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INTRODUCTION TO PERSONALITY DISORDERS

DSM-IV categories

- Cluster A (“odd, eccentric”)
  - Paranoid, Schizoid, Schizotypal
- Cluster B (“erratic, emotional, dramatic”)
  - Antisocial, Borderline, Histrionic, Narcissistic
- Cluster C (“anxious, fearful”)
  - Avoidant, Dependent, Obsessive-compulsive

Diagnostic systems: overlaps and divergences

ICD-10	DSM-IV
Paranoid	Paranoid
Schizoid	Schizoid
Schizotypal	Schizotypal
Dissocial	Antisocial
Emotionally unstable, borderline type	Borderline
Emotionally unstable, impulsive type	
Histrionic	Histrionic
	Narcissistic
Anxious	Avoidant
Dependent	Dependent
Anankastic	Obsessive-compulsive
Enduring personality change after: catastrophic experience; psychiatric illness	
Organic personality disorder	Personality change due to medical condition
Other specific and mixed disorders	Personality disorder not otherwise specified

Aetiological factors

- Genetic predisposition / multiple genes
- Attachment experiences
- Traumatic events
- Family constellation and dysfunction
- Socio-cultural and political forces

Clinical assessment

- Initial assessment interview
  - *Focus on problems and symptoms, but also on dysfunctional patterns*
- Specially designed structured interviews, e.g.
  - *International Personality Disorder Examination (IPDE)*
  - *Diagnostic Interview for Borderlines*
- Self-report psychometrics, e.g.
  - *Millon Clinical Mulitaxial Inventory (MCMI-III)*
  - *Minnesota Multiphasic Personality Inventory (MMPI-2)*
- Case-file examination
  - *Psychopathy Check List (Revised)*

Current therapeutic approaches

- Interpersonal therapy
- Interpersonal reconstructive therapy
- Cognitive therapy
- Schema-focused therapy
- Dialectical behaviour therapy
- Cognitive-behavioural therapy
- Cognitive-analytic therapy
- Therapeutic communities

Interpersonal issues

- The presence of personality disorders may explain difficulties with ‘hard-to-reach’ or ‘non-responsive’ clients
- Challenges may arise from aspects of interpersonal/interactional style

- Focus on processes of engagement & developing alliance
- Focus on interpersonal skills of therapists
- Re-conceptualisation of phases of therapy

Supportive interventions: client personality styles and therapist interactional styles

Schizoid	Accept interpersonal distance Problem solve in practical matters Do not emphasize insight, or relationships
Avoidant	Reassure Be careful with negative interpretations Be relaxed
Dependent	Be dominant, but protective
Histrionic	Allow client to be centre of attention Be emotionally demonstrative
Narcissistic	Allow client to be dominant Be careful with negative interpretations
Antisocial	Accept competitive assumption Show how client is not competing well in psychological functioning Be firm when limits are tested
Compulsive	be on time; be organised Accept a hierarchical view of the world
Negativistic	Avoid telling the client what to do; any controls will become an issue Tolerate and interpret moods