

PERSONALITY DISORDERS

- **PERSONALITY**

- Involves the ways in which a person perceives the world through attitudes, thoughts, and feelings
- **Flexibility is the key distinction between a healthy personality and a disordered personality - IMPORTANT**
- Aspects of self and what we bring to each unique situation

- **PERSONALITY DISORDERS**

- *DSM-5* categorization - enduring pattern
 - No matter what situation there will be an aspect of the personality that comes forward
 - Inner experience and behavior with enduring patterns in four different areas:
 - Thinking
 - Feeling
 - Interpersonal relationships
 - Impulse control
- DSM criteria – p. 171
 - An *enduring* pattern =
 - -Consistently causing sig distress and impairs interpersonal relationships and occupational performance
 - *Significant* functional impairment
 - Dx requires persistent diff. in at least 2/4 core areas
 - Traits must be inflexible – repeatedly observed across context/environments/time
- Clusters based on descriptive similarities - clusters are not diagnosis
 - Cluster A: Paranoid, schizoid, and schizotypal personality disorders
 - Cluster B: Antisocial, borderline, histrionic, and narcissistic personality disorders
 - Cluster C: Avoidant, dependent, and obsessive-compulsive personality disorders

- **CLUSTER A - you need to challenge their beliefs**

- Paranoid, schizoid and schizotypal
 - Traits related to
 - Distorted thinking and social withdrawal
 - Social awkwardness
 - Discomfort in interpersonal relationships
 - Emotional distancing, isolation, distrust, and suspicion
 - Restricted emotional expression
 - Interpretation of intentions of others as negative
- CLUSTER A DISORDERS
 - Paranoid Personality Disorder
 - Pervasive distrust and suspiciousness of others

- Misperceive others' intentions
 - Sensitive, easily offended; hold grudges
 - May experience brief episode of psychosis
 - Schizoid Personality Disorder
 - Pervasive pattern of social detachment and restricted range of emotion
 - Extreme introverts
 - Difficulty reading social nuance
 - Schizotypal Personality Disorder
 - Excessive social anxiety – does not diminish with friends and family
 - Odd beliefs, magical thinking
 - Suspicious, paranoid; can challenge misperceptions through reality testing
- **CLUSTER B**
- antisocial , borderline, histrionic, narcissistic
 - Traits related to
 - Dramatic, emotional, erratic
 - Problems with impulse control
 - Difficulty with emotional regulation or response
 - **CLUSTER B DISORDERS**
 - Antisocial Personality Disorder
 - Pervasive pattern of disregard for, and violation of, rights of others
 - May lead to a Conduct Disorder dx
 - Manipulation
 - Diagnosed around 15 and persisting through adulthood
 - Signs in childhood
 - Torment animals or ppl
 - Bullying or intimidating other ppl
 - Reckless disregard for others property (fire setting)
 - Conduct violations- lying or stealing
 - They can be manipulative bc they are charming
 - Show no remorse
 - Intake happens
 - Often done by a social worker
 - Common questions on intake form
 - Has this child ever hurt an animal or person
 - Has child had a history of bullying
 - Has child had a history of stealing
 - Has child set fires
 - Narcissistic Personality Disorder
 - Persistent pattern of grandiosity; need for admiration
 - Lack empathy, powerful sense of entitlement and/or vanity
 - Fragile self-esteem - will alsh out if they think they are secondary
 - Arrogant and will exploit others for personal gain

- CLUSTER C DISORDERS
 - Avoidant Personality Disorder
 - Pervasive pattern of social inhibition, feelings of inadequacy, hypersensitivity to criticism
 - Feel insecure criticized and rejected so they dont wanna hang with other ppl
 - Dependent Personality Disorder
 - Pervasive and excessive need to be taken care of
 - Submissive behavior to another person , fear of separation from that person
 - Intense fear of losing others puts at significant risk for manipulation and abuse
 - Can't make decision without reassurance by that other person
 - Intense fear of losing others
 - Puts them at risk of being or choosing a partner who could be manipulative and abusive
 - Obsessive Compulsive Personality Disorder
 - Preoccupation with orderliness, perfectionism, mental and interpersonal control
 - Lack flexibility, openness, and efficiency
 - Painstaking adherence to rules, procedures, schedules; lose main goal of task oftentimes
 - Perfectionistic and self-induced high standards
 - Not doing rituals or compulsions
 - They are just perfectionist that interfere with daily occupations
- ETIOLOGY OF PERSONALITY DISORDERS
 - Genetic disposition and biological factors
 - Some structural abnormalities implicated for certain disorders.
 - Overactive amygdala, underactive frontal precortex
 - Temperaments have a genetic component contributing to inborn personality disposition.
 - Cluster A has the strongest genetic association
 - BPD- 5-10x more likely to have a first-degree relative w/ disorder
 - Environmental factors
 - Child's temperament influences the caregiver's response, which influences the child's response.
 - Non-validating environment
 - Adverse experiences such as divorce, death of a parent, lack of caregiver affection, sexual assault.
 - 40-71% of those with BPD have history of sexual abuse by non-caregiver

- **PREVALENCE**
 - Estimated in 6% to 10% of the population
 - Rates of prevalence in descending order (though varies country to country) most common
 - Obsessive-compulsive disorder
 - Narcissistic disorder
 - Borderline personality disorder

- **COURSE**
 - Usually recognized during adolescence or early adult life
 - Changes in personality in middle adulthood or later in life may indicate the presence of a contributing medical condition or an unrecognized substance use disorder.

- **IMPACT ON OCCUPATIONAL PERFORMANCE**
 - **COGNITION**
 - Distortions in thinking patterns about the world, themselves, and relationships with others
 - **AFFECTIVITY**
 - Problematic emotional response patterns to an extreme degree and with persistence
 - Lack of flexibility in the repertoire of emotional responses ultimately leads to problems with chronic anger, irritability, extreme anxiety, or lack of empathy
 - **IMPULSE CONTROL PROBLEMS**
 - Manifest on a continuum of extremes
 - Overcontrolled
 - Lack of *or* undercontrolled
 - **SIGNIFICANT INTERPERSONAL PROBLEMS**
 - •Three defining core features described previously cause interpersonal difficulties.
 - •Difficulties with thinking, feeling, and behavior problems create a negative impact on participation in purposeful occupations and ability to form and maintain healthy and meaningful relationships.

- **TREATMENT**
 - Tend to be difficult to treat and effectively change
 - Psychotherapy—goal is to assist in improving current level of functioning by addressing the present-day struggles and difficulties and in developing a more meaningful and productive life
 - Medications—used as an adjunct to therapy to treat symptoms associated with personality disorders
 - SSRI- depression, impulsivity, rumination, decreased general sense of well-being
 - Limited research about the effectiveness of meds with personality d/o
 - Meds provide symptom relief

- **ROLE OF OT**

- Focus on the four core impairments of cognition, affect, impulse control, and interpersonal relationships in the context of occupational performance
- Need to understand defense mechanisms
 - Splitting
- COMMON OT INTERVENTIONn
 - Cognitive Behavioral Approaches
 - Anger Management
 - Dialectical Behavior Therapy (emotion regulation)
 - Mindfulness
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