Personality Disorders II
Cluster B: Borderline Personality Disorder

Clinical Description
- Patterns of instability
  - Labile, intense moods
  - Turbulent relationships
- Chronically bored
- Impulsivity
- Fear of abandonment
- Very poor self-image
  - Difficulty with Identity
- Self-mutilation
- Suicidal gestures
• You attend your coworkers housewarming party and you spill red wine on a new cream-colored carpet, but you think no one notices.

  – You wish you were anywhere but at the party
  – You would stay late to help clean up the stain after the party
  – You think your coworker would have expected some accidents at such a big party
  – You would wonder why your coworker chose to serve red wine with the new light carpet
Cluster B: Borderline Personality Disorder

• Comorbid disorders
  – Depression – 20%
    • Suicide – 6%
  – Bipolar – 40%
  – Substance abuse – 67%
  – Eating disorders
    • 25% of bulimics have BPD
Cluster B: Borderline Personality Disorder

- **Causes**
  - **Genetic/biological components**
    - Serotonin
    - Frontolimbic circuit
  - **Cognitive biases**
    - Shame sensitive
    - Highly acute at deciphering emotions in others.
    - Remembering bias (Korfine 2000)
  - **Early childhood experience**
    - Neglect
    - Trauma
    - Abuse
Cluster B: Borderline Personality Disorder

• Stigma (movies)
• Treatment
  – Highly likely to seek treatment
  – Antidepressant medications
  – Dialectical behavior therapy
    • Reduce “interfering” behaviors
      – Self-harm
      – Treatment
      – Quality of life
Biosocial Theory of Borderline Personality Disorder

- Biological Sensitivity
- Invalidating Environment
- Emotion Dysregulation
DBT Intervenes

Balance of Acceptance and Change

- Regulate emotions and reduce vulnerability to cues
- Teach new skills and improve problem-solving abilities
- Tolerate distress
- Avoid or distract in a healthy way
Treatment Program

- DBT Skills Training Group
- Individual therapy
- Phone coaching/consultation
- Emphasis on ongoing assessment and data collection
  - Diary Cards
- Clear and precise treatment goals
- Collaborative working relationship between therapist and consumer

Outcomes

- Studies have indicated that people with BPD who have had DBT make fewer suicide attempts and enter the hospital less often.
- Demonstrated efficacy
- Cortical activation changes (Schnell & Herpertz)
  - Extreme arousal in limbic area to upsetting pictures attenuated after treatment
How is DBT different than Cognitive Behavioral Therapy?

• Focus on acceptance and validation
• Emphasis on treating therapy interfering behaviors
• Emphasis on the therapeutic relationship as essential to treatment
• Focus on the dialectical processes
# TABLE 12.4 Diagnostic Overlap of Personality Disorders

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Paranoid</th>
<th>Schizoid</th>
<th>Schizotypal</th>
<th>Antisocial</th>
<th>Borderline</th>
<th>Histrionic</th>
<th>Narcissistic</th>
<th>Avoidant</th>
<th>Dependent</th>
<th>Obsessive-Compulsive</th>
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<tbody>
<tr>
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<td>2.6</td>
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<td>8.7*</td>
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<td>15.2*</td>
<td>9.4</td>
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</table>

The “odds ratio” indicates how likely it is that a person would have both disorders. The odds ratios with an asterisk (*) indicate that, statistically, people are likely to be diagnosed with both disorders—with a higher number meaning people are more likely to have both. Some higher odds ratios are not statistically significant because the number of people with the disorder in this study was relatively small.

Cluster B: Histrionic Personality Disorder

Clinical Description
- Overly dramatic
- Sensational
- Sexually provocative
- Impulsive
- Attention-seeking
- Appearance-focused
- Impressionistic
  - See world as black & white
- Vague, superficial speech
- Common diagnosis in females
  - Westernized Female Theory
Cluster B: Histrionic Personality Disorder

• Causes
  – Little research
  – Links with antisocial personality
    • Sex-typed alternative expression?
Cluster B: Histrionic Personality Disorder

• **Treatment**
  – **Problematic interpersonal behaviors**
    • Attention seeking
    • Long-term consequences of behavior
  
  – Little empirical support
Cluster B: Narcissistic Personality Disorder

- **Clinical Description**
  - Exaggerated and unreasonable sense of self-importance
  - **Require attention**
  - Lack sensitivity and compassion
  - Sensitive to criticism
  - Envious
  - Arrogant
Cluster B: Narcissistic Personality Disorder

Treatment focuses on:
- Grandiosity
- Lack of empathy
- Hypersensitivity to evaluation
- And self evaluation
- Co-occurring depression
- Little empirical support
Cluster B: Narcissistic Personality Disorder

• Causes
  – Deficits in early childhood learning
    • Altruism
    • Empathy
  – Sociological view
    • Increased individual focus
    • “Me generation”
Cluster C: Avoidant Personality Disorder

• Close to Schizoid?
• **Clinical Description**
  – Extreme sensitivity to opinions
  – Avoid most relationships
  – Interpersonally anxious
  – Fearful of rejection
Cluster C: Avoidant Personality Disorder

• Causes
  – Sub-psychosis-type disorder?
    • Does it fit better in cluster A
  – Difficult temperament
  – Early parental rejection
  – Interpersonal isolation and conflict
Cluster C: Avoidant Personality Disorder

• Treatment
  – There are a lot of treatments studies for this group (in contrast to the other cluster Cs)
  – Similar to social phobia
  – Increase social skills
  – Reduce anxiety
  – Importance of therapeutic alliance
  – Moderate empirical support
Cluster C: Dependent Personality Disorder

- **Clinical Description**
  - Rely on others for major and minor decisions
  - Unreasonable fear of abandonment
  - Clingy
  - Submissive
  - Timid
  - Passive
  - Feelings of inadequacy
  - Sensitivity to criticism
  - High need for reassurance
Cluster C: Dependent Personality Disorder

• Causes
  – Little research
  – Early experience
    • Death of a parent
    • Rejection
    • Attachment

Dependent Personality Disorder
(over-reliance on others to meet needs)
Cluster C: Dependent Personality Disorder

• **Treatment**
  - Limited empirical support
  
  - **Caution: dependence on therapist**
    • *The model patient*

  - Gradual increases in:
    • Independence
    • Personal responsibility
    • Confidence
Cluster C: Obsessive-Compulsive Personality Disorder

Clinical Description

– Fixation on doing things the “right way”
– Rigid
– Perfectionistic
– Orderly
– Preoccupation with details
– Poor interpersonal relationships

– Obsessions and compulsions are rare
Cluster C: Obsessive-Compulsive Personality Disorder

• **Causes**
  – Limited research
  – Weak genetic contributions
    • Predisposed to favor structure?
Cluster C: Obsessive-Compulsive Personality Disorder

• **Treatment**
  – **Similar to OCD**
    • But do not have obsessive thoughts and compulsive behaviors
  – Address fears related to the need for orderliness
  – Decrease:
    • Rumination
    • Procrastination
    • Feelings of inadequacy
  – Limited efficacy data