

Personality Disorders diagnostic criteria

Dr. Mona Mansouri

Board Certificated Psychiatrist

Personality Disorders

An inflexible pattern of behaviors fixed, Persistent, long duration, usually since teens or early adulthood Consistent, involving Dysfunctional relationships

and Distorted view of oneself :

- Cognitive and perceptual
- Mood and affect
- Interpersonal
- Behavioral

DSM-5 divides the disorders into three categories, or clusters: A, B, and C.

- **Cluster A** includes three personality disorders with odd, aloof features (paranoid, schizoid, and schizotypal).
- **Cluster B** includes four personality disorders with dramatic, impulsive, (borderline, antisocial, narcissistic, and histrionic).
- **Cluster C** includes three personality disorders sharing anxious and fearful features (avoidant, dependent, and obsessive-compulsive).

- ✓ Individuals frequently exhibit traits that are not limited to a single personality disorder.
- ✓ When a patient meets the criteria for more than one personality disorder, clinicians should diagnose each.

- Many of the features of various personality disorders can occur during an episode of another mental disorder.
- We should only use a diagnosis of personality disorder when the features are typical of long-term functioning and are not limited to a discrete episode of another mental disorder.

Cluster A: Odd and Eccentric

- ➔ **Paranoid Personality Disorder.** The hallmarks of paranoid personality disorder are excessive suspiciousness and distrust of others expressed as a pervasive tendency to interpret the actions of others as deliberately demeaning, malevolent, threatening, exploiting, or deceiving.
- ➔ This tendency begins in early adulthood and appears in a variety of contexts. Almost invariably, those with the disorder expect to be exploited or harmed by others in some way.

- Such persons are often pathologically jealous and, for no reason, question the fidelity of their spouses or sexual partners.

- On psychiatric examination, patients with paranoid personality disorder may be formal in their style and act baffled about having to seek psychiatric help.
- Muscular tension, an inability to relax, and a need to scan the environment for clues may be evident, and the patient's manner is often severe and humorless.

DSM-5**Paranoid Personality Disorder**

Suspiciousness, evident from the following (≥ 4):

- Suspicion/persecutory thoughts
- Doubting others' loyalty
- Distrust, inability to confide in others
- Interpreting experiences as threatening or hostile
- Holds grudges
- Feeling attacked by others
- Distrusting partner's faithfulness

Exclusions (not result of):

- *Schizophrenia*
- *Depression with psychotic features*
- *Other psychoses*
- *Substance use*
- *A medical condition*

- **Schizoid Personality Disorder.** Persons with schizoid personality disorder seem to be cold and aloof; they display a remote reserve and show no involvement with everyday events and the concerns of others.
- They appear quiet, distant, seclusive, and unsociable. They may pursue their own lives with remarkably little need or longing for emotional ties

- The life histories of such persons reflect solitary interests and success at noncompetitive, lonely jobs that others find difficult to tolerate. Their sexual lives may exist exclusively in fantasy, and they may postpone mature sexuality indefinitely. Persons with schizoid personality disorder usually reveal a lifelong inability to express anger directly. They often lack close friends or confidants and are indifferent to praise and criticism.

- ➔ On an initial psychiatric examination, patients with schizoid personality disorder may appear ill at ease. They rarely tolerate eye contact, and interviewers may surmise that such patients are eager for the interview to end. Their affect may be constricted, aloof, or inappropriately severe, but underneath the aloofness, sensitive clinicians can recognize fear.

- Their speech is goal-directed, but they are likely to give short answers to questions and to avoid spontaneous conversation.

DSM-5**Schizoid Personality Disorder**

Detachment from interpersonal relationships (≥ 4):

- Doesn't enjoy relationships
- Prefers doing things alone
- Not interested in sexual relations
- Doesn't enjoy activities
- Few if any friends or

Exclusions (not result of):

- *Schizophrenia*
- *Depression with psychotic features*
- *Bipolar disorder with psychotic features*
- *Autism spectrum disorder*

- **Schizotypal Personality Disorder.** Schizotypal personality disorder is characterized by pervasive discomfort with and inability to maintain close relationships, as well as eccentric behavior. These individuals demonstrate peculiarities of thinking, behavior, and appearance. Taking a history may be difficult because of the patients' unusual way of communicating.

- Although frank thought disorder is absent, their speech may be distinctive or peculiar, may have meaning only to them, and often needs interpretation. These patients may be superstitious or claim powers of clairvoyance and may believe that they have other special powers of thought and insight. Their inner world may contain vivid imaginary relationships and child-like fears and fantasies, and they may experience perceptual illusions, as well.

- Because persons with schizotypal personality disorder have poor interpersonal relationships and may act inappropriately, they are isolated and have few, if any, friends. Under stress, patients with schizotypal personality disorder may decompensate and have psychotic symptoms, but these are usually brief.

DSM-5**Schizotypal Personality Disorder**

Social difficulties and perceptual disturbances (≥5):

- Ideas of reference
- Magical/strange thinking
- Odd perceptions
- Odd speech/thoughts
- Odd affect
- Odd behavior
- Suspicious or persecutory thoughts
- Few if any friends or acquaintances
- Socially anxious

Exclusions (not result of):

- Schizophrenia
- Depression with psychotic features
- Bipolar disorder with psychotic features
- Autism spectrum disorder
- Another psychotic disorder

➔ Cluster B: Dramatic

Antisocial Personality Disorder. The hallmarks of antisocial personality disorder are pervasive disrespect for and infringement on the rights of others. A person has to be 18 years of age or older, has to have demonstrated this pattern of behavior since age 15, and must have demonstrated evidence of conduct disorder before the age of 15 years (conduct disorder involves a repetitive and persistent pattern of behavior in which they violate the fundamental rights of others or major age appropriate social rules)

Patients with antisocial personality disorder can often seem to be normal and even charming and ingratiating. Their histories, however, reveal many areas of disordered life functioning. Lying, truancy, running away from home, thefts, fights, substance abuse, and illegal activities are typical experiences that patients report as beginning in childhood.

- These patients often impress clinicians with the colorful, seductive aspects of their personalities, but the clinician may also regard them as manipulative and demanding. They often impress observers as having excellent verbal intelligence

- Persons with antisocial personality disorder are highly representative of the so-called con men.
- They are incredibly manipulative and can frequently talk others into participating in schemes for easy ways to make money or to achieve fame or notoriety

- These schemes may eventually lead the unwary to financial ruin, social embarrassment, or both.
- Promiscuity, spousal abuse, child abuse, and drunk driving are frequent events in their lives.
- A notable finding is a lack of remorse for these actions; that is, they appear to lack a conscience.

DSM-5

Antisocial Personality Disorder

≥age 18

Began by age
15

Conduct
disorder
before age
15
(diagnosed or
evidence for)

(≥3):

- Disregards legal and social rules/norms
- Lies
- Impulsive
- Irritable or aggressive
- Neglects safety (self/others)
- Irresponsible
- No remorse

Exclusions (not
result of):

- *Schizophrenia*
- *Bipolar disorder*

- **Borderline Personality Disorder.** Persons with borderline personality disorder almost always appear to be in a state of crisis. Mood swings are frequent.
- Patients can be argumentative at one moment, depressed the next, and later complain of having no feelings. Patients can have short-lived psychotic episodes rather than full-blown psychotic breaks, and the symptoms are circumscribed, fleeting, or questionable.

- The behavior of patients with borderline personality disorder is highly unpredictable, and their achievements are rarely at the level of their abilities. The painful nature of their lives reflects in their repetitive self-destructive acts. Such patients may slash their wrists and perform other self-mutilation to elicit help from others , to express anger, or to numb themselves to overwhelming affect.

Because they feel both dependent and hostile, persons with this disorder have tumultuous interpersonal relationships.

They can be dependent on those with whom they are close and, when frustrated, can express enormous anger toward their intimate friends. Patients with borderline personality disorder cannot tolerate being alone, and they prefer a frantic search for companionship, no matter how unsatisfactory, to their own company.

- Functionally, patients with borderline personality disorder distort their relationships by considering each person to be either all good or all bad. They see persons as either nurturing attachment figures or as hateful, sadistic figures who deprive them of security needs and threaten them with abandonment whenever they feel dependent. As a result of this splitting, the good person is idealized, and the bad person devalued.

DSM-5

Borderline Personality Disorder

Conflict/impulsivity (≥ 5):

- Avoids abandonment
- Intense, unstable relations marked by splitting
- Unstable self-image
- Self-harm, other impulsive behaviors
- Suicidal ideation or behavior
- Labile affect
- Feeling empty inside
- Poor anger management
- Paranoia/dissociation, usually due to stress

- ▶ **Histrionic Personality Disorder.** Persons with histrionic personality disorder show a high degree of attention-seeking behavior. They tend to exaggerate their thoughts and feelings and make everything sound more vital than it is. They display temper tantrums, tears, and accusations when they are not the center of attention or are not receiving praise or approval.

- Seductive behavior is typical in both sexes. Sexual fantasies about persons with whom patients are involved are common, but patients are inconsistent about verbalizing these fantasies and may be coy or flirtatious rather than sexually aggressive. Despite these behaviors, they may have a psychosexual dysfunction, such as anorgasmia.

- Their relationships tend to be superficial, however, and they can be vain, self absorbed, and fickle. Their deep dependence needs make them overly trusting and gullible.

- In interviews, patients with histrionic personality disorder are generally cooperative and eager to give a detailed history. Gestures and dramatic punctuation in their conversations are commonplace; they may make frequent slips of the tongue, and their language is colorful.

DSM-5

Histrionic Personality Disorder

Needing attention, very emotional
(≥ 5):

- Uncomfortable when not the center of attention
- Flirtatious, provocatively sexual
- Emotionally labile
- Physically provocative or flamboyant
- Speech is vague
- Speech is exaggerated/dramatic
- Suggestible
- Overestimates the intimacy of relationships

Narcissistic Personality Disorder.

- Persons with narcissistic personality disorder have a grandiose sense of self-importance; they consider themselves special and expect special treatment. Their sense of entitlement is striking.
- They handle criticism poorly and may become enraged when someone dares to criticize them, or they may appear utterly indifferent to criticism. Persons with this disorder want their way and are frequently ambitious to achieve fame and fortune.

- Their relationships are tenuous, and they can make others furious by their refusal to obey conventional rules of behavior.
- Interpersonal exploitativeness is commonplace. They cannot show empathy, and they feign sympathy only to achieve their selfish ends.
- Because of their fragile self-esteem, they are susceptible to depression.

- Interpersonal difficulties, occupational problems, rejection, and loss are among the stresses that narcissists commonly produce by their behavior—stresses they are least able to handle.

DSM-5

Narcissistic Personality Disorder

Self-important, lacking empathy for others (≥ 5):

- Grandiose
- Preoccupied with fantasies about success
- Feeling special/unique
- Needing others to admire them for validation
- Expecting special treatment
- Exploiting others
- Lacking empathy
- Jealous of others' success,

➔ Cluster C: Anxious

Avoidant Personality Disorder.

- ➔ Hypersensitivity to rejection by others is the central feature of avoidant personality disorder, and timidity is the primary personality trait that is displayed.
- ➔ These persons desire the warmth and security of human companionship but justify their avoidance of relationships by their fear of rejection.
- ➔ When talking with someone, they express uncertainty, show a lack of self-confidence, and may speak in a selfeffacing manner

- Because they are hypervigilant about rejection, they are afraid to speak up in public or to make requests of others.
- They are apt to misinterpret others' comments as derogatory or ridiculing.

- In the vocational sphere, patients with avoidant personality disorder often take jobs on the sidelines.
- They rarely attain much personal advancement or exercise much authority but seem shy and eager to please.
- These persons are generally unwilling to enter relationships unless they have an unusually strong guarantee of uncritical acceptance. Consequently, they often have no close friends or confidants.

- In clinical interviews, patients' most striking aspect is anxiety about talking with an interviewer. Their nervous and tense manner may wax and wane depending on whether they think the interviewer likes them. They may also seem vulnerable to the interviewer's comments and suggestions and may regard a clarification or interpretation as criticism.

DSM-5

Avoidant Personality Disorder

Hypersensitive, lacking confidence (≥ 4):

- Avoids others
- Fears being disliked
- Avoids relationships for fear of shame
- Fears rejection/criticism
- Inhibited in relationships
- Avoids novelty for fear of embarrassment

- **Dependent Personality Disorder.** Dependent personality disorder is a pervasive pattern of dependent and submissive behavior. Persons with the disorder cannot make decisions without significant and unwarranted advice and encouragement from others. They avoid positions of responsibility and become anxious if asked to assume a leadership role.

- Because persons with the disorder do not like to be alone, they seek out others on whom they can depend; their relationships, thus, are distorted by their need to be attached to another person.

In interviews, patients appear compliant.

- They try to cooperate, welcome specific questions and look for guidance.

DSM-5**Dependent Personality Disorder**

Fears separation, needs others to care for them (≥ 5):

- Cannot make decisions alone
- Avoids taking on responsibility for important things
- Cannot disagree with others for fear they will disapprove of them
- Lacks confidence, cannot initiate new things
- Seeks acceptance of others
- Fears being alone/independence
- When relationship ends, quickly seeks new one
- Fears having to take care of self

Obsessive-Compulsive Personality Disorder.

- Persons with obsessive compulsive personality disorder are preoccupied with rules, regulations, orderliness, neatness, details, and the achievement of perfection.

- They insist that rules be followed rigidly and cannot tolerate what they consider infractions.
- Accordingly, they lack flexibility and are intolerant. Persons with obsessive-compulsive personality disorder have limited interpersonal skills.
- They are formal and severe and often lack a sense of humor.

- Because they fear to make mistakes, they are indecisive and ruminate about making decisions.
- Although a stable marriage and occupational adequacy are common, persons with obsessive-compulsive personality disorder have few friends.
- Anything that threatens to upset their perceived stability or the routine of their lives can precipitate much.

- ▶ In interviews, patients with an obsessive-compulsive personality disorder may have a stiff, formal, and rigid demeanor.
- ▶ They lack spontaneity, and their mood is usually serious.
- ▶ Their answers to questions are unusually detailed.

Obsessive-Compulsive Personality Disorder

- Orderliness, perfectionism, self-control (≥ 4):
- Attention to rules/details/order
 - Cannot complete things because of needing it to be perfect
 - Relationships neglected because of devotion to work
 - Inflexible thinking
 - Cannot part with things

- Cannot delegate
- Stingy
- Stubborn/rigid

Other Personality Disorders

Personality Change due to Another Medical Condition.

- This diagnosis involves a change in personality from previous patterns of behavior or an exacerbation of previous personality characteristics.
- Impaired control of the expression of emotions and impulses is a cardinal feature.
- Emotions are characteristically labile and shallow, although euphoria or apathy may be prominent.

- Persons with **temporal lobe epilepsy** characteristically show humorlessness, hypergraphia, hyperreligiosity, and marked aggressiveness during seizures.

- Also associated with damage to the frontal lobes, the so-called **frontal lobe syndrome**, consists of prominent indifference and apathy, characterized by a lack of concern for events in the immediate environment.
- Temper outbursts, which can occur with little or no provocation, especially after alcohol ingestion, can result in violent behavior.

- The expression of impulses may include inappropriate jokes, a coarse manner, improper sexual advances, and antisocial conduct resulting in conflicts with the law, such as assaults on others, sexual misdemeanors, and shoplifting.

Other Specified Personality Disorder.

- DSM-5 reserves the category of other specified personality disorder for situations that meet the general criteria for a personality disorder, but the presentation does not fit into any of the personality disorder categories described above. Passive-aggressive personality and depressive personality are examples.

- A narrow spectrum of behavior or a particular trait—such as oppositionalism, sadism, or masochism can also be classified in this category.
- A patient with features of more than one personality disorder but without the complete criteria of any one disorder can be assigned this classification.

Unspecified Personality Disorder.

- ▶ A typical example is a case in which there is not enough information to make a specific personality disorder diagnosis.



Thank you for your attention

