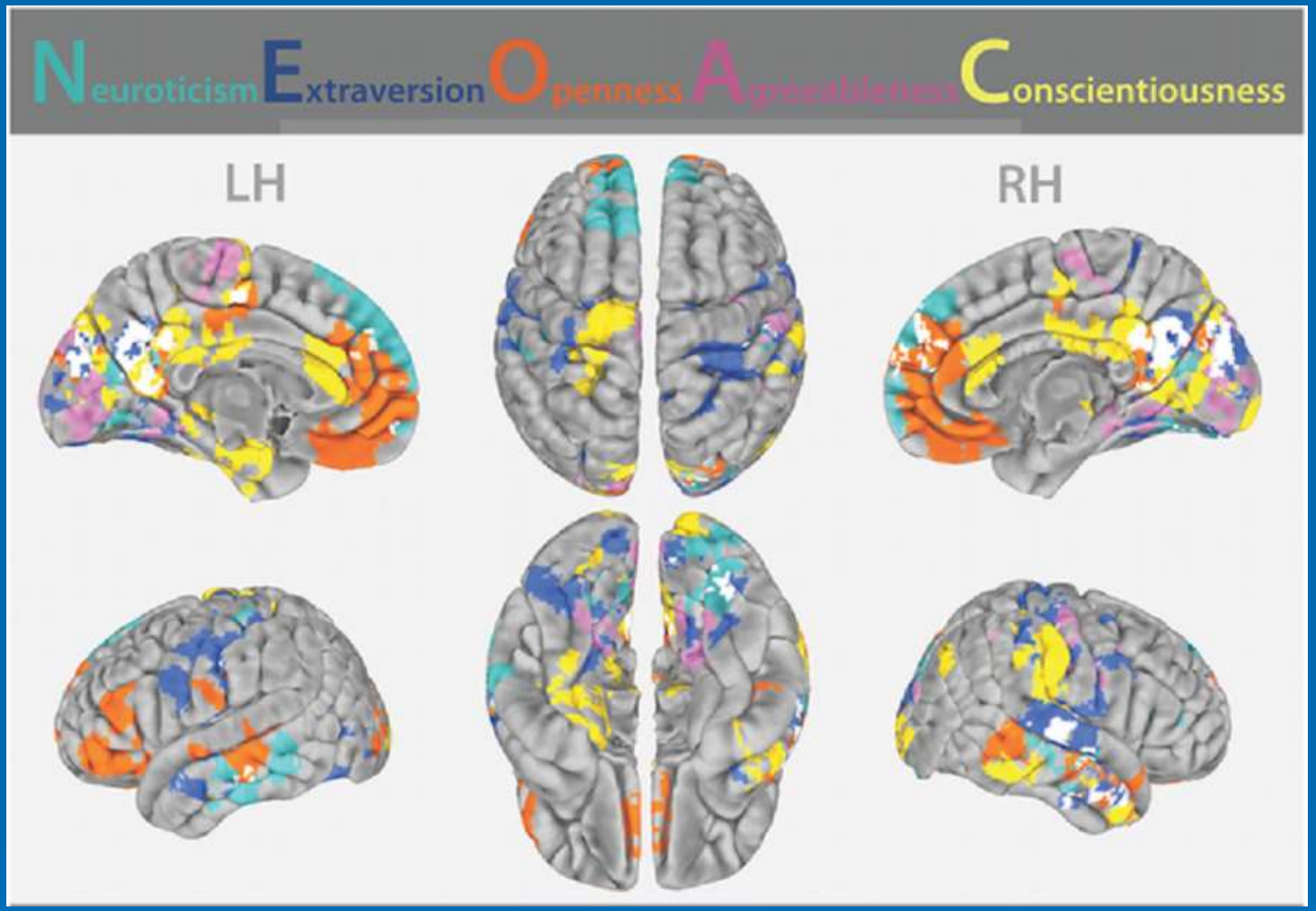
# Brain regions in which local volume was significantly associated with (a) Extraversion, (b) Conscientiousness, (c) Neuroticism, and (d) Agreeableness.



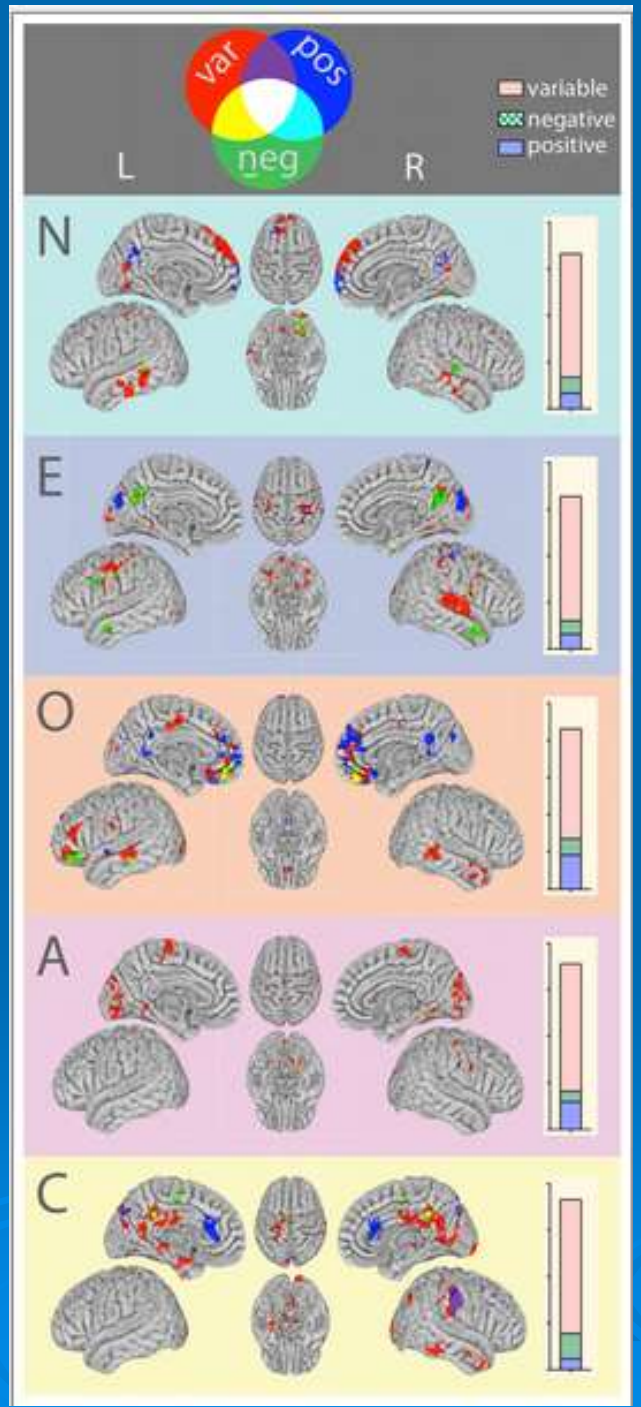

DeYoung C G et al. Psychological Science 2010;0956797610370159



Psychological SCIENCE




Across all domains, the pattern of regions whose connectivity was predicted by personality corresponded with functional subsystems in the brain, particularly default-mode network fractionations


var
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# Does our popularity in high school affect us later in life?

- Research findings suggest that how popular folks were in high school:
  - even forty years later, we can predict who will graduate from high school or college, who will succeed at work, who will apply for welfare/social services, and who may suffer from debilitating mental health difficulties or addictions. Our popularity even predicts our physical health – those who were least popular in childhood are more likely to have cardiovascular and metabolic illnesses decades later than those who were well-liked. Equivalent effect as smoking!

- What may be most surprising, however, is that our popularity plays a role that cannot be accounted for by our socioeconomic status, IQ, family background, prior mental health difficulties, or our appearance. There's something about the way we are regarded by others that changes our life trajectories quite meaningfully and substantially.

# Popularity

- In childhood, our popularity is defined by how much we are well-liked by others.
- A second type of popularity emerges in adolescence, however, reflecting changes in our neural circuitry that are triggered by pubertal hormones.  This is the period when popularity begins to reflect our “status” more than our “likability.” The markers of status – visibility, influence, dominance, and power – all activate the social reward centers in our brain and change our relationship with popularity forever.  Throughout adulthood, we have a choice to pursue greater likability or greater status.
- Because unlike the positive outcomes associated with high likability, research findings indicate that having high status leads to later aggression, addiction, hatred, and despair.
- As children, those who are liked are invited to join others more often, and each of these interactions offers extra opportunities to learn skills that were denied to unlikable, excluded peers.

# Ted Millon's Theory

- **The Millon Fifteen Personality Styles/Disorders and Subtypes**

- Retiring --- Schizoid
- Assertive --- Sadistic
- Eccentric --- Schizotypal
- Pessimistic --- Melancholic
- Shy --- Avoidant
- Aggrieved --- Masochistic
- Cooperative --- Dependent
- Skeptical --- Negativistic
- Sociable --- Histrionic
- Capricious --- Borderline
- Confident --- Narcissistic
- Conscientious --- Compulsive
- Suspicious --- Paranoid
- Exuberant --- Hypomanic
- Non conforming --- Antisocial

# Big Five & Dementia

- Higher Neuroticism or lower Conscientiousness increase risk for AD neuropathology.

- A resilient personality profile is associated with lower risk or delay of clinical dementia, even in persons with AD neuropathology.

# PD as pejorative term

- In the mental health field, the category of personality disorder has become a pejorative concept.
- Borderline PD and Antisocial Personality PD have become the most negatively identified categories. Judith Herman called BPD "the sophisticated insult"
- PDs are nouns, not adjectives: i.e. not “person is borderline” but “person has a borderline personality disorder”
- Diagnostic bias: research shows gender equivalence of many PDs,
  - women are more often dx-ed Histrionic,
  - and men, Narcissistic and ASPD

# Politics & Personality: Different Psychologies

- Chris Mooney authored *The Republican Brain*
- It is a survey of the extensive research linking political views to personality types.
- Modern American conservatism is highly correlated with authoritarian inclinations — and authoritarians are strongly inclined to reject any evidence contradicting their prior beliefs.

- Conservatives are more sensitive to threats while liberals are more open to new experiences.

# Politics & Personality 2: not determinism

- Today's Republicans cocoon themselves in an alternate reality defined by Fox News, Rush Limbaugh and The Wall Street Journal's editorial page
- Liberals often give in to wishful thinking — but not in the same systematic, all-encompassing way.
- On average, conservatives prefer simplicity and clear distinctions, where liberals display "integrative complexity" and are more comfortable with ambiguity and nuance.
- Conservatives are "hierarchs" and highly sensitive to in-group/out-group distinctions, where liberals are egalitarians.
- Conservatives come to decisions quickly and stick to them; liberals deliberate, sometimes to the point of dithering.

# Openness vs. Conscientiousness

- Openness to new experiences and fastidiousness are better predictors of political preference than income or education.

- Liberals are more likely to be open to new experiences, new cultures, and new ideas. They embrace uncertainty, ambiguity and messiness.

- Conservatives are more likely to exhibit Conscientiousness: "highly goal oriented, competent, and organized--and, on average, politically conservative."

# NEO & Politics

- The better educated a conservative is, the more likely he is to dismiss climate change concerns
- “Smart idiot" effect : due to motivated reasoning—the psychological phenomenon of preferring only evidence that backs up your belief
- People more wedded to certainty tend to become conservatives; people craving novelty, liberals.

# Personality as Styles

- Sylvia Wilson and colleagues (2017): interpersonal styles associated with each personality disorder.
- So much of what can go awry in personality involves relationships with others.
- Propose that all personality traits can be catalogued on the dimensions of agency (ranging from domination to submissiveness) and communion (ranging from warmth to coldness).
- These dimensions form a “circumplex,” or circle with two dimensions that, in turn, can be divided into 8 sections, The closer you get to the extreme ends of any dimension, the less desirable the trait becomes.
- Personality disorders are associated with dysfunctional interpersonal styles and core disturbances in self

Wilson, S., Stroud, C. B., & Durbin, C. E. (2017). Interpersonal dysfunction in personality disorders: A meta-analytic review. *Psychological Bulletin, 143*(7), 677-734. doi:10.1037/bul0000101

# Personality as Styles

- The 8 traits identified in this manner are as follows: domineering, vindictive, cold, socially avoidant, nonassertive, exploitable, overly nurturant, and intrusive.
- **Schizoid**: Coldness with a combination of social avoidance form the main traits for this personality disorder's profile. It's unlikely that schizoid individuals, according to the findings, will try to exploit you.
- **Schizotypal**: Individuals with this personality disorder score high on all 3 of the above traits—namely, vindictive, cold, and avoidant. This profile fits with the disorder's main criterion of odd, eccentric, and socially awkward behavior.
- **Antisocial:** The extreme of the psychopathic personality, people with this disorder scored high on the traits of domineering, vindictive, and intrusive, with slightly high scores on coldness.

# Personality as Styles

- **Borderline**: A broad set of interpersonal traits appeared in the studies of people with borderline personality disorder, but the highest scores were on vindictive and intrusive. You might experience this sense when with someone who has this disorder, particularly when you feel that your boundaries are being violated and you're being held accountable to an extreme degree for your behaviors and possible shortcomings.
- **Histrionic**: This personality disorder is rarely diagnosed, and was almost eliminated in the new DSM. However, the interpersonal trait profile showed distinctly high scores on domineering and, particularly, intrusiveness. These individuals are unlikely, in contrast, to be cold and socially avoidant.

# Personality as styles

- **Narcissistic**: Remarkably similar to antisocial in the interpersonal style model, individuals with this personality disorder were also high in domineering, vindictive, cold, and intrusive interpersonal style traits. These qualities are ones that you'll almost invariably encounter when dealing with people who fit this diagnostic category.
- **Avoidant**: As you might expect, people high in avoidant personality disorder are most likely to be high on coldness and social avoidance, but low on domineering and intrusiveness. As the avoidant personality disorder is so aptly described in terms of interpersonal relationships, it makes sense that the profile as revealed in research fits this pattern.
- **Dependent**: The dependent personality disorder showed a pattern of scores marked by the highest scores on intrusiveness and lowest, as you might expect, on domineering. Individuals with this disorder, who have an excessive need to be taken care of, readily submit to others. Their second highest score was on vindictiveness but they were also high on implicativeness.

# Personality as styles

- **Obsessive-compulsive**: There were no stand-out, distinguishing, features of this personality disorder in the overall analysis which yielded a relatively flat profile across the 8 traits. This finding suggests that perhaps this personality disorder doesn't involve as much interpersonal dysfunction as has been thought although individuals who fit the criteria of excessive perfectionism, inflexibility, and restricted expression of emotions may have trouble at work or in relationships. They may also, however, achieve higher status and wealth, as other research has indicated. There's a trade-off then, when an individual has such an extreme work ethic that he or she may pay less attention to relationships.

# DSM-5 Personality Disorders

**Enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, with onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment**

# Same 10 Personality Disorders

- DSM-5 will maintain the categorical model and criteria for the 10 personality disorders included in DSM-IV
- Section 3: Includes the new trait-specific methodology
- Major changes in personality disorders held over until next revision, the DSM 5.1 (or maybe 5.2)

# 10 Personality Disorders

- Paranoid
- Schizoid
- Schizotypal
- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive-Compulsive

# DSM-5: Personality Disorders

- Enduring pattern of inner experience that deviates markedly from cultural experiences, > 2 manifestations
  - Cognition
  - Affectivity
  - Interpersonal functioning
  - Impulse control
- Pattern, inflexible & pervasive across broad range of personal & social situations
- Distress/impairment
- Pattern stable & enduring; from adolescence/early adulthood

# Cluster A

# Paranoid PD

Pervasive Distrust + Suspiciousness, Interpret motives of others as malevolent

4 + of :

Suspicious

Preoccupation with Distrust

Won't Confide

Misinterprets Motives

Feels Attacked

Jealous of partner

Grudges

- Core: suspicious distrust
- Watching out for injustice

# DSM-5 Paranoid Personality Disorder

- Distrust and suspiciousness of others, motives interpreted as malevolent
- > 4 sxs
  - Suspicious without basis of being exploited/harm/deception; preoccupied with unjustified doubts about loyalty; reluctant to confide, fear information used against; reads hidden demeaning threatening meaning in remarks; bears grudges; attacks on character; suspicious of fidelity

# Ultimate Paranoid: The Conversation


Conversation (1974): Gene Hackman

# Paranoid Mnemonic: Suspect

- **S** – Suspicious, spouse is cheating
- **U** - unforgiving - bears grudges
- **S** - suspicious (of others)
- **P** - perceives attacks (and reacts quickly)
- **E** - enemy in everyone - suspects associates, friends
- **C** - confiding in others feared
- **T** - threats seen in benign events

**Pinkofsy, HB**., Psychiatr Serv. 1997 Sep;48(9):1197-8.

# Paranoid Personality Disorder:
# Watching for injustice

- A pervasive **and** unwarranted belief that others intend to harm
- Expecting to be exploited
- Distrust and suspiciousness of even family and friends
- Interpreting others motives as malevolent
- Reading malicious intent into even innocuous comments
- Taking remarks out of context and interpreting them to support own frame of reference
- Extreme jealousy
- Hypersensitivity to criticism
- Controlling; quick to anger
- Possible family history: active rejection; actual persecution

# Paranoid PD

- Be careful in diagnosis of: Ethnic minorities, immigrants, political refugees – real reason for fear
- Familial: increased prevalence in relatives of Schizophrenics and Delusional Disorder
- Prevalence:
  - DSM-5 (Nat. Comorbidity Study): 2.3% in population, 10-30% inpatient, 2-10% outpatient,
  - NESARC: 4.4% in population, more female

# Paranoid PD Issues

- Ideational disorder: ignore contradictory data
- Pervasive distrust, hypervigilant, restricted affect, need control
- Not schizophrenic spectrum
- Genetic components with delusional disorder
- More men in clinic, more women in community
- 75% comorbidity (schizotypal, agoraphobia (3.5x))
- Lack of object constancy, cognitive nets of connectedness (others always think of you)

# Paranoid: Treatment

- Poor outcomes
- Medications don’t help
- Be honest, don’t justify their paranoia
- Don’t psychologize or describe projection
- Use “we”
- Emphasize how anyone would experience that situation

# Paranoid Treatment

- Acknowledge mistakes.
- Be open and honest.
- Have a professional and not overly warm style.
- Don’t confront the paranoia.
- Set limits.
- Clearly explain procedures, medications and results.

# Paranoid PD: Testing

- MMPI: 6↑, persecutory ideas, poignancy
- MCMI: paranoid
- PAI: paranoid
- Rorschach:
  - synthesis responses
  - clothing
  - hypervigilant
  - lots of H
  - overincorporation (2 women cooking with BF flying by with culinary spirits consulting)

# Schizoid PD

Social Detachment + Restricted Affect

4 + of :

Eschew Closeness

Solitary

No Sex Interest

Not Enjoy Activities

No Close Friends

Indifferent

Cold

Coldness with social avoidance. Will not try to exploit you.

# DSM-5 Schizoid Personality Disorder

- Social and interpersonal deficits,
- Acute discomfort with/reduced capacity for close relationships; (cognitive/perceptual distortions/behavior eccentricities)
- ≥ 5
  - Ideas of reference, odd beliefs/magical thinking, influences behavior; unusual perceptual experiences; odd thinking and speech; suspiciousness/paranoid delusion

# Schizoid Personality Disorder:
# Detached loner, happy mollusk

- Pervasive indifference toward others
- Restricted range of emotional expression
- Unaffected by praise or criticism
- Few friends or confidants
- Maintains superficial connections with relatives; even these are aloof and cool
- No sense of humor
- Lacks social skills
- No overtly bizarre behavior, thinking, etc
- Possible family history: cold; limited affection; rewarded for being alone and independent

# Schizoid Mnemonic: Solitary

- **S** – shows emotional coldness
- **O** – omits close relationships
- **L** – lacks close friends or confidants
- **I** – involved in solitary activities
- **T** – takes pleasure in few activities
- **A** – appears indifferent to praise or criticism
- **R** – restricted interest in sexual experiences
- **Y** – yanks himself from social relationships

# Prevalence of Schizoid PD

- DSM-5 (Nat. Comorbidity study):
  - 4.9 % in general population
  - More males
- NESARC:
  - 3.1% in general population

# Schizoid PD issues

- Most profound development deficit
- Basic deficit (not conflictual): inability to relate to others
- Anhedonia
- Don’t reproduce or marry
- Dysthymic
- Outsiders, not participants
- Not schizophrenic spectrum
- Reduced social yawning

- Low mirror neurons?; touch of Asperger’s?

# Schizoid: Treatment

- Uncommon in clinical settings
- TX goal:
  - Emphasize positive emotions
  - Understand their need for isolation.
  - Maintain a quiet, reassuring, and considerate interest in them.
  - Don’t insist on reciprocal responses.
  - Don’t expect therapy relation to improve.

# Schizoid PD: Psych.Testing

- What's not there
- MMPI: Introversion, 8↑, 9↓
- MCMI: Schizoid
- PAI: Paranoid-hypervigilance subscale
- Neo PI: Openness ↓
- Rorschach: pure F, L>1.0, Human 0-1, Cop ↓, Ag ↓

# Schizotypal PD

Discomfort with Relationships, Cognitive Distortions + Eccentric behavior

5 + of :

Ideas of Reference

Perceptual Disturbances

Paranoia

Odd Behavior/Appearance

Anxious Socially

Odd Magical Beliefs

Odd Thoughts/Speech

Inappropriate Affect

Loner

Also coded under Schizophrenia and Other Psychotic Disorders

# DSM-5: Schizotypal Personality Disorder

- Social & interpersonal deficits,
- acute discomfort with/reduced capacity for close relationships;
- cognitive/perceptual distortions/behavior eccentricities
- > 5:
  - Ideas of reference, odd beliefs/magical thinking, influences behavior; unusual perceptual experiences; odd thinking and speech; suspiciousness/paranoid delusions
- Also under Schizophrenia and Other Psychotic Disorders

# Ultimate Schizotypal: Taxi Driver


Taxi Driver (1976): Robert DeNiro

# 301.22 Schizotypal Personality Disorder: DSM-5 Schizotypal Type

- 1. Schizotypy: Eccentricity
- Unusual behavior (e.g., unusual mannerisms; wearing clothes obviously inappropriate to the occasion or season); saying unusual or inappropriate things, using neologisms, or concrete and impoverished speech; seen by others of the same culture and society as bizarre, odd, and strange
- 2. Schizotypy: Cognitive Dysregulation
- Unusual thought processes; having thoughts and ideas that do not follow logically from each other; derailment of one's train of thought; making loose associations or non-sequiturs; disorganized and/or confused thought, especially when stressed
- 3. Schizotypy: Unusual Perceptions
- Having odd experiences in various sensory modalities; having synesthesia (cross-modal perception); perceiving events and things in ways that others do not

# DSM-5 Schizotypal Type

- 4. Schizotypy: Unusual Beliefs
- Content of thoughts that is viewed by others of the same culture and society as bizarre; idiosyncratic but deeply held convictions that are not well justified by objective evidence; interest in the occult and in unusual views of reality
- 5. Introversion: Social Withdrawal
- Preference for being alone to being with others; reticence in social situations; avoidance and lack of enjoyment of social contacts/activity; lack of initiation of social contact
- 6. Introversion: Restricted Affectivity
- Lack of emotional experience and display; emotional reactions, when evident, are shallow and transitory; unemotional, even in normally emotionally arousing situations s

# DSM-5 Schizotypal Type

- 7. Introversion: Intimacy Avoidance
- Disinterest in and avoidance of close relationships, interpersonal attachments, and intimate sexual relationship
- 8. Negative Emotionality: Suspiciousness
- Mistrust of others; expectations of and hyper-alertness to signs of interpersonal ill-intent or harm; having doubts about others' loyalty and fidelity; feelings of persecution
- 9. Negative Emotionality: Anxiousness
- Feelings of nervousness, tenseness, and/or being on edge; worry about past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty

# Schizotypal Personality Disorder: Peculiarity/eccentricity

- Acutely uncomfortable around others; esp. those who are unfamiliar
- Deficient in social relationships
- Reduced capacity for closeness
- Peculiar in thought, action, appearance
- Bizarre fantasies and preoccupations
- Unkempt, mismatched, prefer to dress in strange clothing
- Digressive or vague in speech
- Use words differently than others: neologisms
- Talk to themselves openly
- Possible family history: schizophrenic or very eccentric caregiver

# Schizotypal Mnemonic: Me Peculiar

- **M** – magical thinking that influences behavior, superstitiousness or the paranormal
- **E** - eccentric behavior or appearance
- **P** – paranoid ideation
- **E** - experiences unusual perceptions
- **C** - constricted affect
- **U** - unusual thinking & speech
- **L** - lacks friends
- **I** - ideas of reference
- **A** - anxiety (socially)
- **R** - rule out psychotic disorders & pervasive developmental disorder

**Pinkofsy, HB**., Psychiatr Serv. 1997 Sep;48(9):1197-8.

# Schizotypal PD 1

- “Touch of schizophrenia”; non psychotic version of schizophrenia;
- Schizophrenic spectrum  disorder
- Cognitive/perceptual distortions & behavioral eccentricities
- More research due to
  - behavior having similarity to schizophrenia
  - genetic link with schizophrenia
- Schizotypal personality disorder is more common in families with a history of schizophrenia.
- Evidence for dysregulation of dopaminergic pathways

# Prevalence

- DSM-5:
  - .6% Norwegian samples
  - 4.6% US community
  - 0 to 1.9% in clinical populations
  - More common in males
- NESARC: 3.9%
- Higher rates in females with Fragile-X

# Schizotypal PD 2

- Micro psychotic episodes; but not delusional
- Atrophy: Reduction of left Superior Temporal and frontal gray matter volume and enlarged Ventricles in SPD subjects; greater R prefrontal activation
- Anti-psychotic drugs → can help, but very limited improvement (also side-effects!)
- Therapy: Aim to reconnect client to social world & recognize limits of their thinking (but expect limited success); social skills education, reality orientation

# Schizotypal PD: Testing

- WCST↓
- MCMI: schizoid scale
- PAI: Schizophrenia scale
- MMPI: 8↑
- Rorschach: introversive, lot of M and M-, poor Form, level 1 special scores, odd language, tangential; poor H form

# Cluster B

# Antisocial PD (ASPD)

Disregard Rights of Others (and meet Conduct Disorder)

3 + of :

Unlawful

Deceitful

Impulsive

Aggressive

Reckless

Irresponsible

Lack Remorse

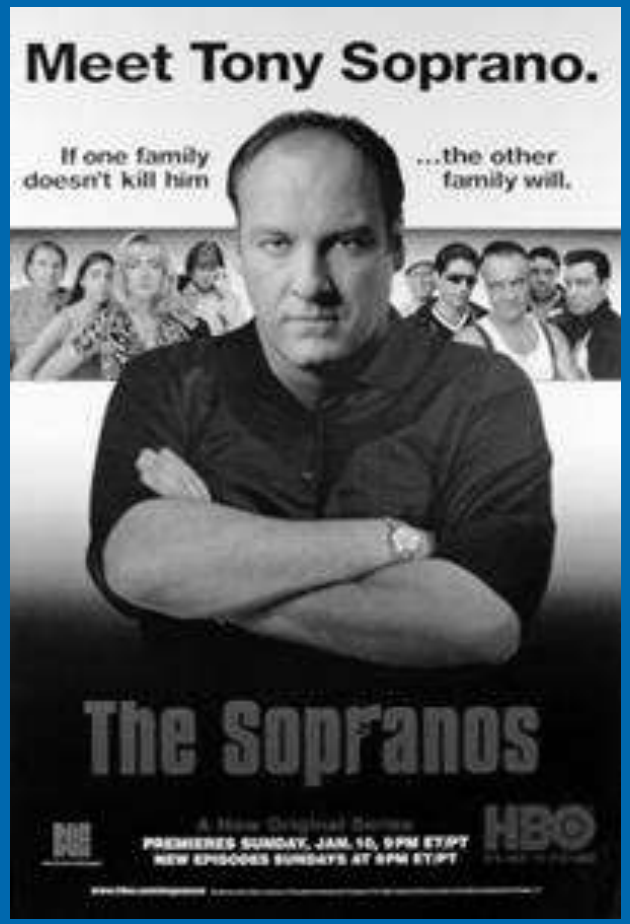
- Crucial: lack of empathy, arrogant self appraisal
- ≥ 18 y; Evidence of conduct disorder before age 15
- Relationships: domineering, vindictive, and intrusive, higher on coldness.

# DSM-5: Antisocial Personality Disorder

- Disregard for and violation of rights of others
- Since age 15
- ≥ 3 sxs:
  - Failure to conform to social norms related to lawful behaviors; deceitfulness; impulsivity; irritability/aggressiveness; reckless disregard for safety of self/others; consistent irresponsibility; lack of remorse
- ≥ 18 years
- Evidence of conduct disorder < 15 years

- Note: no psychopathy or sociopathy in DSM

# ASPD: Diagnosis by Rap Sheet




Ted Bundy,
killed 16 women
aged 12-23

# ASPD

Monster (2003) - Charlize Theron

Dexter

# Psychopathy

# Trustworthiness

- “In spite of the hardness and ruthlessness I thought I saw in his face, I got the impression that here was a man who could be relied upon when he had given his word.“
- An error in judgment: English Prime Minister Neville Chamberlain on first meeting Hitler
- Formula to predict untrustworthiness: hand touch, face touch, arms crossed, lean away. The more often a player expressed this set of cues, the more selfishly they played in economic risk games.

# ASPD vs. Criminality

"Criminal" is a legal term denoting conviction for breaking a law:

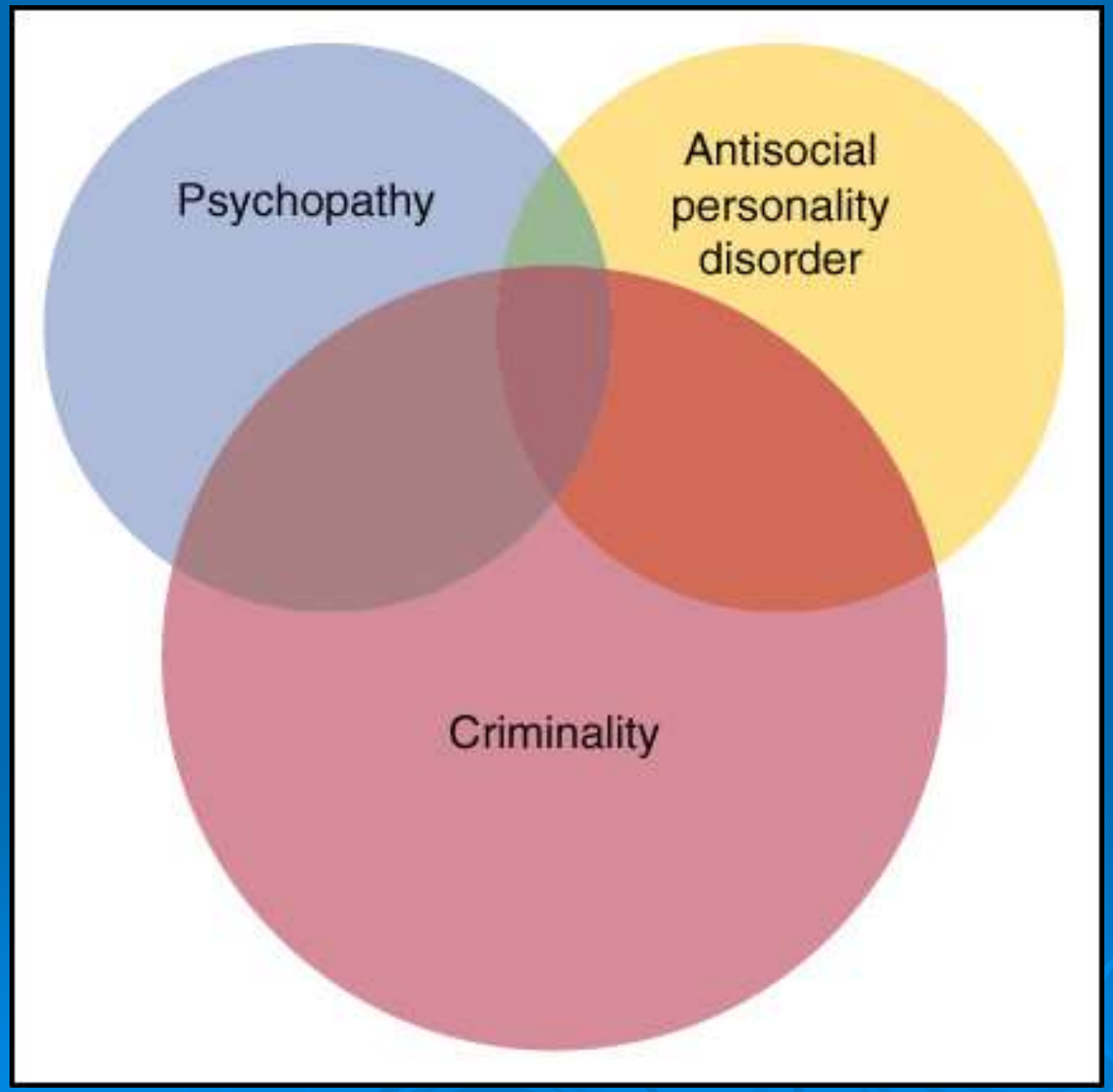
- Not all people with ASPD are criminals (or in jails), i.e. *Snakes in Suits*
- Not all people in jail or considered criminal have ASPD, i.e. drug bust
- Not all people with ASPD are psychopaths

# Are these people psychopaths?

- • Door to door sales person
- • Wall street or corporate executive
- • Skilled crime solver
- • Politician

  What's differentiates "failed" from "adaptive" psychopaths?

- • Impulsive antisociality
- • Fearless dominance
- Serial killer


Psychopathy
Antisocial personality disorder
Criminality

# DSM-5 301.7 Antisocial Personality Disorder: DSM-5 Antisocial/Psychopathic Type

- 1. Antagonism: Callousness
- Lack of empathy or concern for others' feelings or problems; lack of guilt or remorse about the negative or harmful effects of one's actions on others; exploitativeness
- 2. Antagonism: Aggression
- Being mean, cruel, or cold-hearted; verbally, relationally, or physically abusive; humiliating and demeaning of others; willingly and willfully engaging in acts of violence against persons and objects; active and open belligerence or vengefulness; using dominance and intimidation to control others
- 3. Antagonism: Manipulativeness
- Use of cunning, craft, or subterfuge to influence or control others; casual use of others to one's own advantage; use of seduction, charm, glibness, or ingratiation to achieve one's own end

# DSM-5 Antisocial/Psychopathic Type

- 4. Antagonism: Hostility
- Irritability, hot temperedness; being unfriendly, rude, surly, or nasty; responding angrily to minor slights and insults
- 5. Antagonism: Deceitfulness
- Dishonesty, untruthfulness; embellishment or fabrication when relating events; misrepresentation of self; fraudulence
- 6. Antagonism: Narcissism
- Vanity, boastfulness, exaggeration of one's achievements and abilities; self-centeredness; feeling and acting entitled, believing that one deserves only the best; preoccupation with having unlimited success, power, brilliance, and/or beauty

# DSM-5 Antisocial/Psychopathic Type

- 7. Disinhibition: Irresponsibility
- Disregard for, or failure to honor, financial and other obligations or commitments; lack of respect and follow through on agreements and promises; unreliability; failure to keep appointments or to complete tasks or assignments; carelessness with own and/or others' possessions
- 8. Disinhibition: Recklessness
- Craving and pursuit of stimulation and variety without regard for consequences; boredom proneness and unplanned initiation of activities to counter boredom; unnecessary risk taking; lack of concern for ones limitations; denial of the reality of personal danger; high tolerance for uncertainty and unfamiliarity
- 9. Disinhibition: Impulsivity
- Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; failure to learn from experience

# *Dark Tetrad: Dark Personalities*

- Machiavellianism,
- Narcissism,
- (subclinical) Psychopathy
- Everyday sadism

**Table 1.** Key Features of the Dark Tetrad of Personalities

| Feature | Narcissism | Machiavellianism | Psychopathy | Sadism |
|---|---|---|---|---|
| Callousness | ++ | ++ | ++ | ++ |
| Impulsivity | + | | ++ | |
| Manipulation | + | ++ | ++ | |
| Criminality | | Only white-collar | ++ | |
| Grandiosity | ++ | | + | |
| Enjoyment of cruelty | | | | ++ |

Delroy L. Paulhus, 2014

# Hot ASPD vs Cold Psychopaths

- We describe those without psychopathy as 'hot-headed' and those with psychopathy as 'cold-hearted'.

- The 'cold-hearted' psychopathic group begin offending earlier, engage in a broader range and greater density of offending behaviors, and respond less well to treatment programs in adulthood, compared to the 'hot-headed' group.

- Profound deficits in empathizing with the distress of others.

# ASPD vs Psychopaths

- ASPD+P offenders displayed significantly reduced grey matter volumes in the anterior rostral prefrontal cortex and temporal poles compared to ASPD-P offenders and healthy non-offenders.

- Damage to these areas is associated with impaired empathizing with other people, poor response to fear and distress and a lack of 'self-conscious' emotions such as guilt or embarrassment.

-

# ASPD

- Diagnosis by rap sheet, behavior
- Adult extension of conduct disorder (age>18)
- Emphasizes antisocial, rule breaking behavior
- Conduct disorder before age 15
- After age 15:
  - unlawful behavior
  - lying, deceitful, use aliases
  - impulsive, fail to plan ahead
  - aggressive, fights
  - reckless disregard for safety of self or others
  - irresponsible, don’t honor debts, inconsistent job record
  - lack remorse – indifferent to having hurt others

# Antisocial PD Mnemonic: Corrupt

- **C** - cannot follow law
- **O** - obligations ignored
- **R** - remorselessness
- **R** - recklessness
- **U** - underhandedness
- **P** - planning deficit
- **T** - temper

# Antisocial Personality Disorder:
# Disregard for other's rights

- Longstanding irresponsible behavior
- Lying, stealing, vandalizing, bullying as a child
- Initiating fights, running away from home, physically cruel to others
- Failure to honor financial obligations
- Crimes; drugs; fights; cruelty; "con"
- Checkered work history
- Shirking responsibilities as parent
- Incapable of sustaining relationships with family members or friends
- Relationships: shallow, brief, marked by callousness, exploitative
- Expresses no remorse; feels justified in hurting or mistreating
- Charming, engaging, persuasive
- Criminal behavior not enough for diagnosis; lack of concern for feelings of others
- Possible family history: abuse; neglect; avoidant caregivers

# Causes of ASPD

Genetics

Birth trauma

Sensation-seeking

Family dynamics

Modeling and media

# ASPD

- Twin, family, and adoption data show strong genetic influence; higher for women; higher rates of Substance Abuse and Somatization disorders

- Lee Robins' work in mid-1960's formed basis of current ASPD criteria
  - Found that most antisocial adults were antisocial in childhood
  - But most antisocial children are not antisocial as adults

- ASPD is not Psychopathy: "having a cold versus pneumonia"

# Prevalence

- Prevalence is 3.6% (NESARC); higher in men; lower in women; underdiagnosed in women
- DSM-5: 12 month rates: .2 to 3.3%
- Highest: (greater than 70%) among most severe samples of males with alcohol use disorder & substance abuse clinics, prisons
- Higher in poverty and migration samples

# ASPD

- Most violent crimes are committed by a
  - small group of life-course-persistent male offenders,
  - who meet diagnostic criteria for conduct disorder as children
  - and antisocial personality disorder (ASPD) as adults.

- Significant clinical heterogeneity exists within this life-course-persistent offending group. Most are characterized by emotional lability, impulsivity, high levels of mood and anxiety disorders, and reactive aggression.

- Minority are characterized by deficient affective experience, typified by a lack of empathy and remorse, as well as persistent reactive and instrumental aggression (psychopath subset).

# Psychopathy

- Psychopathy is a personality disorder characterized by a combination of
  - superficial charm,
  - persistent instrumental antisocial behavior,
  - marked sensation-seeking
  - poor reflection,
  - blunted empathy and punishment sensitivity,
  - and shallow emotional experiences.
- Markedly increased risk of developing substance use problems.
- Hyper-reactivity of the dopaminergic reward system may comprise a neural substrate for impulsive- antisocial behavior and substance abuse in psychopathy.
- Mesolimbic DA is critical for the expression of aggression

# Kent Kiehl, PhD
# & his 1100 Psychopaths


Kent Kiehl in front of the semi-trailer that houses a portable MRI scanner at the Western New Mexico Correctional Facility.

# Psychopathy: “Suffering Souls”

- Condition of moral emptiness that affects between 15-25 % of the North American prison population, and 1% of the general adult male population. (Female psychopaths are thought to be much rarer.)
- Kent Kiehl: 1 in 100 in normal; 1 in 20 prison
- Their main defect is "severe emotional detachment"--a total lack of empathy and remorse.
- The average psychopath: convicted of four violent crimes by the age of forty.
- Criminal life style factor (lower after age 40): SES, bad friends, Chem. Depend.
- Callous aggressive narcissism: predator-prey

Kent Kiehl

# If fearless, born to be bad?
# Amygdala & low fear conditioning deficit

- In the framework of a large birth cohort study, Gao et al. tested fear conditioning in children at age 3. Twenty years later, they probed the association of poor fear conditioning in early childhood with adult criminal behavior.

- Skin responses to the conditioned stimulus were significantly lower in children who became criminal later on.

- Deficient amygdala function: renders individuals unable to recognize cues that signal threat, making them relatively fearless.

Phillip Sterzer, 2009

# Reduced spontaneous but relatively normal deliberate vicarious empathy in psychopathy

- fMRI has shown that witnessing the emotions of others triggers neural activations in insula and cingulate cortex (Mirror Neurons) normally associated with feeling similar emotions oneself, and witnessing what others do

- Study: that psychopathy is:
  - not a simple incapacity for vicarious activations
  - but rather reduced spontaneous vicarious activations co-existing with relatively normal deliberate counterparts.

# Psychopathy 2: What did you do with your Pet

- Psychopathy Checklist, or PCL-R, a twenty-item diagnostic instrument created by Robert Hare

- The "gold standard" measure of psychopathy, which has been found to predict future violent behavior among adult male offenders. (r = .30 for violent recidivism)

- More recent instrument that does not require a history of criminal behavior for completion is a self-report questionnaire known as the Psychopathic Personality Inventory–Revised

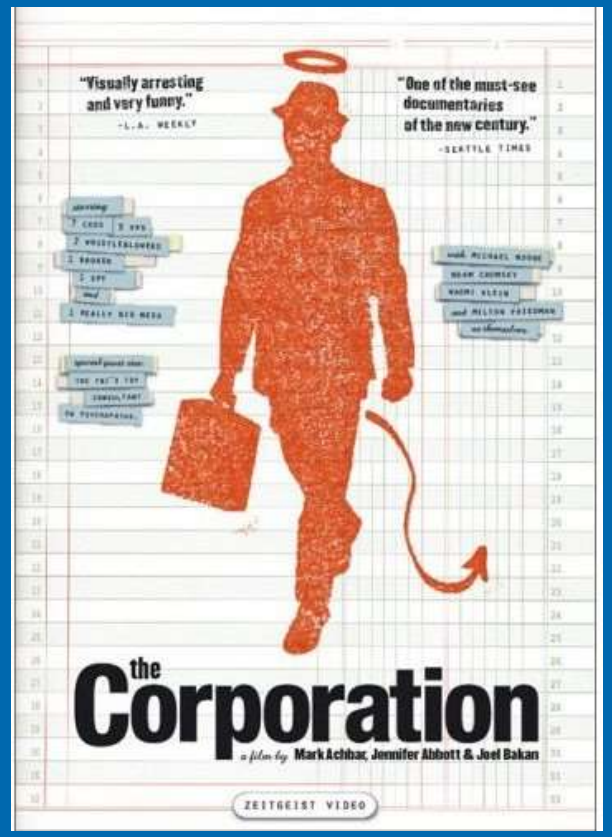
# Psychopathy 3

- Occupations: professions likely to attract psychopaths are law enforcement, the military, politics, and medicine.

- The most agreeable vocation for psychopaths is business ("Snakes in Suits: When Psychopaths Go to Work“)

- Traits that may be desirable in a corporate context, such as ruthlessness, lack of social conscience, and single-minded devotion to success, would be considered psychopathic outside of it.

# Documentary about Corporations modeling Psychopathy




Bernie Madoff

**The Wisdom of Psychopaths: What Saints, Spies, and Serial Killers Can Teach Us About Success by Kevin Dutton**

# Wisdom of Psychopaths

- **The Wisdom of Psychopaths: What Saints, Spies, and Serial Killers Can Teach Us About Success by Kevin Dutton**
- There are "functional psychopaths" among us who use their detached, unflinching, and charismatic personalities to succeed in mainstream society, and that in some fields, the more "psychopathic" people are, the more likely they are to succeed.
- Psychopaths tend to be fearless, confident, charming, ruthless, and focused—qualities that are tailor-made for success in the twenty-first century.
- The key traits include: ruthlessness; intense capacity to focus, excluding all distractions such as fear; powerful reward motivation; a disposition to action; acute ability to read emotions in other people, without being moved by them; charisma; mental resilience; and mindfulness, the ability to live in the present moment.
- Most "psychopaths" aren't violent, and indeed most aren't locked away. Many excel in society: CEOs ranked highest on his scale, followed by lawyers, TV and radio workers, salespeople, surgeons and journalists

# Psychopathy checklist

**Psychopathy checklist:**

| Interpersonal | Emotional | Lifestyle | Antisocial |
|---|---|---|---|
| Glibness/superficiality /charm | Lack of remorse or guilt | Need for stimulation/prone to boredom | Poor behavioral control |
| Grandiose sense of self-worth | Shallow affect | Parasitic lifestyle | Early behavioral problems |
| Pathological lying | Callousness/lack of empathy | Lack of realistic long-term goals | Juvenile delinquency |
| Conning/manipulative | Failure to accept responsibility for own actions | Impulsivity | Revocation of conditional release |
| | | Irresponsibility | Criminal versatility |

Source: R. Hare, J. Skeem *et al*/*PSPI* 2011

# PCL Factors

- *Factor 1 - Arrogant and Deceitful Interpersonal Style*
  - Impression Management
  - Grandiose Sense of Self-Worth
  - Pathological Lying
  - Manipulation for Personal Gain
- *Factor 2 - Deficient Affective Experience*
  - Lack of Remorse
  - Shallow Affect
  - Callous/Lack of Empathy
  - Failure to Accept Responsibility
- *Factor 3 - Impulsive and Irresponsible Behavioral Style*
  - Stimulation Seeking
  - Parasitic Lifestyle
  - Lacks Goals
  - Impulsivity
  - Irresponsibility
- *Factor 4 – Antisocial Behavior*
  - Poor Anger Control
  - Early Problem Behaviors
  - Juvenile Delinquency
  - Serious Violations of Conditional Release
  - Criminal Versatility

# Evolution of predation in the brain

Evolution favored male brains who hunted well

# Kiehl on Psychopaths

- Psychopathy: Score of 30 of 40 on Hare's Psychopathy Checklist-Revised (PCL-R) (normals score 4)
- Psychopaths typically exhibit impulsivity, poor planning, little insight and an utter absence of guilt or empathy.
- Most had engaged in sexual activity by the age of 12 and showed early signs of violence, including a predilection for arson and animal torture.

# Kiehl on Psychopaths 2

- Prevalence:
  - 1-2% of the general population,
  - 15 to 20 % of prisoners in minimum to medium security prisons qualify as psychopaths,
  - 30 percent for those in maximum security.

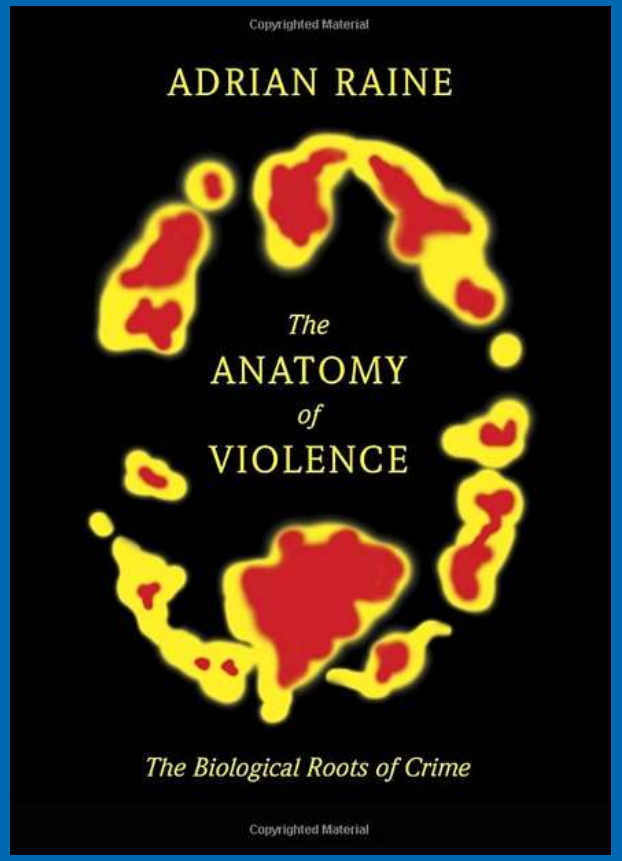
- Impairment (under activation) in the paralimbic system (ACC, Orbital F, Amygdala).
- Limbic system is not engaged during moral or emotional trigger

# Michael Caldwell

- Fledgling Psychopath Studies: age 6-12
  - HIA (hyperactive, impulsive, attention deficit)
  - Conduct Disorder
  - Callous/unemotional
- Psychopathy can be changed in the young
- CBT for 9-12 months reduced recidivism by 50%

# Definitive Work

- The Anatomy of Violence: The Biological Roots of Crime
- by Adrian Raine (Apr 30, 2013)



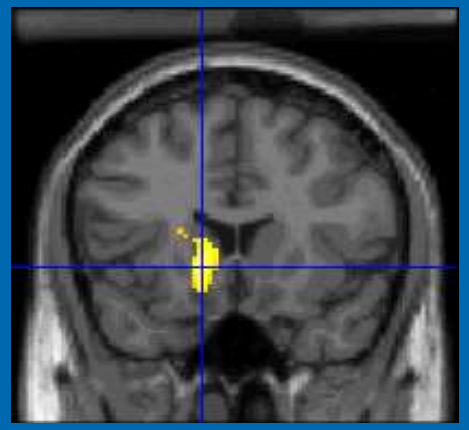
# Psychopathic Personality Disorder: Reduced Prefrontal Gray

- Raine, 2000: The ASPD group showed an 11% reduction in prefrontal gray matter volume and reduced autonomic activity during the stressor. This prefrontal structural deficit may underlie the low arousal, poor fear conditioning, lack of conscience, and decision-making deficits that have been found to characterize antisocial, psychopathic behavior.

# Psychopaths

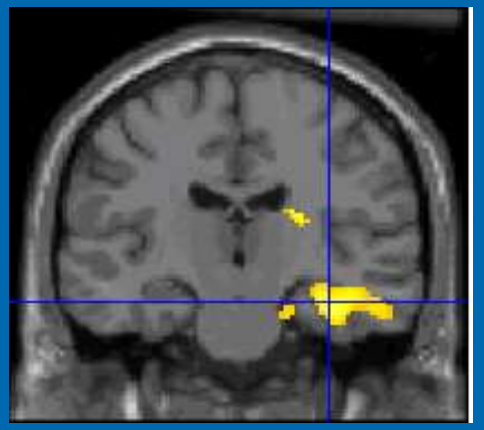
# Psychopathy and Risky Decision Making:

## Neural Activation Patterns for Psychopaths > Non-Psychopaths

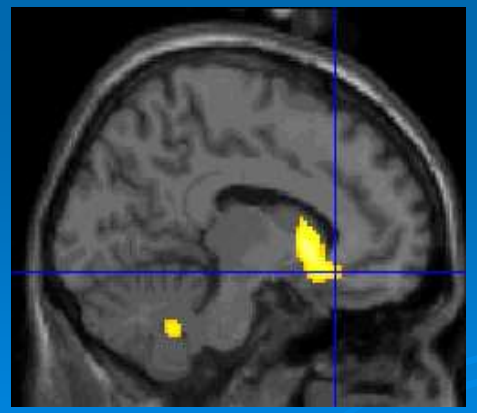


Left Caudate

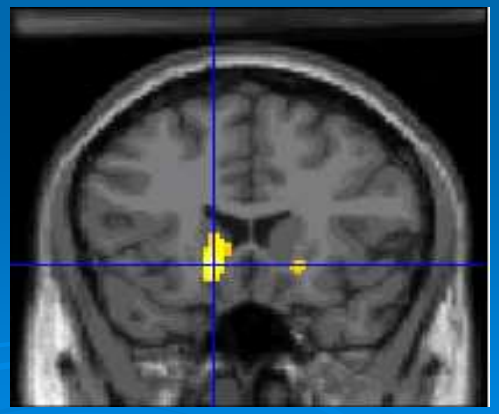
Right Caudate



Right Hippocampus



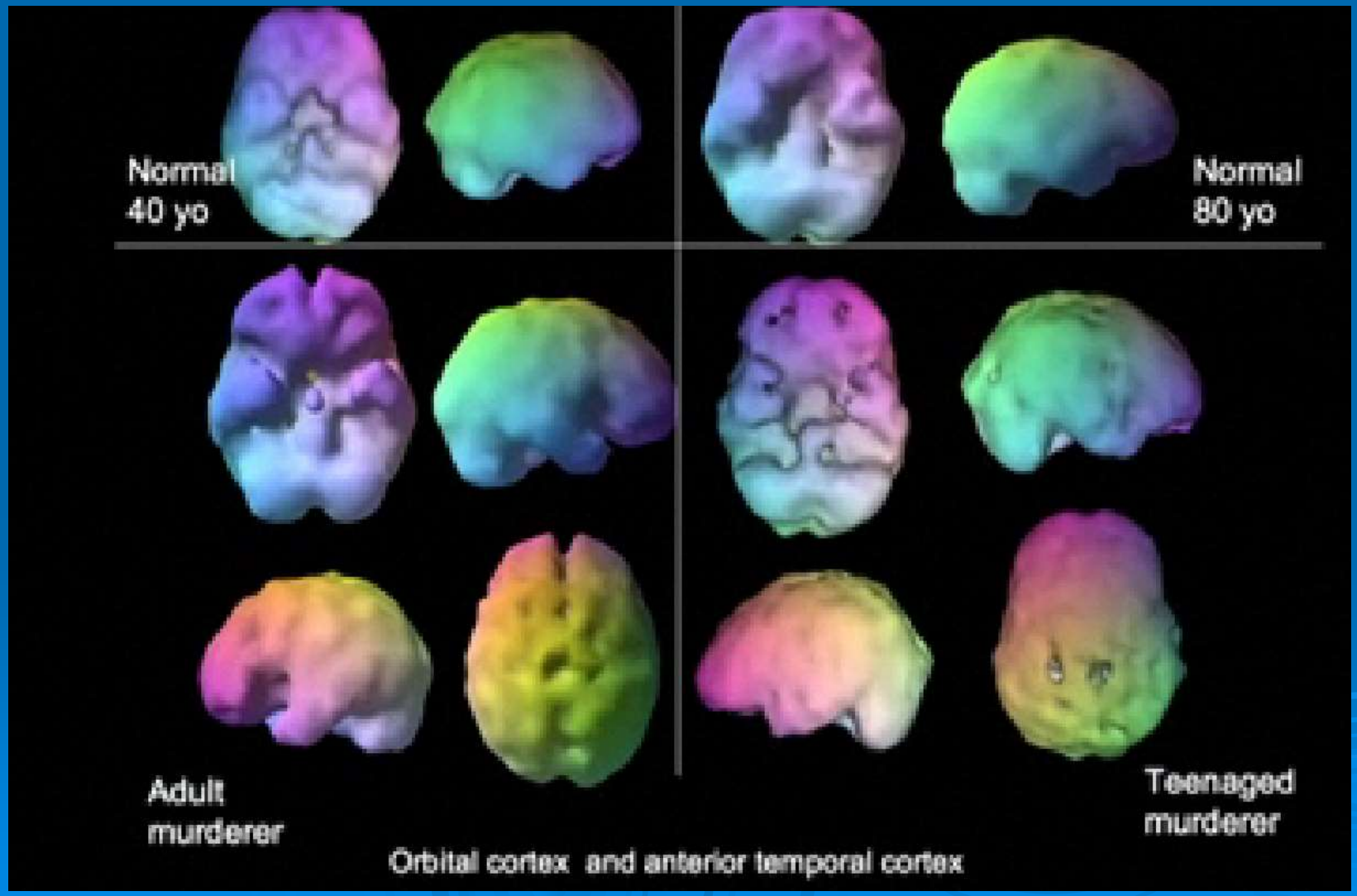
Left Infragenual ACC



Left Ventral Striatum

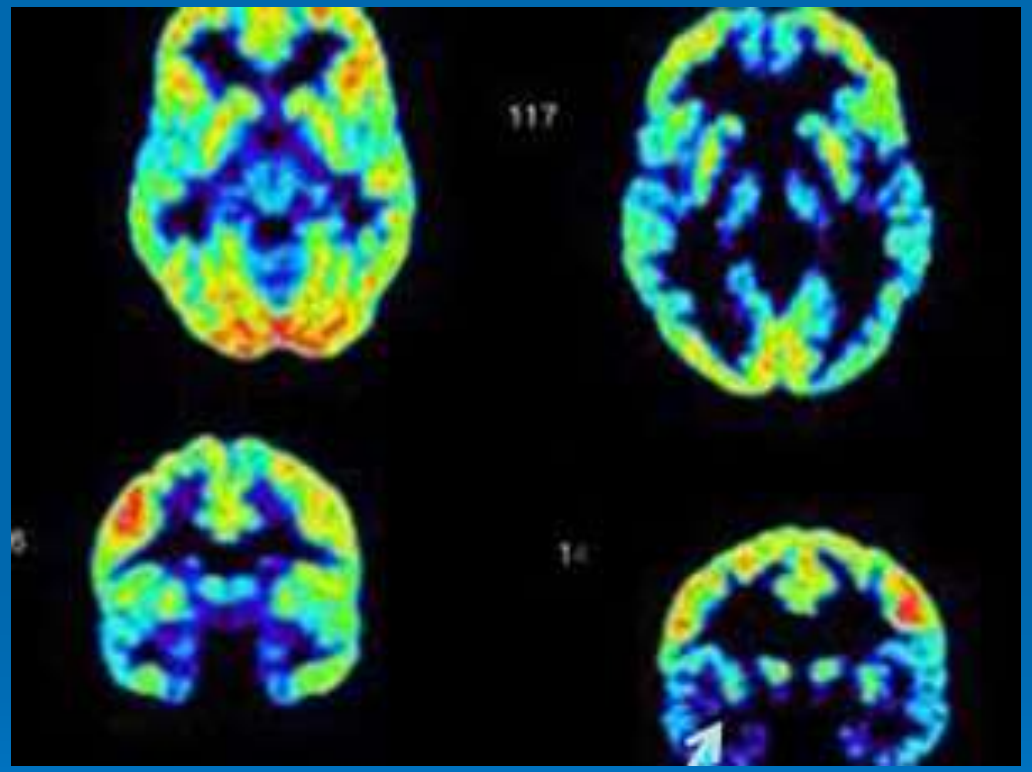
Right Ventral Striatum

# Psychopathy:
# Orbital cortex and Anterior Temporal cortex
## Low Activation



# Brains of James Fallon PhD and son (cousins of Lizzy Borden): Thwarted Sociopathy

Son's



Left: Low Orbital Frontal Activation in Fallon

Lizzy Borden: tried and acquitted for the 1892 axe murders of her father and stepmother i

Fallon's brain (on the right) has dark underactive patches in the orbital cortex. This is the area that Fallon says is involved with ethical behavior, moral decision-making and impulse control. The normal scan on the left is his son's. His is on right.

# Fallen on Psychopathy: Combination of Factors

1 – Low Orbital Frontal activation pattern

2 - MAO-A gene (monoamine oxidase A):
high-aggression variant (low Serotonin), Warrior gene

3 – Mother transmission to son
(X chromosome), too little Serotonin:
higher rates among males

4 – History of childhood abuse or seeing lots of traumatic violence

# Neurobiology of ASPD

- Genetic contribution to antisocial behaviors is strongly supported (75% monozygotic).
- Right temporal/limbic hypometabolism (less affective processing: emotions don't affect them)
- Reduced autonomic activity. This may underlie the low arousal, poor fear conditioning, and decision-making deficits described in antisocial personality disorder. Lower skin conduction in socially stressful situation
- Low levels of behavioral inhibition may be mediated by serotonergic dysregulation (low levels) in the septohippocampal system. No harm avoidance.
- Reduced Prefrontal volume (11%): poor behavioral inhibition

# Neurobiology of Antisocial PD 2

- Fairchild, 2008: Adolescents with severe antisocial behavior do not exhibit the same increase in cortisol levels when under stress as those without antisocial behavior.

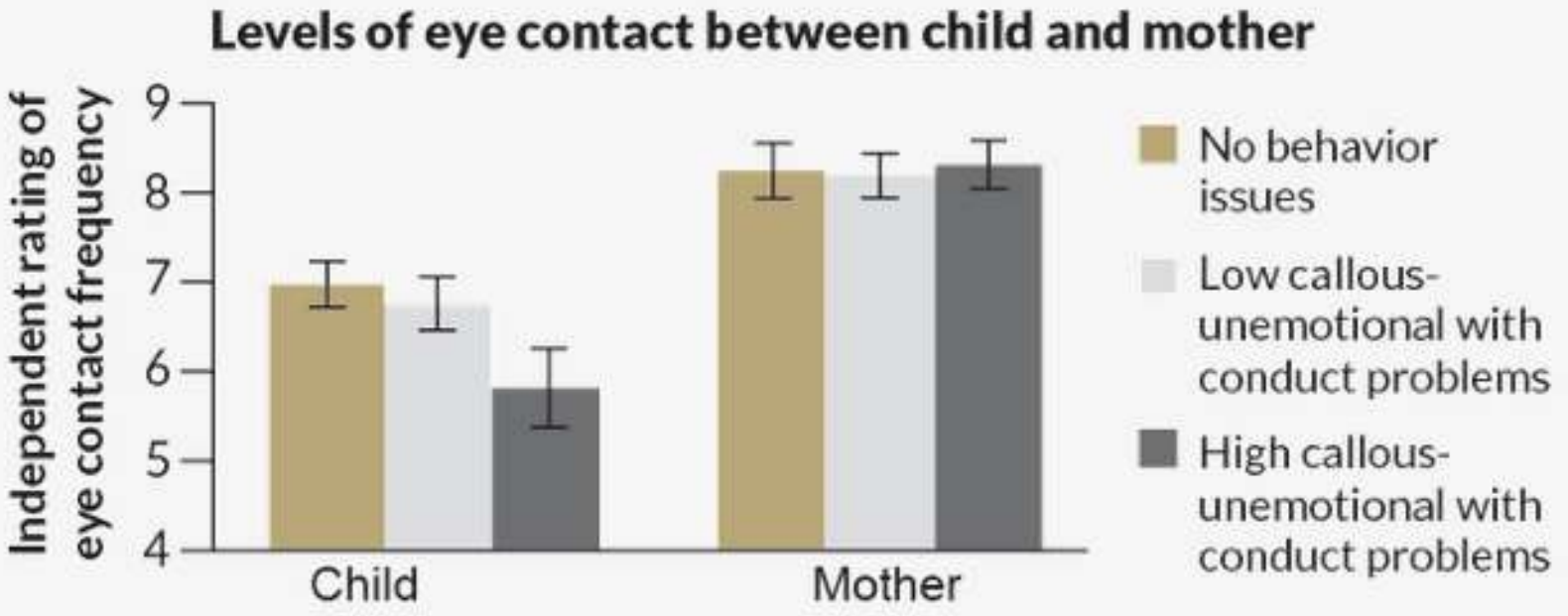
- Doan, 2002: Subjects with ASPD displayed impairments on DLPFC executive function tasks of planning ability and set shifting. Impairments were also seen in VMPFC Go/NoGo tasks and in visual memory tasks.

# ASPD + Psychopathy: starts in childhood

- This subgroup meets diagnostic criteria for conduct disorder with callous-unemotional traits in childhood and for the syndrome of psychopathy as defined by the Psychopathy Checklist - Revised (PCL-R) in adulthood (ASPD+P).
- Begin offending earlier, engage in a broader range and greater density of offending behaviors, and respond less well to treatment programs in childhood and adulthood compared with those with ASPD without psychopathy (ASPDP).
- Conduct problems coupled with callous-unemotional traits are highly heritable,
- There is stability in childhood psychopathic traits into adolescence and early adulthood.

Sarah Gregory, et. al. 2012

# Callous Kids: Less eye contact with Mom




**EYE SPY** Callous-unemotional kids with conduct problems looked their mothers in the eyes less than well-behaved kids and less than kids with conduct problems who had few callous-unemotional traits (left). Mothers of callous-unemotional children tried to make eye contact as much as other mothers did (right).

SOURCE: M. R. DADDS *ET AL/J. CHILD PSYCHOL. PSYCHIATRY* 2014

# Callous kids

- Elevated callous-unemotional traits are found in 10 to 32 percent of children in community samples. Those rates remain fairly stable during childhood and early adolescence,
- Only 20% of 13-year-old boys who scored in the top 10 percent of callous-unemotional traits relative to their peers scored on the high end of psychopathy at age 24.
- A majority of callous-unemotional kids won't grow up to be psychopathic, but they have serious behavior and family problems and are at increased risk of entering the juvenile justice system
- 6 studies: children and teens high in callous-unemotional traits show a range of improvements after participating in intensive family and justice-system interventions

# ASPD+P: vmPFC

- Reactive violence: dysfunction within the ventromedial prefrontal cortex (vmPFC). This region regulates emotional reactivity to perceived environmental threats or frustration in the absence of an expected reward and modulates behavior accordingly.

- Instrumental violence is hypothesized to be associated with abnormalities within both the vmPFC and amygdala.

- Deficits in aversive conditioning, reinforcement learning, and recognition of fearful facial expressions, characterize children with conduct problems and callous-unemotional traits and adult psychopaths: dysfunction in both regions.

# ASPD+P

- Psychopathy is a neurodevelopmental disorder characterized by structural abnormalities from a young age.
- Reduced GM volume  of bilateral anterior rostral medial prefrontal cortex (arMPFC) and the bilateral temporal poles among the violent offenders with ASPD+P
- GM volume reductions in the bilateral insulae.

# Trolley Problem 2: vmPFC active

9 of 10 people say it's not O.K. to kill one person to save five; Individuals with vmPFC damage 3x more likely to push the person off; low level of empathic concern; 60% will smother a baby to save 50 people

# Neurobiology of Psychopathy

- Kiehl: a defect in what he calls "the paralimbic system," a network of brain regions, stretching from the orbital frontal cortex to the posterior cingulate cortex, that are involved in processing emotion, inhibition, and attentional control.
- Atypical responding within the amygdala and ventromedial prefrontal cortex (vmPFC).
- VM PFC deficit : push people off bridge in bridge paradigm

- But know right from wrong

# Morality in Brain

- Moral brain components are VMPFC and OFC/VL, amygdalae, and DLPFC
- The VMPFC ([BA]10-12, 25, 32 plus the frontopolar region of BA10) attaches moral and emotional value to social events, anticipates their future outcomes, and participates in ToM, empathy, attribution of intention, and related tasks.
- The OFC/VL (BA47, parts of BA10-12 and 25, plus VL BA44), mediates socially aversive responses, changes responses based on feedback, and inhibits impulsive, automatic, or amygdalar responses.
- The amygdala mediate the response to threat and aversive social and moral learning.
- DLPFC can override this neuromoral network through the application of reasoned analysis to moral situations.
- Finally, some fMRI morality and related tasks activate additional regions such as the anterior insula, posterior superior temporal sulcus (pSTS), anterior cingulate gyrus, the inferior parietal lobules and temporoparietal junctions, ventral striatum and mesolimbic reward system, precuneus, and posterior cingulate.

## Anatomic areas in morality network

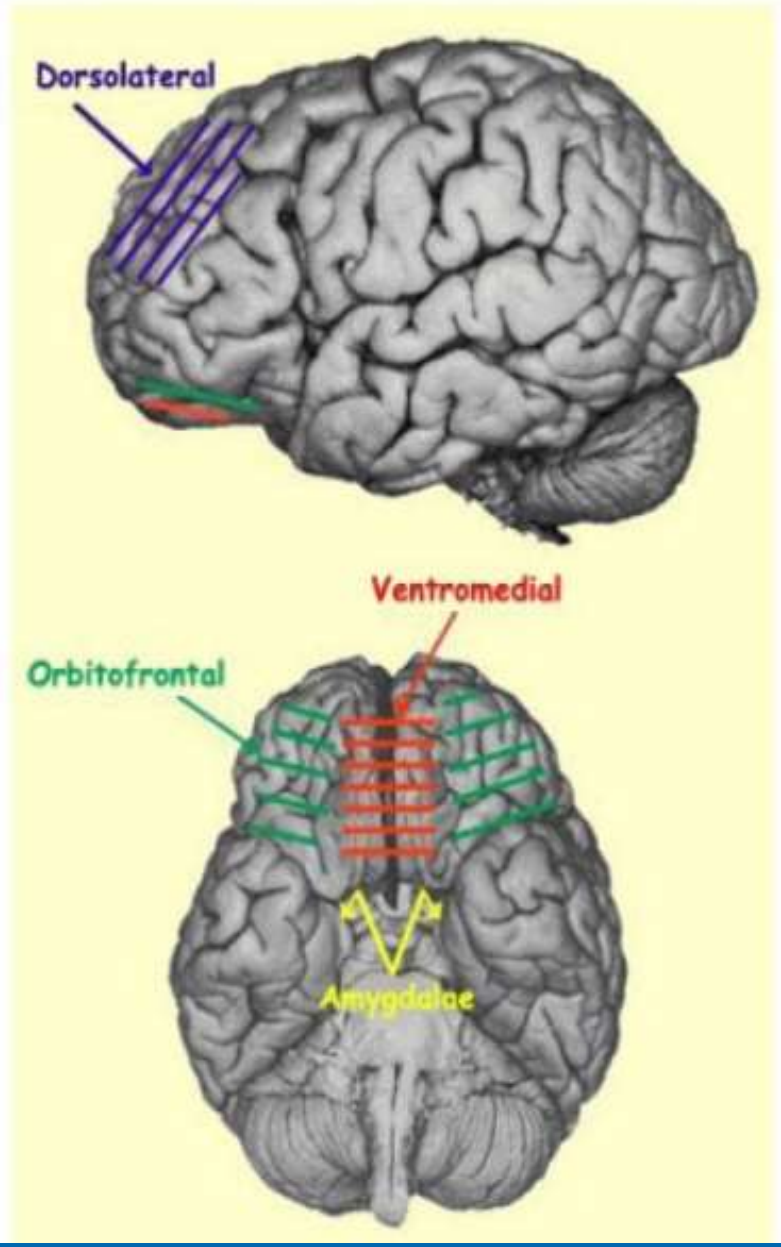



**TABLE 4.**
**Sociopathic Acts among 16 Patients with Frontotemporal Dementia[145]**

| *Number* | *Type* |
|---|---|
| 3 | Unsolicited sexual approach or touching |
| 3 | Traffic violations including hit-and-run accidents |
| 2 | Physical assaults |
| 1 | Shoplifting |
| 1 | Deliberate non-payment of bills |
| 1 | Pedophilia |
| 1 | Indecent exposure in public |
| 1 | Urination in inappropriate public places |
| 1 | Stealing food |
| 1 | Eating food in grocery store stalls |
| 1 | Breaking and entering into others' homes |

Mendez MF. *CNS Spectr.* Vol 14, No 11. 2009.

# Psychopathy & FMRI

- Amygdala: 17% smaller in psychopaths; psychopaths are hypolimbic (emotional deactivated)
- White collar psychopaths: better prefrontal (EF)
- VL OFC activates with lying in normals, but not in psychopaths
- Limbic, Anterior Cingulate, Orbital Frontal activation when experience event of negative emotional response in normals; not in Psychopaths

# Psychopathy & FMRI 2

- R insula and L anterior Temporal volume loss (no visceral response to dead body)

- Lateral OFC and R FPC (lying inhibition) less active (due to genetics or non-use??)

# Course of ASPD

- Progression or career of deviancy - oppositional defiant disorder, ⇨ conduct disorder, ⇨ ASPD
- Burnout response – as they age, people with ASPD become less involved in criminal activity

# ASPD and Treatment

- Most don't seek treatment for ASPD (usually for substance abuse)

- Focus is on prevention – target antisocial children
- (a) the diagnosis of psychopathy is even more controversial in children (Salekin & Lynam, 2010) and
- (b) early findings hold promise that the key personality traits—particularly callous-unemotional traits—may respond to treatment (Hawes & Dadds, 2007).

# Successful Treatment

- The most effective programs have four important characteristics.
- (a) provide services only where they can have the most impact: to those most likely to reoffend
- (b) base the goals of treatment on the changeable correlates of reoffending, such as a criminal's relationships with criminal peers, "pro-crime" attitudes and beliefs, and misuse of alcohol and drugs

# Treatment 2

- (c) use methods with good empirical support to help criminals change (e.g., modeling of desired behavior, positive reinforcement for change);
- (d) monitor therapists and programs carefully to minimize drift away from these core principles
- Most of these treatments are based on cognitive behavioral therapy approaches and take place in groups: in prisons, hospitals, or juvenile secure institutions, and in the community.

(Andrews & Bonta, 2010; Polaschek & Kilgour, 2013

# Treatment

- (a) psychopathic characteristics, especially those most related to criminal offending, can change over the life course;
- (b) although adult criminals with psychopathy are among the hardest to work with in treatment, treatment causes them—like other offenders—to reoffend less; and
- (c) there is no good evidence that criminals with psychopathy take advantage of treatment services to wreak havoc on therapists or the community. Taken together, these findings suggest that like other high-risk criminals, those with psychopathy can benefit from psychological treatment.

Devon L. L. Polaschek, 2014

# Violence Risk Scale

- Violence Risk Scale (VRS; Wong & Gordon, 2000); in using it, a therapist identifies a criminal's pre-treatment risk factors: impulsivity, contact with criminal peers, lack of community support, and so on. The criminal's goal in treatment is to improve on those factors.
- Research with the VRS suggests that the more psychopaths change on these important treatment goals, the less likely they are to be convicted for new violent and sexual crimes.
- time spent being punished for "noncompliant behavior" in treatment was correlated with later convictions for violent crimes.

# Tx of Psychopaths

- 1979 12-year Canadian study: Nudity, mind-altering drugs and encounter groups bring out the worst in psychopaths behind bars. Tried those tactics to prepare men for life on the outside. 78% of offenders with psychopathic personalities graduated from the program more violent than ever. Part of what lead to opinion that psychopaths exploit psychological treatments to become better criminals.
- Clinicians today emphasize that people with psychopathic personalities can be fearless, impulsive, emotionally shallow, charmingly manipulative, hot-headed and cold-hearted.
- Mounting evidence indicates, however, that better-designed prison programs can help criminals with psychopathic personalities live less violently once released

# Tx of Psychopaths 2

- Psychopaths in prison tend to get far more belligerent and aggressive when criticized or punished than nonpsychopathic criminals do.
- Two types of psychopaths: One group is callous, deceitful and emotionally shallow; the other is highly anxious and impulsive
- TX attempts to readjust personal goals and control anger. This approach works best with nonpsychopathic criminals, but psychopaths appear to benefit as well. New tx results in 30% less violent crime.
- CBT: work on ways to control anger and meet needs, such as feeling in control, without breaking the law.

# Tx for psychopaths

- Staff members report back to the therapists on their social interactions; continued positive improvement leads to benefits. Simultaneous Tx for other psych disorders.
- “It’s not illegal to be an asshole. It’s illegal to beat people up and steal from them.”
- Nearly 75% completed treatment. An average of 10 years after being released from prison, roughly 60 percent of treatment completers had been arrested for violent crimes, versus 92 percent of men who didn’t finish treatment. The disparity in rearrest rates specifically for sex crimes was smaller: 42 percent for treatment completers versus 50 percent for the others.

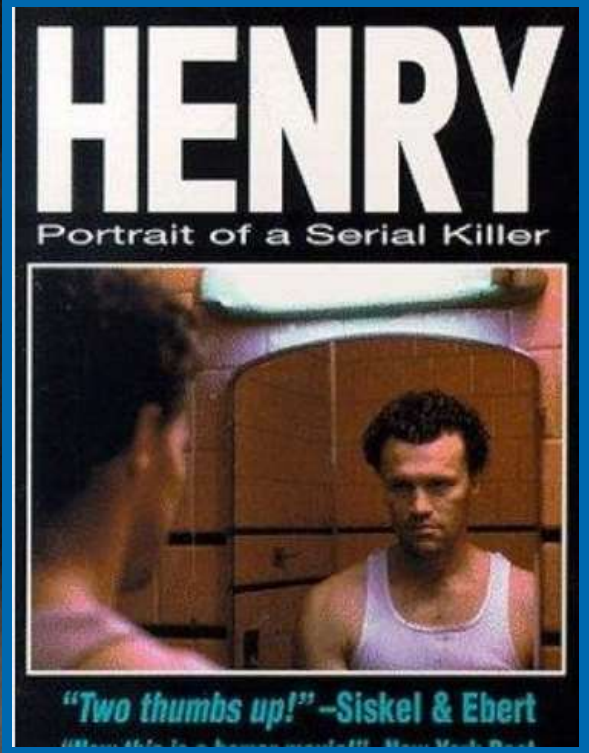
# ASPD Treatment

- Set firm limits.
- Try not to be manipulated.
- Have high level of skepticism.

# Best Psychopaths in Film

Javier Bardem
**Anton Chigurh**
***No Country for Old Men***

Peter Lorre
**Hans Beckert**
***M***




Michael Rooker
**Henry**
**Henry**

**Psychopathy and the Cinema: Fact or Fiction?** S. J. Leistedt & P. Linkowski, 2014

# Borderline PD

Unstable Relationships, Affect, Self-Image Plus Impulsiveness

5 + of :

- Fears Abandonment
- Unstable Relationships
- Changing Self-Image
- Impulsive Sex, Spending
- Suicidal Behavior
- Mood Shifts
- Feels Empty
- Anger
- Temporary Paranoia/Dissociation

* Note: 256 possible combinations in DSM traits

# DSM-5: Borderline Personality Disorder

- Instability of interpersonal relationships, self-image, & affects; marked impulsivity
- ≥ 5 sxs:
  - Frantic efforts to avoid real or imagined abandonment; unstable and intense interpersonal relationships, alternate between extremes of idealization and devaluation; identity disturbance; impulsivity in 2 areas; recurrent suicidal/self mutilating behavior; affective instability due to marked reactivity of mood; chronic feelings of emptiness; inappropriate, intense anger; transient, stress related paranoid ideation, severe dissociative symptoms

# Borderline Personality

- Clinicians frequently view borderline personality disorder symptoms as signs of badness, not sickness, and as a code to route patients out of mental health care.
- Many borderline personality disorder patients receive no treatment despite the availability of effective forms of psychotherapy

# BPD

- Impulsivity
- Affective instability
- Cognitive distortions
- Unstable interpersonal relationships: vindictive and intrusive
- Complex comorbidities & high suicide rates

# BPD: 3 major traits

- 1 Fragile self identity
- 2 Intolerance for being alone/abandoned
- 3 Affective instability (impulsive, self harm): Faulty emotional brakes, hemorrhage emotion

- No empirical foundation for DSM BPD traits; task force chose traits

- Part object orientation: splitting
- Robust ability to be in crisis
- Parasuicidality: interpersonal, manipulative (but 3-10% suicide)

# BPD Mnemonic: Praise

- **P** - Paranoid ideas
- **R** - Relationship instability
- **A** - Angry outbursts, affective instability, abandonment fears
- **I** - Impulsive behavior, identity disturbance
- **S** - Suicidal behavior
- **E** - Emptiness

# Ultimate BPD


Glenn Close's character Alex
in *Fatal Attraction* (1987)

# BPD: Girl Interrupted


Girl, Interrupted (1999) - Angelina Jolie,

# (NESARC) Wave II, 2004-2005

- Face-to-face interviews were conducted with 34,653 adults participating in the 2004-2005 Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions.
- Personality disorder diagnoses were made using the Wave 2 Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version.

# (NESARC) Wave II, 2004-2005: Borderline Personality Disorder: # 2

- Prevalence of lifetime BPD was 5.9% (2nd highest PD)
- Associated with substantial mental and physical disability, especially among women.
- High co-occurrence rates of mood and anxiety disorders
- Associations with bipolar disorder and schizotypal and narcissistic personality disorders remained strong and significant (odds ratios ≥ 4.3).

# BPD: most common PD

- In clinical populations, BPD is the most common personality disorder:
  - 6% in primary care
  - 10% of all psychiatric outpatients
  - 15%-25% of inpatients.
- 6% in non-clinical sample: do not seek psychiatric treatment.
- Reduction in older age groups

Falk Leichsenring, Lancet, 2010

# Prevalence

- Overdiagnosed in women: 75% of those *diagnosed* are women (this does not mean 75 % of people with BPD are women!)
- NESARC: No sex differences in the rates of BPD among men (5.6%) and women (6.2%).
- BPD men are diagnosed as Narcissistic or ASPD
- Adults with BPD are also considerably more likely to be the victim of violence, including rape and other crimes.

# BPD: High rates of remissions

- High rates of remission were reported in both short-term and long-term follow-up studies.

- Most prevalent and stable: Affective features (eg, anger, anxiety, depression) and interpersonal features indicative of abandonment and dependency

- Least prevalent: Impulsive symptoms (eg, suicide efforts, self-injury) and interpersonal features indicative of treatment regressions

# Borderline Personality Disorder: Intense, unstable extremes

- Instability – no object constancy
  - Mood
  - Identity
  - Relationships
  - Impulses
  - Self-image
- Frantic efforts to avoid being abandoned
- Relationships:
  - high maintenance; turmoil, chaos
  - baffling and exhaustive to others
  - Require constant attention to soothing moods and stroking insecurities
  - Extremes of closeness and distance, splitting (idealize vs. devalue)
- Adults with BPD are also considerably more likely to be the victim of violence, including rape and other crimes.

# 301.83 Borderline Personality Disorder: DSM-5 Borderline Type

- 1. Negative Emotionality: Emotional Lability
- Having unstable emotional experiences and mood changes; having emotions that are easily aroused, intense, and/or out of proportion to events and circumstances
- 2. Negative Emotionality: Self-harm
- Engaging in thoughts and behaviors related to self-harm (e.g., intentional cutting or burning) and suicide, including suicidal ideation, threats, gestures, and attempts
- 3. Negative Emotionality: Separation insecurity
- Fears of rejection by, and/or separation from, significant others; distress when significant others are not present or readily available

http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=17

# DSM-5 Borderline Type

- 4. Negative Emotionality: Anxiousness
- Feelings of nervousness, tenseness, and/or being on edge; worry about past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty
- 5. Negative Emotionality: Low self-esteem
- Having a poor opinion of one's self and abilities; believing that one is worthless or useless; disliking or being dissatisfied with one's self; believing that one cannot do things or do them well
- 6. Negative Emotionality: Depressivity
- Having frequent feelings of being down/ miserable/ depressed/ hopeless; difficulty "bounding back" from such moods; belief that one is simply a sad/ depressed person

# DSM-5 Borderline Type

- 7. Antagonism: Hostility
- Irritability, hot temperedness; being unfriendly, rude, surly, or nasty; responding angrily to minor slights and insults
- 8. Antagonism: Aggression
- Being mean, cruel, or cold-hearted; verbally, relationally, or physically abusive; humiliating and demeaning of others; willingly and willfully engaging in acts of violence against persons and objects; active and open belligerence or vengefulness; using dominance and intimidation to control others
- 9. Disinhibition: Impulsivity
- Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; failure to learn from experience
- 10. Schizotypy: Dissociation Proneness
- Tendency to experience disruptions in the flow of conscious experience; “losing time,” (e.g., being unaware of how one got to one’s location); experiencing one’s surroundings as strange or unreal

# Borderline PD

- Abrupt and extreme mood changes,
- Stormy interpersonal relationships,
- An unstable and fluctuating self-image,
- Unpredictable and self-destructive actions
- Great difficulty with their own sense of identity.
- Experience the world in extremes, viewing others as either “all good” or “all bad.”
- May form an intense personal attachment with someone only to quickly dissolve it over a perceived slight.
- Fears of abandonment may lead to an excessive dependency on others.
- Self-mutilation or recurrent suicidal gestures may be used to get attention or manipulate others.
- Impulsive actions, chronic feelings of boredom or emptiness
- Bouts of intense inappropriate anger
- Micro psychotic episodes

# Risk Factors for BPD

- No single psychosocial or biological factor is either necessary or sufficient to cause BPD.
- 5 x more common in 1st degree biological relatives of those with the disorder; increased familial risk for SA, ASPD, Mood Disorders
- BUT…
- Retrospective recall of childhood events and more objective information (e.g., court records) suggest:
  - Family breakdown
  - Neglectful parenting (not loving and supportive)
  - Overprotective parenting (not encouraging independence and autonomy)
  - History of severe physical, emotional and/or sexual abuse

# Causation

- 40 to 71 % of BPD patients report having been sexually abused, usually by a non-caregiver.
- Subjects with borderline personality disorder exhibited distinctive responses in the anterior insula associated with failure to recognize social norms and to cooperate.

Zanarini MC. Psychiatric Clinics of North America, 2000; 23(1): 89-101.

# BUT need for caution

- None of these risk factors are specific to BPD.
- Many clinicians came to believe that a history of sexual abuse was specifically linked with development of BPD but…
- 20-40% of those diagnosed BPD do not report childhood abuse.
- Many who experience childhood sexual abuse do not develop personality disorder
- One third meet PTSD criteria

# Borderline Childhood & Adolescence

- Goodman found signs of emotional sensitivity in young children who were later diagnosed with borderline personality disorder.
- She found that as infants, the children who were later diagnosed with borderline personality disorder tended to be self-soothing – they sucked their thumbs or had attachments to objects, such as a blanket --compared to unaffected siblings.
- They were also more sensitive, had excessive separation anxiety and were moodier.
- They had social delays in preschool and many more interpersonal issues in grade school, such as few friends and more conflicts with peers and authorities.
- As teenagers they were more promiscuous, aggressive and impulsive, and more likely to use drugs and alcohol.
- Cutting and suicide became common. By their 20s, people with the disorder are almost five times more likely to be hospitalized for suicidal behavior compared to people with major depression.

# Gambling & BPD

- BPD is most frequent PD among gamblers
- Same biological and social factors are at play in causing problem gambling and personality disorders.
- These include poor parental relationships during childhood, possible abuse, difficulty in controlling emotions, substance abuse, depression and anxiety disorders. Members of both groups tend to be socially isolated, have problematic relationships with their peers, lower self-esteem and feelings of hopelessness and dissociation. They are also emotionally more vulnerable, and struggle with anger issues and feelings of shame.
- People with gambling problems also tend to be impulsive, revert to interpersonal violence and often commit suicide.

# BDP Pathology

- A core defect in emotion regulation
- Reduced serotonergic responsivity

*…….normal modes of regulating the amygdala are not used… amygdala activity when coupled to prefrontal areas may be less differentiated and not confined to areas usually involved in the expression of emotion..*

# I RAISED A PAIN

- **I**dentity disturbance
- **R**elationships are unstable
- **A**bandonment is frantically avoided
- **I**mpulsivity
- **S**uicidal gestures (attempts ,threats , self harm)
- **E**mptiness,  chronic feelings of
- **D**issociative symptoms
- **A**ffective instability
- **P**aranoid ideation under stress
- **A**nger poorly controlled
- **I**dealization alternating with devaluation
- **N**egativistic undermine their own and others efforts

# Neurobiology of BPD

Early abuse & adaptation to adverse environment: fight-flight, aggression, alert to danger, stress response

- Frontal hypometabolism, smaller volume (less inhibition)
- Abnormal temporal metabolism
- Smaller hippocampal  (16%) and amygdala (8%) volume
- Abnormal amygdala functioning
  - Elevated oxygenation bilaterally
  - Activates more quickly (irritability and anger↑)
  - Slower to baseline
- Reduced R/L Hemisphere integration, smaller Corpus Callosum
- Abrupt shifts to R Hemisphere negative emotional states

# Neurocognitive profiles of people with borderline personality...

- Meta-analysis: BPD had marked clinical heterogeneity with high comorbidity.
- 1 - Executive dysfunction linked to suicidality and treatment adherence, and may serve as an endophenotype.
- 2 - Cognitive distortions such as risky decision-making, deficient feedback processing, dichotomous thinking, jumping to conclusion, monocausal attribution and paranoid cognitive style.
- 3 - Social cognition deficits include altered social inference and emotional empathy, hypermentalization, poorer facial emotional recognition and facial expressions.

**A. Mak; L. Lam** Current Opinion in Psychiatry: 2013

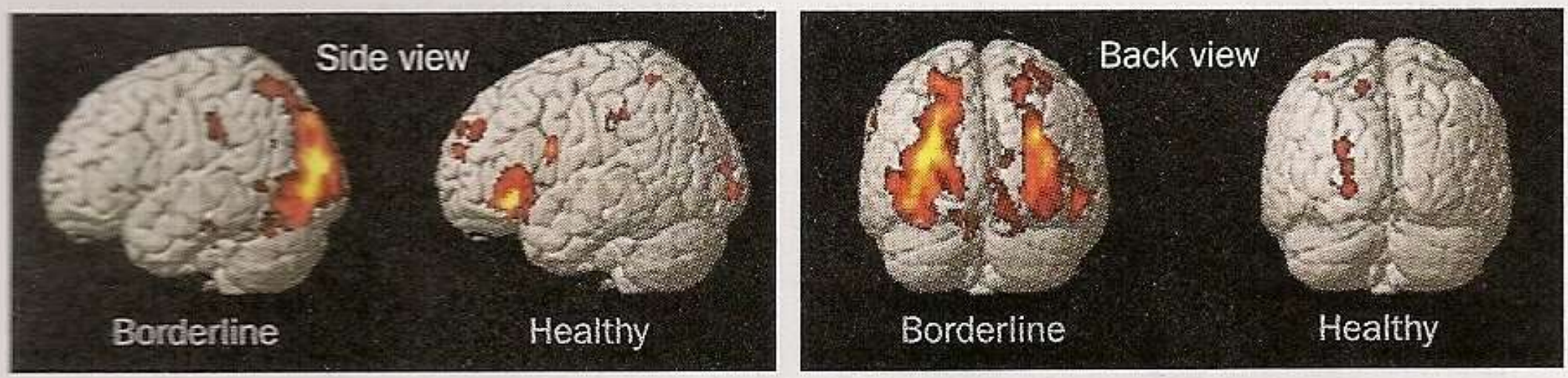
# Neurocognitive profiles of people with borderline personality...

- In electrophysiological studies, BPD was found to have predominantly right hemispheric deficit in high-order cortical inhibition.
- Reduced left orbitofrontal activity by visual evoked potential and magnetoencephalography correlated with depressive symptoms and functional deterioration.
- Brain structures implicated in BPD include the hippocampus, dorsolateral prefrontal cortex and anterior cingulate cortex.
- Abnormal anatomy and functioning of frontolimbic circuitry appear to correlate with cognitive deficits.

# BPD and Visual Analysis

- FMRI: visual system and amygdyla activation
- Borderline personality disorder patients detect brief emotional expressions on others' faces that, typically, emotionally healthy people do not notice. Borderline patients may have a visual system that lets them see others' facial emotions through a fast high-powered lens.

# Borderline Occipital Hyper-Activation




KOENIGSBERG ET AL.

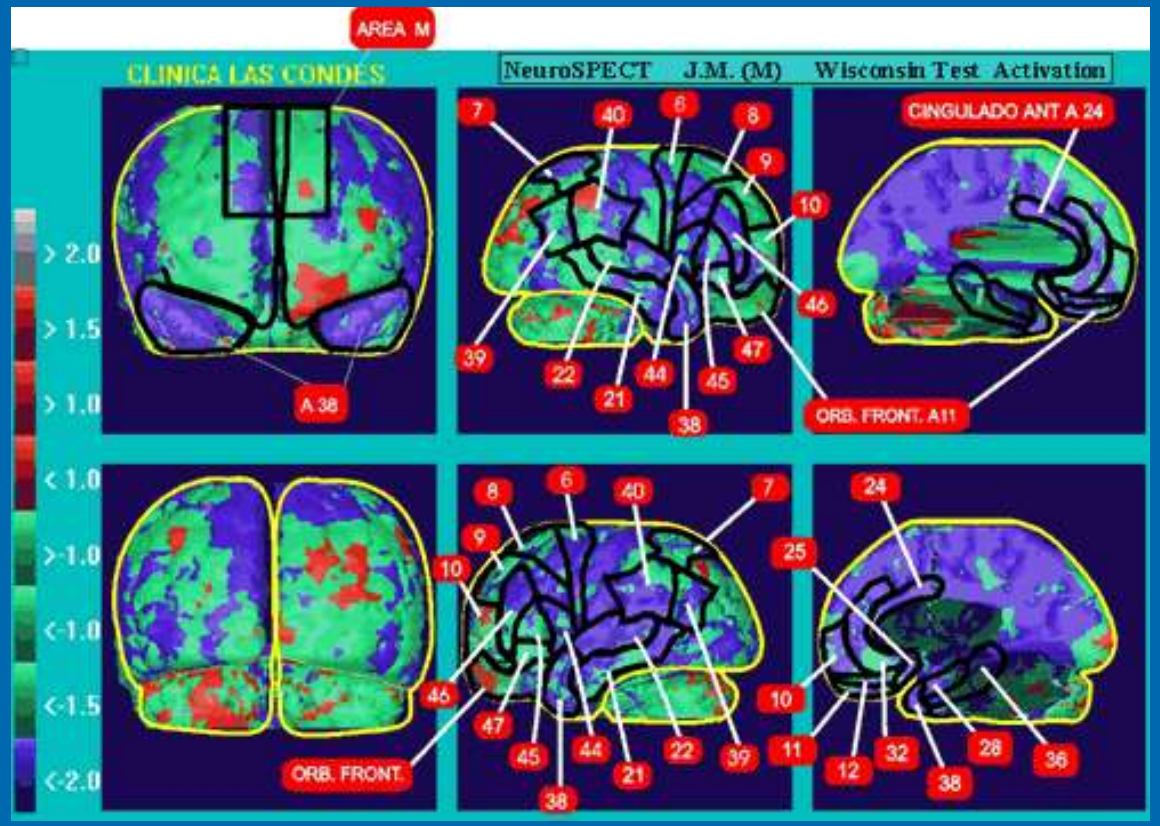
While viewing disturbing images, patients with borderline personality disorder show greater activity in the brain's visual system than emotionally healthy volunteers.

# BPD & PET Studies: Frontal Hypometabolism

- Hypometabolism in frontal glucose metabolism: a frontolimbic dysfunction in BPD patients.

- Autobiographical memories of abuse events in traumatized women without borderline personality disorder:
  - large hypermetabolism in the prefrontal cortex (right anterior cingulate, left orbitofrontal, right dorsolateral prefrontal cortex)
  - decrease in the left dorsolateral prefrontal cortex compared with traumatized women with borderline personality disorder.

# BPD and frontal hypoperfusion




- Wisconsin Card Sorting Test. Same pt. Male Borderline Personality Disorder. , SPECT. There is extensive hypoperfusion of anterior cingulate gyri, area 24, both anterior temporal lobes, area 38, area 28, in the frontal lobes there is hypoperfusion in area 46 and 10. Paradoxically there is an overall diminution of perfusion in both frontal lobes, in particular in both executive areas.

# BPD: Fmri and genetics

- When people with BPD attempted to control and reduce their reactions to disturbing emotional scenes, the anterior cingulated cortex and intraparetical sulci areas of the brain that are active in healthy people under the same conditions remained inactive in the BPD patients.
- Reduced synthesis of serotonin in people with BPD and may be associated with increased aggression.
- This variant of gene may also be associated with reduced frontal lobe activation in the brain.

Siever, 2009

# Impaired NP functions in BPD

- A meta-analysis of 10 studies: selected neuropsychological measures comprising six domains of functioning: attention, cognitive flexibility, learning and memory, planning, speeded processing, and visuospatial abilities.
- BPD participants performed more poorly than controls across all neuropsychological domains
- These deficits may be more strongly lateralized to the right hemisphere

Ruocco, 2005

# BPD: Presenting problems

- Those with more severe problems
- Complex interpersonal difficulties
- Deliberate self-harm
- Risk of suicide
- Risk to others (aggressive/violent or take risks that endanger others)

- High use of medical & mental health resources

# BPD as affective disorder

- Disorder of affective dysregulation
- More related to affective disorders
- Bored, emptiness = like vegetative experience of depression
- Depression experienced actively & ragefully
- Conflictual depression
- Significantly lower Serotonin in male BPD (impulsivity)

- Note: Unidentified ADHD is very prevalent in adolescent girls who cut

# BPD: Treatment

- Clear rules, limit setting
- Active stance, present focus
- Don’t respond defensively
- Confront suicidality
- Confront consequences
- DBT Therapy: Marsha Linehan
- Schema Therapy: Jeff Young: 70% WNL

# Medication of BPD

- Medications:
  - cognitive-perceptual symptoms - neuroleptics
  - affective symptoms - SSRIs
  - impulsive- behavioral dyscontrol - SSRIs and low-dose neuroleptics

# Recovery

- 50% experienced a recovery from borderline personality disorder and that recovery was relatively stable (less 30% relapse)
- 50% experienced recovery (which we defined as a 2-year symptomatic remission and the attainment of good social and vocational functioning),
- More than 90% experienced a 2-year symptomatic remission and 86% experienced a 4-year symptomatic remission.
- Good social and vocational functioning is more difficult to attain than a substantial reduction in symptom severity

# Transference-focused Psychotherapy: fMRI changes

- These patients were treated for one year with transference-focused psychotherapy (TFP), an evidence-based treatment proven to reduce symptoms across multiple cognitive-emotional domains in BPD. Treatment with TFP was associated with relative activation increases in cognitive control areas and relative decreases in areas associated with emotional reactivity. According to researchers, these findings suggest that TFP may potentially facilitate symptom improvement in BPD.
- Analyses demonstrated significant treatment-related effects with relative increased dorsal prefrontal (dorsal ACC, dlPFC, and frontopolar cortices) activation, and relative decreased vlPFC and hippocampal activation following treatment.
- Clinical improvement in constraint correlated positively with relative increased left dorsal ACC activation. Clinical improvement in affective lability correlated positively with left posterior-medial OFC/ventral striatum activation, and negatively with right amygdala/parahippocampal activation. Post-treatment improvements in constraint were predicted by pre-treatment right dorsal ACC hypoactivation, and pre-treatment left posterior-medial OFC/ventral striatum hypoactivation predicted improvements in affective lability.
-

David L. Perez, et al., 2015

# Histrionic PD

Excessive Emotionality, Attention Seeking

5 + of :

| | |
|---|---|
| Needs Attention | Preens |
| Seductive | Dramatic |
| Mood Shifts | Suggestible |
| Impressionistic | Exaggerates Relationships Speech |

DSM: emphasis on primitive exhibitionist type, not higher functioning object constancy type

Latin *histrionicus*, ‘pertaining to the actor’.

# DSM-5: Histrionic Personality Disorder

- Excessive emotionality and attention seeking
- ≥ 5 sxs:
  - Uncomfortable when not center of attention; interaction with others characterized by inappropriate sexual behavior; rapidly shifting and shallow expression of emotions; uses physical appearance to draw attention to self; speech style excessively impressionistic and lacking in detail; self dramatization, theatricality; suggestible; considers relationships more intimate than they are

# Ultimate Histrionics

Vivian Leigh as Scarlet O'Hara in *Gone with the Wind (1939)*

Vivian Leigh as Blanche DuBois in *Streetcar Named Desire (1951): "I always depend on kindness of strangers."*

# Histrionic Personality Disorder: "High Drama"

- Emotionality
  - Excessive
  - Exaggerated
  - Labile
- Constantly seeking
  - Attention (uncomfortable when not the center)
  - Reassurance
  - Approval
- Flamboyant
- Inappropriately flirtatious/seductive
- Possible family history: enmeshed; engulfing; little support for individuation; more aware of others than self; possible sexual abuse/seduction; little family expectation of accomplishment; emphasis on appearance alone as success

# Histrionic PD Mnemonic: Praise Me

- **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) - wants to impress, lacks detail
- **E** - emotional lability, shallowness

- **M** - make-up - physical appearance used to draw attention to self
- **E** - exaggerated emotions - theatrical

# Histrionic

- This personality disorder is rarely diagnosed, and was almost eliminated in the new DSM.
- Interpersonal trait profile showed distinctly high scores on domineering and, particularly, intrusiveness.
- These individuals are unlikely, in contrast, to be cold and socially avoidant.

# Histrionic 2

- Excessive sensitivity to others' approval
- Attention-grabbing, often sexually provocative clothing and behavior
- Excessive concern with their physical appearance
- False sense of intimacy with others
- Constant, sudden emotional shifts
- Conflict avoidant

# Hemispheric Personality Differences

- Right Hemisphere: Gestalt, Connotation
- Left Hemisphere: Details, templates
- Cognitive/Emotional continuum:
  - Right Hemisphere:

    Histrionic (Emotions), approach, mania, no facts
  - Left Hemisphere:

    Obsessional (Thinking), avoidance, depression, only facts

# Histrionic PD Diagnosis and Prevalence

- Females are clinically more frequently diagnosed, but research shows equivalent gender diagnosis
- Sex role stereotyping: would you diagnosis a male who dresses in macho style and seeks attention as histrionic?
- Prevalence:
  - DSM and NESARC: 1.84%
  - 10-15% inpatient and outpatient
  - More frequently diagnosed among women

# Histrionic Information Processing

- Impressions, not facts, not details: “wonderful”
- Live in nonfactual world, transient emotional reactions: “music of encounter”, not facts
- Hunches are their cognitive processing product
- Impressionistic, suggestible, labile
- Most emotionally charged carries the day
- Therapist office: “place of dark intrigue” ( vs. paranoid spotting your book on hypnosis)
- Henry James: “everything in her head had a strong French accent”

# Treatment

- “Let’s reflect on that”
- Goal: use emotions volitionally
- Don’t give advise
- Don’t get caught up in drama
- Factual role playing: “meeting the creep”

# Histrionic: Testing

- MCMI: Histrionic
- MMPI: Scale 3, Hysteria
- PAI: Somatization
- Rorschach: unmodulated C, vagues, “Oh” to color

# Therapist response to Cluster B

- Cluster B was associated with therapist feelings of being overwhelmed, helplessness, hostility, disengagement, and sexual attraction
- In general, cluster B was associated with a broader range of therapist emotional responses than the other two clusters.
- Clinicians working with patients with narcissistic personality disorder reported feelings of inadequacy, devaluation, and ambivalence.
- Patients with cluster A and B disorders evoke more negative therapist reactions than cluster C patients

# Therapist responses

- Custer B patients evoke more mixed feelings in therapists.

- Cluster B patients, especially those with borderline pathology, elicited higher levels of anger and irritation and lower levels of liking, empathy, and nurturance and tend to be perceived as more dominant, hostile, and punitive than patients with depressive disorders .

- Borderline patients seem to arouse stronger and more heterogeneous reactions in clinicians, who tend to feel overwhelmed with high levels of anxiety, tension, and concern.

# Therapist Response to Cluster B

- Clinicians treating borderline patients report feeling incompetent or inadequate and experiencing a sense of confusion and frustration in sessions. They report apprehension about failing to help these patients, and they experience guilt when they see these patients distressed or deteriorating.
- This heterogeneity among therapists' emotional responses could reflect the contradictory self and other representations that characterize borderline patients

# Echo and Narcissus

# Narcissistic PD

Grandiose sense of self, Needs Admiration, Lack Empathy

5 + of :

Self Important

Fantasies of Success

Feels Special

Needs Admiration

Entitled

Exploitative

Lacks Empathy

Envious

Arrogant

*Note: focus on exhibitionistic type (not hypervigilant type)

Grandiosity and Entitlement are core features

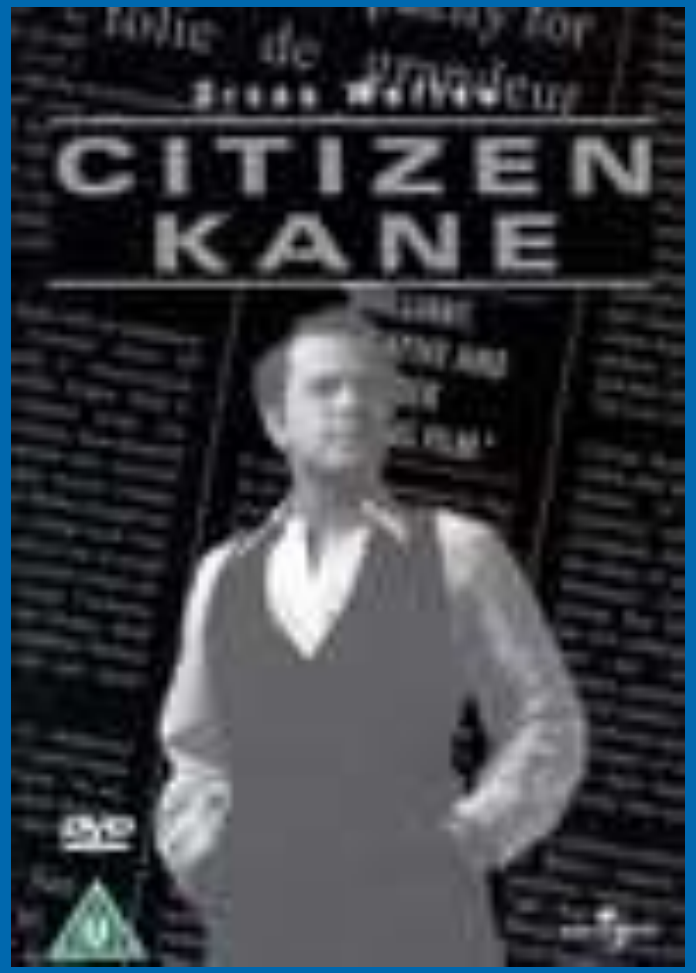
# DSM-5: Narcissistic Personality Disorder

- Grandiosity (fantasy or behavior),
- need for admiration,
- lack of empathy
- ≥ 5 sxs:
  - Grandiose sense of self-importance, preoccupied with fantasies of unlimited success, etc.; believes is special/unique; requires excessive admiration; sense of entitlement; interpersonally exploitative; lacks empathy; envious of others; arrogant

# Narcissistic: Interpersonal

- Remarkably similar to antisocial in the interpersonal style model.
- High in domineering, vindictive, cold, and intrusive interpersonal style traits.
- These qualities are ones that you'll almost invariably encounter when dealing with people who fit this diagnostic category.

# Ultimate Narcissist




Citizen Kane (1941): Orson Welles

# NPD: To Die For


To Die For (1995): Nicole Kidman

# (NESARC) Wave II: NPD

- Narcissistic PD lifetime prevalence: 6.2%, with rates greater for men (7.7%) than for women (4.8%).
- The lifetime prevalence significantly greater among younger adults than among older ones
- Schizotypal personality disorder (6x^) and borderline personality disorder (7x^); most strongly linked with NPD
- Significantly linked with substance use disorder, major depressive disorder, bipolar I disorder, any anxiety disorder, specific phobia, generalized anxiety disorder, and posttraumatic stress disorder.

B. Grant, 2005

# Gender & Narcissistic Personality

- 2014 study: summarized 31 years of narcissism research (including 355 independent samples and 470,846 participants) to reveal that there was a consistent gender difference in narcissism, with men scoring a quarter of a standard deviation higher in narcissism than do women
  - Entitlement: More likely to exploit others and to believe that they themselves are special and therefore entitled to privileges
  - Authoritative: More assertiveness, motivation to lead, and a desire for power and authority over others.
  - both genders were almost equally likely to endorse characteristics consistent with vanity, exhibitionism, and self-absorption.

**Emily Grijalva, et al., 2014**

# Prevalence of NPD

- Higher rates among:
  - Highly talented
  - Beautiful
  - Highly intelligent
- Decreases after age 40: increased pessimism related to physical and occupational limitations. Reality hits.

# Narcissistic Personality Disorder:
# Grandiose entitlement

- Pervasive grandiosity about self; self-important masking deep insecurity
- Sees self as unique, others as mirrors
- Feels entitled to admiration, recognition, special privileges; enraged when they don't get that
- Excessive and constant need for admiration
- Oriented toward success and perfection
- Lacks empathy
- Relationships:
  - Must have their own way
  - Focused on their own needs
  - Tends to engulf others with their needs
  - Charms others to get needs met

# NPD Origins: Psychoanalytic

- Kernberg and Kohut postulated that narcissistic pathology resulted from the child's repeated experiences of parental empathic failure

- Possible family history: rewarded for accomplishments, not self; anxious or ambivalent caregivers; early privilege; pampering; spoiling.

- Social learning theory (positing that narcissism is cultivated by parental overvaluation) and psychoanalytic theory (positing that narcissism is cultivated by lack of parental warmth)

# Parent: “You are special”

- 2015 Twenge study: First prospective longitudinal evidence on the origins of narcissism in children. (ages 7–12)
- Results support social learning theory and contradict psychoanalytic theory: Narcissism was predicted by parental overvaluation, not by lack of parental warmth.
- Narcissism in children is cultivated by parental overvaluation: parents believing their child to be more special and more entitled than others. In contrast, high self-esteem in children is cultivated by parental warmth: parents expressing affection and appreciation toward their child.
- Children seem to acquire narcissism by internalizing parents’ inflated views of them (e.g., “I am superior to others” and “I am entitled to privileges”).
- Self-esteem was predicted by parental warmth, not by parental overvaluation.
- Need to praise their effort, work, and process.

Jean Twenge, et al., 2015

# Types

- Gabbard describes (no empirical data):
- The oblivious narcissist and the hypervigilant (what others have termed shy) narcissist.
- The **oblivious subtype** is characterized by hostility and arrogance, self-centeredness and self-absorption, and little appreciation of the impact of his or her behavior on others.
- The **hypervigilant subtype** has much greater psychological vulnerability, disavows the desire to be the center of attention, and constantly scans the world for slights and criticisms.
- Russ et al. have added a third prototype, the **high-functioning/exhibitionistic patient**; has received little empirical support but well described in the clinical literature.

# Narcissism

- Narcissism presents itself along a spectrum of severity
- For most, narcissism PD burns out in middle age, with resulting depression.
- At work, narcissists do well in public presentations, but their private work product is often deficient.

# NPD: Treatment

- Targets: grandiosity, entitlement, lack of empathy, oversensitivity
- Confront Oblivious (arrogant) type; empathy for quiet Hypervigilant (sensitive)
- “How do you think they felt” technique
- Therapist feels left out (their satellite) with Oblivious; walk on eggshells with Hypervigilant

# Cluster C

# Avoidant PD

Inhibited, Inadequate, Sensitive

4 + of :

- Avoids Social Activity
- Reluctant Relationships
- Fears Intimacy
- Fears Criticism
- Avoids New Activities
- Sees Self as Inferior
- Fears Embarrassment

Relationships: high on coldness and social avoidance, but low on domineering and intrusiveness

# DSM-5: Avoidant Personality Disorder

- Social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation
- ≥ 4 Sxs:
  - Avoids occupational activities that require interpersonal contact, fear of criticism, disapproval, rejection; unwilling to get involved with others unless certain liked; restraint in intimate relationships, fear of being shamed/ridiculed; preoccupied with being criticized or rejected in social situations; inhibited in new interpersonal situations due to feelings of inadequacy; views self as socially inept/personally unappealing/inferior to others; unusually reluctant to take risks/engage in new activities

# 301.82 Avoidant Personality Disorder: DSM-5 Avoidant Type

- 1. Negative Emotionality: Anxiousness
- Having frequent, persistent, and intense feelings of nervousness/tenseness/ being on edge; worry and nervousness about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty
- 2. Negative Emotionality: Separation insecurity
- Having fears of rejection by, and/or separation from, significant others; feeling distress when significant others are not present or readily available; active avoidance of separation from significant others, even at a cost to other areas of life
- 3. Negative Emotionality: Pessimism
- Having a negative outlook on life; focusing on and accentuating the worst aspects of current and past experiences or circumstances; expecting the worst outcome

# DSM-5 Avoidant Type

- 4. Negative Emotionality: Low self-esteem
- Having a poor opinion of one's self and abilities; believing that one is worthless or useless; disliking or being dissatisfied with one's self; believing that one cannot do things or do them well
- 5. Negative Emotionality: Guilt/ shame
- Having frequent and persistent feelings of guilt/ shame/ blameworthiness, even over minor matters; believing one deserves punishment for wrongdoing
- 6. Introversion: Intimacy avoidance
- Disinterest in and avoidance of close relationships, interpersonal attachments, and intimate sexual relationships
- 7. Introversion: Social withdrawal
- Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact

# DSM-5 Avoidant Type

- 8. Introversion:  Restricted affectivity
- Lack of emotional experience and display; emotional reactions, when evident, are shallow and transitory; unemotional, even in normally emotionally arousing situations
- 9. Introversion:  Anhedonia
- Lack of enjoyment from, engagement in, or energy for life's experiences; deficit in the capacity to feel pleasure or take interest in things

# DSM-5 Avoidant Type

- 10. Introversion: Social detachment
- Indifference to or disinterest in local and worldly affairs; disinterest in social contacts and activity; interpersonal distance; having only impersonal relations and being taciturn with others (e.g., solely goal- or task-oriented interactions)
- 11. Compulsivity: Risk aversion
- Complete lack of risk-taking; unwillingness even to consider taking even minimal risks; avoidance of activities that have even a small potential to cause injury or harm to oneself; strict adherence to behaviors to minimize health and other risks

# Avoidant Personality Disorder:
# Involvement is risky

- Widespread and longstanding discomfort
- Shy, distant; exaggerates risk that people pose
- Hypersensitivity to evaluation
- Feelings of inadequacy
- Avoid social activities that involve contact with others
- Stays in corners at parties tongue-tied
- Always expecting to say something foolish
- Highly anxious around others
- Anxious about looking anxious
- No close friends or confidants; easily slides into dependence after taking a risk on others
- Possible family history: engulfing or avoidant family

# Avoidant PD Mnemonic: Avoider

- **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

# Prevalence of APD

- DSM-5 & NESARC: 2.4%
- 10% of outpatient
- Equivalent gender diagnosis

# Avoidant PD: Comorbid Conditions

- Research suggests that approximately:
  - 10-50% of the people who have a panic disorder and agoraphobia have APD
  - 20-40% of the people who have a social phobia (social anxiety disorder).
  - Up to 45% among the people with a generalized anxiety disorder
  - Up to 56% of the people with an obsessive-compulsive disorder (Van Velzen, 2002).

# Avoidant Issues

- Avoidant avoid embarrassment/criticism, not people (which Schizoids do)
- Avoidant are socially inactive, external locus of control (vs. Dependents who are active, don't fear criticism)
- Shame as underlying dynamic
- Overlap with Social Phobia
- Parent: "you're incompetent" in APD; vs. "I'll do it for you" in DPD

# Neurobiology of Avoidant PD

- Temperament: shyness
- Low Noradrenergic: low reward stimulation

# Dependent PD

Needs to be Taken Care of, Fears Separation

5 + of :

Indecisive

Avoids Responsibility

Avoids Relationships

Lacks Initiative

Seeks Nurturance

Fears Solitude

Frantic for Disagreements

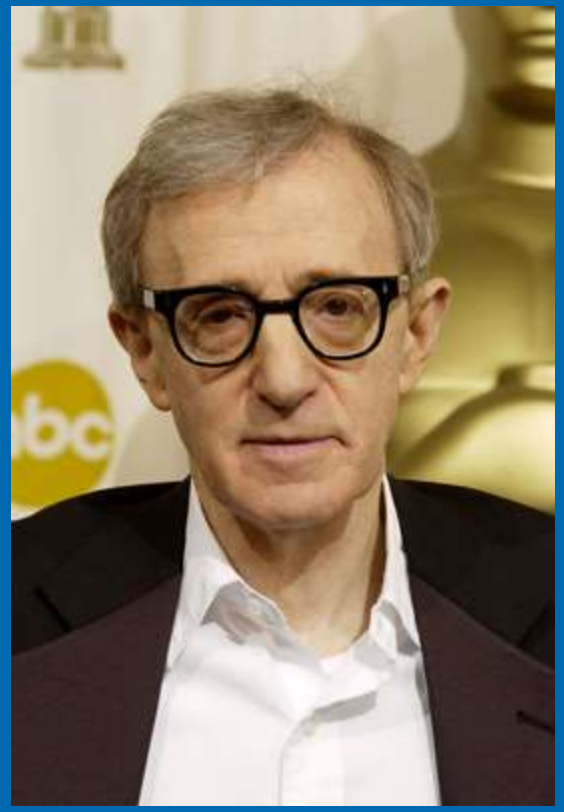
Fears Abandonment

Relationship: highest scores on intrusiveness and lowest on domineering. Readily submit to others. Their second highest score was on vindictiveness

# DSM-5: Dependent Personality Disorder

- Excessive need to be taken care of, submissive and clinging behavior and fears of separation
- ≥ 5 sxs:
  - Difficulty making everyday decisions, needs excessive advice and reassurance from others, needs others to assume responsibility in most areas of life; difficulty expressing disagreement with others due to fear of loss of support; difficulty initiating projects or doing things on own, lack of self confidence; excessive lengths to obtain nurturance and support from others; uncomfortable/helpless when alone, fears of being unable to care for self; urgently seeks another relationship as soon as one ends; unrealistically preoccupied with fears of being left to care for self

# Dependent PD: Zelig



Zelig (1983)

# Dependent Personality Disorder:
## Excessive need to be taken care of; limited sense of self

- Widespread and longstanding dependency on and submissiveness to others
- Even routine daily decisions require advice and reassurance
- Complete passivity; letting others decide
- Difficulty initiating projects
- Discomfort, fear, and helplessness about being alone; goes to great lengths to avoid being isolated or alone
- Highly sensitive to disapproval
- Willingness to go along with others even it conflicts with their own wishes or values
- Does almost anything to help others, seeks reassurance they are liked
- Paralyzed by the thought of independent thought or action
- Drives people away with neediness
- Possible family history: engulfing, abusive, controlling family; not allowed to make independent decisions; rewarded for inaction; told what to do

# Dependent PD Mnemonic: Dependent

- **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 fears of being unable to care for himself or herself
- **N** – Needs others to assume responsibility for his or her life
- **D** – Difficulty expressing disagreement with others
- **E** – End of a close relationship is the beginning of another relationship
- **N** – Noticeable difficulties in initiating projects or doing things on his or her own
- **T** – “Take care of me” is his or her motto

# Prevalence of Dependent PD

- NESARC: .49% of general population
- More women
- Among the most frequent PD in MH clinics

# Obsessive-Compulsive PD

Orderliness, Perfectionist, Inflexible

4 + of :

| | |
|---|---|
| Detail Oriented | Unable to Discard |
| Perfectionism | Can’t Delegate |
| Work Oriented | Miserly |
| Over Conscientious | Rigid/Stubborn |

# Obsessive-Compulsive Personality Disorder

- Preoccupation with orderliness, perfectionism, mental/interpersonal control; at expense of flexibility, openness, efficiency
- ≥ 4 sxs:
  - Preoccupied with details, rules, lists, order, organization, schedules that major point of activity lost; perfectionism that interferes with task completion; excessively devoted to work and productivity to exclusion of leisure activities and friendships; overconscientious, scrupulous, inflexible about matters of morality, ethics, values

# Relationship research

- Relationships: those with excessive perfectionism, inflexibility, and restricted expression of emotions may have trouble at work or in relationships.
- They may also, however, achieve higher status and wealth, as other research has indicated.
- There’s a trade-off then, when an individual has such an extreme work ethic that he or she may pay less attention to relationships.

# OCD vs. OCPD

- OCD (1,2%):
  - Ego dystonic,
  - They don’t like their obsessions & compulsions
  - Don’t present as obsessive
  - Neurological disorder (BG & orbital frontal)
  - Behavior therapy works (PET scan evidence)

# OCD: Adrian Monk

# OCPD

- OCPD (7.9%):
  - Ego syntonic: “what problem?”
  - Don’t do emotions, like histrionics don’t do facts
  - Higher in monozygotic
  - DLPF executive deficits, left hemisphere detail orientation
  - Physician study: 11% take vacation “for vacation”
  - Depression common in midlife

# OCD Gene

- A new mouse model of OCD created by deleting a gene that codes for Sapap3, a protein that helps organize the connections between neurons so that the cells can communicate.
- Similar to the way some people with OCD wash their hands excessively, the Sapap3-lacking mouse grooms itself excessively and shows signs of anxiety.
- The overactivity of a single type of receptor for neurotransmitters -- mGluR5, found in a brain region involved in compulsive behaviors -- was the major driver for the abnormal behaviors. When researchers gave Sapap3-lacking mice a chemical that blocks mGluR5, the grooming and anxiety behaviors abated.
- Intriguingly, by taking normal laboratory mice and giving them a drug that boosted mGluR5 activity, Calakos's team could instantaneously recreate the same excessive grooming and anxiety behaviors they saw in the Sapap3-lacking mice.
- The researchers found that without a functioning Sapap3 protein, the mGluR5 receptor is always on. That, in turn, makes the brain regions involved in compulsion overactive.
- ,

Kristen K. Ade, et al., 2016

# OCPD: As Good As It Gets


As Good as It Gets (1997) - Jack Nicholson

# 301.4 Obsessive-Compulsive Personality Disorder: DSM-5 Obsessive-Compulsive Type

- 1. Compulsivity: Perfectionism
- Insistence on everything being flawless, without errors or faults, including own and others' performance; conviction that reality should conform to one's own ideal vision; holding oneself and others to unrealistically high standards; sacrificing of timeliness to ensure every detail is correct
- 2. Compulsivity: Rigidity
- Being rule- and habit-governed; belief that there is only one right way to do things; insistence on an unchanging routine; difficulty adapting behaviors to changing circumstances; processing of information on the basis of fixed ideas and expectations; difficulty changing ideas and/or viewpoint, even with overwhelming contrary evidence
- 3. Compulsivity: Orderliness
- Need for order and structure; insistence on everything having a correct place or order and on keeping them so; intolerance of things being "out of place"; concern with details, lists, arrangements, schedules

# DSM-5 Obsessive-Compulsive Type

- 4. Compulsivity: Perseveration
- Persistence at tasks long after behavior has ceased to be functional or effective; belief that lack of success is due solely to lack of effort or skill; continuance of the same behavior despite repeated failures.
- 5. Negative Emotionality: Anxiousness
- Feelings of nervousness, tenseness, and/or being on edge; worry about past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty
- 6. Negative Emotionality: Pessimism
- Having a negative outlook on life; focusing on and accentuating the worst aspects of current circumstances; expecting the worst outcome

# DSM-5 Obsessive-Compulsive Type

- 7. Negative Emotionality: Guilt/shame
- Having frequent and persistent feelings of guilt/ shame/ blameworthiness, even over minor matters; believing one deserves punishment for wrongdoing
- 8. Introversion: Restricted Affectivity
- Lack of emotional experience and display; emotional reactions, when evident, are shallow and transitory; unemotional, even in normally emotionally arousing situations
- 9. Antagonism: Oppositionality
- Displaying defiance by refusing to cooperate with requests, meet obligations, or complete tasks; behavioral resistance to performance expectations; resentment and undermining of authority figures

# Obsessive-Compulsive Personality Disorder: All about order and structure

- Perfectionistic and inflexible
- Focus on detail; order; structure; lists
- Devoted to work; hard-working
- Performance never good enough; hard to finish when attending to every detail
- Stubbornly demanding that others do things their way; very controlling
- Overly conscientious and concerned with moral and ethical issues
- Scrupulous to the point of rigidity
- Judges others and self very harshly; demands perfection
- Not emotionally expressive; distrusts and disapproves of emotion in others
- Stiff, stilted, “formal” interactions, hard to laugh
- Possible family history: over attached family who emphasized achievement; oriented to perfection; keenly aware of others; limited sense of self

# Obsessive Compulsive PD

- Excessive concern with order, rules, schedules and lists
- Perfectionism, often so pronounced that you can't complete tasks because your standards are impossible to meet
- Inability to throw out even broken, worthless objects
- Inability to share responsibility with others
- Inflexibility about the "right" ethics, ideas and methods
- Compulsive devotion to work at the expense of recreation and relationships
- Financial stinginess
- Discomfort with emotions and aspects of personal relationships that you can't control

# OCPD: Law Firms

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

- **F** – Friendships (and leisure activities) excluded (due to a preoccupation with work)
- **I** – Inflexible, overconscientious (on ethics, values, or morality, not accounted for by religion or culture)
- **R** – Reluctant to delegate (unless others submit to exact guidelines)
- **M** – Miserly (toward self and others)
- **S** – Stubbornness (and rigidity)

# OCPD: Examples

- Pt with spreadsheet of all clothes he ever bought: price, how long they lasted, cost, etc.

- OCPD & Histrionic attract:
  - Car purchase: She chose color, I pick the rest
  - Divorce: emotional outburst by wife, he wants to leave: She says: “He means it, I didn’t mean it when I get angry”

# Prevalence of OCPD: most common PD

- DSM:
  - 2.1 to 7.9% of community samples
  - 3-10% of MH clinics
  - Male: 2x more diagnosed

- NESARC:
  - 7.9% of general population
    - (most common PD)

# Comorbidities of OCPD

- OCPD been linked with ADHD, OCD and eating disorders (ED) (Halmi et al, 2005).
- There is a higher than expected incidence of OCPD in the families of people with the three disorders (Bellodi et al, 2001; Lilenfeld et al, 1998)

# Hoarding is not OCD

- Many hoarders live relatively typical lives, hold steady jobs and maintain ties to friends and family, even if their habits create tension.
- 5-14 million people in the U.S. are compulsive hoarders—twice the rate OCD (1.2% prevalence). (2 to 6% prevalence in DSM-5; more males in community, females in clinic; 3x more common in older)
- Average age of hoarders in published studies is 50; but can start at 10
- Hoarders do not primarily collect and store junk. Hoarders stash specific varieties of things, including cats.
- Not OCD; hoarding thoughts are ego syntonic; OCD fluctuates, but hoarding tends to get progressively worse; hoarding is inherited as a recessive trait, whereas OCD is dominant trait
- Hoarders tend to see meaning and have emotional attachments to far more items; more anxious about getting rid of and grief over loss

# Hoarding

- Anterior cingulate cortex (ACC) and insula show unusually high activation when they make decisions about objects: an inflated sense of risk and excessive fear of making the wrong decision.

- SSRIs & CBT don't work as well

- Best TX (Hoarding specific CBT): *Compulsive Hoarding and Acquiring: Therapist Guide* by Gail Steketee & Randy O. Frost

- *Buried in Treasures* peer lead workshops

# DSM-5: Personality Change due to Another Medical Condition

- Persistent personality disturbance that represents a change from person's previous characteristic personality pattern.
- Evidence that it is due to direct consequence of another medical condition
- Specify:
  - Labile type
  - Disinhibited type
  - Aggressive type
  - Apathetic type
  - Paranoid type
  - Other type
  - Combined type
  - Unspecified type

# DSM-5: Other Specified Personality Disorder

- Sxs of a personality disorder predominate, but do not meet full criteria

- Clinician lists specific reason why it does not meet criteria

# DSM-5: Unspecified Personality Disorder

- UPD: Old PD NOS:
- Sxs of a personality disorder predominate, but do not meet full criteria
- Clinician does not list specific reason why it does not meet criteria

# Alternative DSM5 Model for Personality Disorders

- Hybrid –dimensional & categorical approaches
- Greater emphasis
  - Personality functioning: how functional are you (Self: Identity & Self Direction; Interpersonal: Empathy & Intimacy)
  - Trait based criteria: what traits do you have
- General criteria
  - Personality functioning core impairments
  - Personality pattern of impairment
- 5 broad areas of pathological personality traits (Negative Affectivity, Detachment, Antagonism, Disinhibition, Psychoticism)
- Can assess personality functioning and traits even in individuals without disorders

# Personality Disorder

- A. Moderate or greater impairment in personality (self/interpersonal) functioning
- B. One or more pathological personality traits
- C. Impairments in personality functioning and individual's personality trait expression are relatively inflexible and pervasive across broad range of personal and social situations
- D. Impairments in personality functioning and individual's personality trait expression are relatively stable across time

# 6 Specific Personality Disorders

- Personality Disorders:
  - Antisocial
  - Avoidant
  - Borderline
  - Narcissistic
  - Obsessive-Compulsive
  - Schizotypal
- Personality Disorder – Trait Specified

# Proposed DSM-5

- 4 part assessment
- Presence of a Personality Disorder, then select 1 of 5 types
- (A) 5 identified severity **levels of personality functioning**

- (b) 6 **personality disorder (PD) types**: Antisocial/Psychopathic, Avoidant, Borderline, Obsessive-Compulsive, and Schizotypal types; each defined by core PD components and a subset of:
- (c) 6 broad, higher order **personality *trait domains***, with 4-10 lower-order, more specific ***trait facets*** comprising each, for a total of 37 specific trait facets (proposed, pending empirical validation)
- (d) a new general **definition of personality disorder** based on severe or extreme deficits in core components of personality functioning and elevated pathological traits

# Revised definition of personality disorder

- Definition: Personality disorders represent **the failure to develop a sense of self-identity and the capacity for interpersonal functioning** that are culturally adaptive.

A. Adaptive failure is manifested in one or both of the following areas:

1. **Impaired sense of self-identity** as evidenced by one or more of the following:

- ? i. **Identity integration.** Poorly integrated sense of self or identity (e.g., limited sense of personal unity and continuity; experiences shifting self-states; believes that the self presented to the world is a façade)
- ? ii. **Integrity of self-concept.** Impoverished and poorly differentiated sense of self or identity (e.g., difficulty identifying and describing self attributes; sense of inner emptiness; poorly delineated interpersonal boundaries; definition of the self changes with social context)
- iii. **Self-directedness.** Low self-directedness (e.g., unable to set and attain satisfying and rewarding personal goals; lacks direction, meaning, and purpose to life)

# Revised definition of personality disorder 2

2. **Failure to develop effective interpersonal functioning** as manifested by one or more of the following: All impaired

- i. **Empathy.** Impaired empathic and reflective capacity (e.g., finds it difficult to understand the mental states of others)
- ii. **Intimacy.** Impaired capacity for close relationships (e.g., unable to establish or maintain closeness and intimacy; inability to function as an effective attachment figure; inability to establish and maintain friendships)
- iii. **Cooperativeness**. Failure to develop the capacity for prosocial behavior (e.g., failure to develop the capacity for socially typical moral behavior; absence of altruism)
- iv. **Complexity and integration of representations of others.** Poorly integrated representations of others (e.g., forms separate and poorly related images of significant others)

# Revised definition of personality disorder 3

- B. Adaptive failure is associated with extreme levels of one or more personality traits.
- C. Adaptive failure is relatively stable across time and consistent across situations with an onset that can be traced back at least to adolescence.
- D. Adaptive failure is not solely explained as a manifestation or consequence of another mental disorder
- E. Adaptive failure is not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma)

# Levels of Personality Functioning

- Each level is characterized by typical functioning in the following areas:
- **Self**:
- 1. **Identity Integration**: Regulation of self-states; coherence of sense of time and personal history; ability to experience a unique self and to identify clear boundaries between self and others; capacity for self-reflection
- 2. **Integrity of Self-concept**: Regulation of self-esteem and self-respect; sense of autonomous agency; accuracy of self-appraisal; quality of self-representation (e.g., degrees of complexity, differentiation, and integration)
- 3. **Self-directedness**: Establishment of internal standards for one's behavior; coherence and meaningfulness of both short-term and life goals

# Levels of Personality Functioning 2

- **Interpersonal**:
- 1. **Empathy**: Ability to mentalize (create an accurate model of another's thoughts and emotions); capacity for appreciating others' experiences; attention to range of others' perspectives; understanding of social causality
- 2. **Intimacy and Cooperativeness**: Depth and duration of connection with others; tolerance and desire for closeness; reciprocity of regard and support and its reflection in interpersonal/social behavior
- 3. **Complexity and Integration of Representations of Others**: Cohesiveness, complexity and integration of mental representations of others; use of other-representations to regulate self

# Self and Interpersonal Functioning Continuum

- _____ 0 = No Impairment
- _____ 1 = Mild Impairment
- _____ 2 = Moderate Impairment
- _____ 3 = Serious Impairment
- _____ 4 = Extreme Impairment

# Self and interpersonal difficulties must:

- A. be multiple years in duration
- B. not be solely a manifestation or consequence of another mental disorder
- C. not be due solely to the direct physiological effects of a substance or general medical condition
- D. not be better understood as a norm within an individual's cultural background

# PD Description: Obsessive-Compulsive Type

- Individuals who match this personality disorder type are ruled by their need for order, precision, and perfection. Activities are conducted in super-methodical and overly detailed ways. They have intense concerns with time, punctuality, schedules, and rules. Affected individuals exhibit an overdeveloped sense of duty and obligation, and a need to try to complete all tasks thoroughly and meticulously. The need to try to do things perfectly may result in a paralysis of indecision, as the pros and cons of alternatives are weighed, such that important tasks may not ever be completed. Tasks, problems, and people are approached rigidly, and there is limited capacity to adapt to changing demands or circumstances. For the most part, strong emotions – both positive (e.g., love) and negative (e.g., anger) – are not consciously experienced or expressed. At times, however, the individual may show significant insecurity, lack of self confidence, and anxiety subsequent to guilt or shame over real or perceived deficiencies or failures. Additionally, individuals with this type are controlling of others, competitive with them, and critical of them. They are conflicted about authority (e.g., they may feel they must submit to it or rebel against it), prone to get into power struggles either overtly or covertly, and act self-righteous or moralistic. They are unable to appreciate or understand the ideas, emotions, and behaviors of other people.

# Type Rating

- **<u>Read PD description above and then</u>:**
- **A. <u>Type rating</u>.** Rate the patient's personality using the 5-point rating scale shown below. Circle the number that best describes the patient's personality (4 or 5 = dx).
- 5 = Very Good Match: patient *exemplifies* this type
- 4 = Good Match: patient *significantly* resembles this type
- 3 = Moderate Match: patient has *prominent features* of this type
- 2 = Slight Match: patient has *minor features* of this type
- 1 = No Match: description does not apply

## Six-Domain Trait Dimensional Diagnostic System for Personality Disorder

- **6 broad, higher order personality *trait domains* each comprised of several lower order, more specific *trait facets*.** **(**based on the widely used five-factor model of personality)
- Trait levels are assessed on a four-point scale:
- 0 = Very little or not at all
- 1 = Mildly Descriptive
- 2 = Moderately Descriptive
- 3 = Extremely Descriptive

# 6 Traits: domains & facets

- Negative Emotionality: Experiences a wide range of negative emotions (e.g., anxiety, depression, guilt/ shame, worry, etc.), and the behavioral and interpersonal manifestations of those experiences
  - Trait facets: *Emotional lability, anxiousness, submissiveness, separation insecurity, pessimism, low self-esteem, guilt/ shame, self-harm, depressivity, suspiciousness*
- Introversion: Withdrawal from other people, ranging from intimate relationships to the world at large; restricted affective experience and expression; limited hedonic capacity
  - Trait facets: *Social withdrawal, social detachment, restricted affectivity, anhedonia, intimacy avoidance*

# 6 Traits

- Antagonism: Exhibits diverse manifestations of antipathy toward others, and a correspondingly exaggerated sense of self-importance
  - Trait facets: *Callousness, manipulativeness, narcissism, histrionism, hostility, aggression, oppositionality, deceitfulness*
- Disinhibition: Diverse manifestations of being present- (vs. future- or past-) oriented, so that behavior is driven by current internal and external stimuli, rather than by past learning and consideration of future consequences
  - Trait facets: *Impulsivity, distractibility, recklessness, irresponsibility*

# 6 Traits

- Compulsivity: The tendency to think and act according to a narrowly defined and unchanging ideal, and the expectation that this ideal should be adhered to by everyone
  - Trait facets: *Perfectionism, perseveration, rigidity, orderliness, risk aversion*
- Schizotypy: Exhibits a range of odd or unusual behaviors and cognitions, including both process (e.g., perception) and content (e.g., beliefs)
  - Trait facets: *Unusual perceptions, unusual beliefs, eccentricity, cognitive dysregulation, dissociation proneness*

# (Passive-Aggressive PD)

Negative Attitudes with Passive Resistance to Demands

4 + of :

Passive

Misunderstood, Unappreciated

Sullen, Argumentative

Scorns Authority

Envious, Resentful

Exaggerated Complaints

Defiant then Contrite

# Signal Sxs: Frequent Physical Fighting

- Narcissistic
- Histrionic
- Antisocial
- Paranoid
- Borderline

# Attention Seeking Variable

- Histrionic: 92%
- Dependent: 88%
- Borderline: 80%
- Passive Aggressive: 79%

# Signal Sxs: Will Flirt with You

- Narcissistic
- Histrionic
- Antisocial
- Borderline

# Impulse Control Disorders

- Impulse control disorders are common and disabling behaviors experienced by approximately 5% to 15% of the US population, or between 14 million and 42 million persons.
- These disorders include pathological gambling, kleptomania, intermittent explosive disorder, pathological hair pulling (trichotillomania), and pyromania. Other disorders such as compulsive Internet use, compulsive sexual behavior, pathological skin picking, and compulsive buying have been proposed as belonging to the same category.

JAMA, 2008

# Impulse Disorder 2

- Impulsivity is defined as a predisposition toward rapid, unplanned reactions to either internal or external stimuli without regard for negative consequences.
- Impulse control disorders share common core qualities, including repetitive or compulsive engagement in a behavior despite adverse consequences, diminished control over the problematic behavior, an urge or craving state prior to engagement in the behavior, and a hedonic quality during the performance of the behavior in question.
- Subjective distress and impaired functioning are often a consequence of impulse control disorders, and their avoidance.
- Impulse Control Disorders: A Clinician's Guide to Understanding and Treating Behavioral Addictions – Jon Grant

# Personality & Placebo response

- Aggregate of scores from Ego-Resiliency, NEO Altruism, NEO Straightforwardness (positive predictors) and NEO Angry Hostility (negative predictor) scales accounted for 25% of the variance in placebo analgesic responses.
- 
- Molecular imaging showed that subjects scoring above the median in a composite of those trait measures also presented greater placebo-induced activation of -opioid neurotransmission in the subgenual and dorsal anterior cingulate cortex (ACC), orbitofrontal cortex, insula, nucleus accumbens, amygdala and periaqueductal gray (PAG).
- 

# Personality & Placebo

- Personality traits explain a substantial proportion of the variance in placebo analgesic responses and are further associated with activations in endogenous opioid neurotransmission, and as a trend, cortisol plasma levels.
- Endogenous opioid release in the dorsal ACC and PAG was positively correlated with placebo-induced reductions in pain ratings.
- 
- Significant reductions in cortisol levels were observed during placebo administration and were positively correlated with decreases in pain ratings, N-opioid system activation in the dorsal ACC and PAG, and as a trend, negatively with NEO Angry Hostility scores.

# Summary I

| | |
|---|---|
| Paranoid | Suspicious, Jealous, But  Not Psychotic or Unlawful |
| Schizoid | Unemotional, Cold, Indifferent |
| Schizotypal | Odd + Magical Beliefs, Behaviors, Not Paranoid |
| ASPD | Aggressive, Unlawful, Impulsive |
| Borderline | Unstable, Chaotic, Impulsive, Not Aggressive or Unlawful |
| Histrionic | Dramatic, Seductive But Not Chaotic |

# Summary II

| | |
|---|---|
| Narcissistic Chaotic | Self-Centered, Entitled, Lacks Empathy But Not Unlawful or |
| Avoidant | Needs People But Fears Relationships |
| Dependent | Needs Relationships, Indecisive, Fears Abandonment |
| Obsessive-Compulsive | Rigid, Perfectionist + Inefficient |

# Internet and Personality Tests

- Personality Disorders and Big 5 Factor tests: http://similarminds.com/
- Paid testing: http://www.mentalhealth.com/p71.html
- Psych. Information:

  http://psychcentral.com/
- Support Groups: http://psychcentral.com/resources/Personality/Support_Groups/

# The End

- Tell me what you pay attention to and I will tell you who you are.”
- — José Ortega y Gasset