

Empower Idaho 2022

Peer Support Conference Series

Mental Health Diagnosis and Treatment

September 21, 2022

Welcome!

For questions and assistance, email one of our team members:

Mary - mwright@jannus.org

Anna - aguida@jannus.org

Alejandra - adeltoro@jannus.org

Brought to you by Empower Idaho
a program of Jannus, Inc.

Presented by
Kyle Davis, PhD

Introduction to Personality Disorders



Presenter Bio: Kyle Davis, PhD (he/him)

- 2006: BS from Oklahoma State University
- 2008: MS from University of Colorado, Boulder
- 2012: Clinical Internship at UCSD Department of Psychiatry
- 2013: PhD from University of Colorado, Boulder
- 2013: Post-Doctoral Fellowship at Boise VA
- 2016: Started Insomnia clinic at St. Luke's
- 2019: Joined St. Luke's Lifestyle Medicine team
- 2021: Launched Confluence Health Psychology PLLC





Special Thanks to Dr. Tina Pittman-Wagers

- Dr. Tina Pittman Wagers is a Teaching Professor and Clinical Psychologist in the Department of Psychology and Neuroscience at the University of Colorado at Boulder.
- She teaches upper-level clinical classes, including Abnormal Psychology, Evidence-Based Psychotherapy and Women's Mental Health.
- Dr. Pittman Wagers also provides clinical supervision for PhD students in the department.
- She was the recipient of the Departmental Teaching Award in 2013 and co-recipient of the Dorothy Martin Award in 2012.

Personality Traits



Enduring patterns of perceiving, relating to, thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts



Examples: shy, dramatic, outgoing, easily upset



How do you think someone else would describe your personality traits?



Personality Disorder

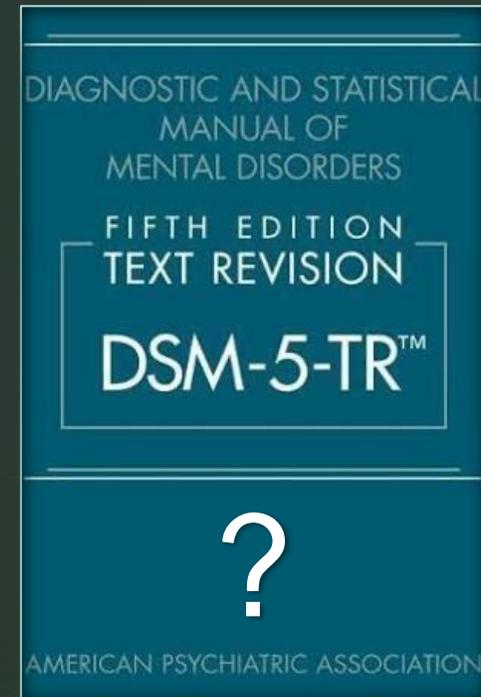
- Enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment
- The enduring pattern is manifested in two or more of the following areas:
 - Cognition (perception and interpretation of self, others and events)
 - Affect (the range, intensity, lability, and appropriateness of emotional response)
 - Interpersonal functioning
 - Impulse control

Prevalence and Comorbidity

- Statistics vary
- Perhaps 4.4-14.8% of population have at least 1 PD
- About 50% of people diagnosed with any one of the Personality Disorders will also meet criteria for at least one additional PD
- About 75% of people diagnosed with a PD also meet criteria for another DSM disorder

Misdiagnosis of Personality Disorders

- Definitions not tightly defined
- Inferred patterns of behavior
- Require subjective judgment
- Categories not mutually exclusive
- Comorbidity rates high
- Gender biases (Ford and Widiger study)
 - Criterion gender bias
 - Assessment gender bias



Personality Disorder Clusters

Cluster A

Odd or eccentric behaviors

- Paranoid, Schizoid, Schizotypal

Cluster B

Emotional, erratic, dramatic

- Antisocial, Borderline, Histrionic, Narcissistic

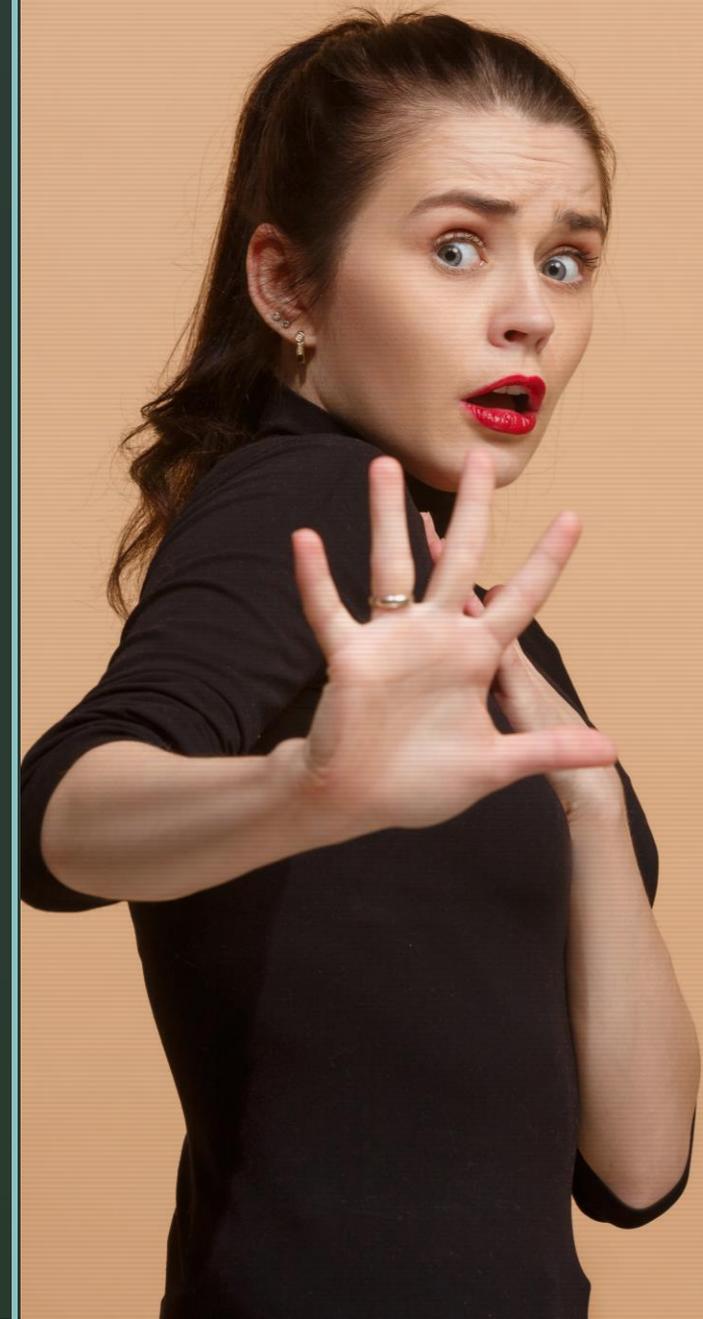
Cluster C

Fear and anxiety

- Avoidant, Dependent, Obsessive-Compulsive

Paranoid Personality Disorder (A)

- **Symptoms**
 - Pattern of pervasive distrust and suspiciousness of others
 - 3 Hallmark behaviors: Mistrust of friends, Bearing grudges, Feeling Victimized
- **Prevalence**
 - About 0.5-2.5% of population
 - Males > Females
- **Causes**
 - Connection to Schizophrenia
 - Early upbringing
- **Treatment**
 - Difficult to establish trust
 - Cognitive therapy





Schizoid Personality Disorder (A)

Symptoms

- Pattern of indifference to social relationships, restricted range of expressions and emotions in interpersonal settings
- Some may be sensitive to others' opinions, but don't express this emotion
- Appear to lack desire for intimacy, close relationships

Prevalence

- Less than 1%, males > females

Causes

- Unclear, resembles autism? Abuse and neglect

Treatment

- Develop rapport, empathy, social skills, but little data on successful treatment



Schizotypal Personality Disorder (A)

Symptoms

- Suspiciousness
- Restricted affect
- Few friends
- Ideas of reference
- Strange beliefs/superstitions
- Strange perceptual experiences
- Illusions, odd thoughts, behaviors

Prevalence

- Up to 3% in general population, males > females

Causes

- Evidence for biological/behavioral overlap with Schizophrenia

Treatment

- Social skills
- Antipsychotic medication
- Depression treatment

Antisocial Personality Disorder (Cluster B)

- Pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood
- Impulsivity, aggression, irresponsibility, deceitfulness, lack of remorse.
- About 1% females, 3% males



This Photo by Unknown Author is licensed under [CC BY](#)

A. Disregard for and violation of others rights since age 15, as indicated by one of the seven sub features:

- Failure to obey laws and norms by engaging in behavior which results in criminal arrest, or would warrant criminal arrest
- Lying, deception, and manipulation, for profit for self-amusement,
- Impulsive behavior
- Irritability and aggression, manifested as frequently assaults others, or engages in fighting
- Blatantly disregards safety of self and others,
- A pattern of irresponsibility and
- Lack of remorse for actions

B. At least age 18

C. Conduct disorder was present by history before age 15

Histrionic Personality Disorder (B)

- Pervasive and excessive emotionality and attention-seeking behavior
- Outlandish appearance
- Provocative/seductive interactions with others
- Vague speech
- Misperceptions of relationship status
- Prevalence 1.84%
- Treatment: focus on idea that short-term gains may have long term costs



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Narcissistic Personality Disorder (B)

Diagnostic Criteria:

- A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
 1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
 2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
 3. believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
 4. requires excessive admiration
 5. has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations

Narcissistic Personality Disorder (B)

Diagnostic Criteria:

6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviors or attitudes

Prevalence

- 1% of general population; 50-75% are male

Etiology

- **Family:** Parents fail to model empathy (i.e. focus on appearance, or superficial characteristics, rather than empathizing with child's complex experience)

Treatment of NPD

- Cognitive therapy aimed at perceptions of what is desirable/attainable
- Help cope with criticism
- Build empathy
- Treat depression, interpersonal problems



Borderline Personality Disorder (B)

- Pervasive pattern of instability of interpersonal relationships, self-image and mood, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. Also: avoidance of real/imagined abandonment, feelings of emptiness, paranoia, dissociation
- 2% of general population
- 75% female
- High risk of suicide - at least 6%
- High comorbidity with other disorders:
 - Mood disorders
 - Anxiety disorders
 - Substance use disorders
 - Eating disorders

Causal Factors in Borderline Personality Disorder

High incidence of early trauma

Family patterns of neglect, hostile conflict, invalidation

Early parental loss or separation

Five times more likely among first-degree relatives:

Impulsivity and affective instability may be inherited

Role of temperament, early neurological impairment?

Treatment of Borderline Personality Disorder

Dialectical Behavior Therapy

- Help patients cope more adaptively with stressors
- Decrease suicidal behaviors/gestures
- Increase interpersonal effectiveness
- Problem-solving training
- Identify and regulate emotions
- Learn to trust their own responses
- Mindfulness
- PTSD treatment





Avoidant Personality Disorder (C)

- Pervasive pattern of social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation
- Mood and anxiety disorders also common
- Prevalence: .5 - 1% of population, m=f
- Etiology: Histories of parental rejection, guilt, isolation, less affection, may have difficult temperament to start with
- Treatment: social phobia treatment, like systematic desensitization and behavioral rehearsal

Dependent Personality Disorder (C)



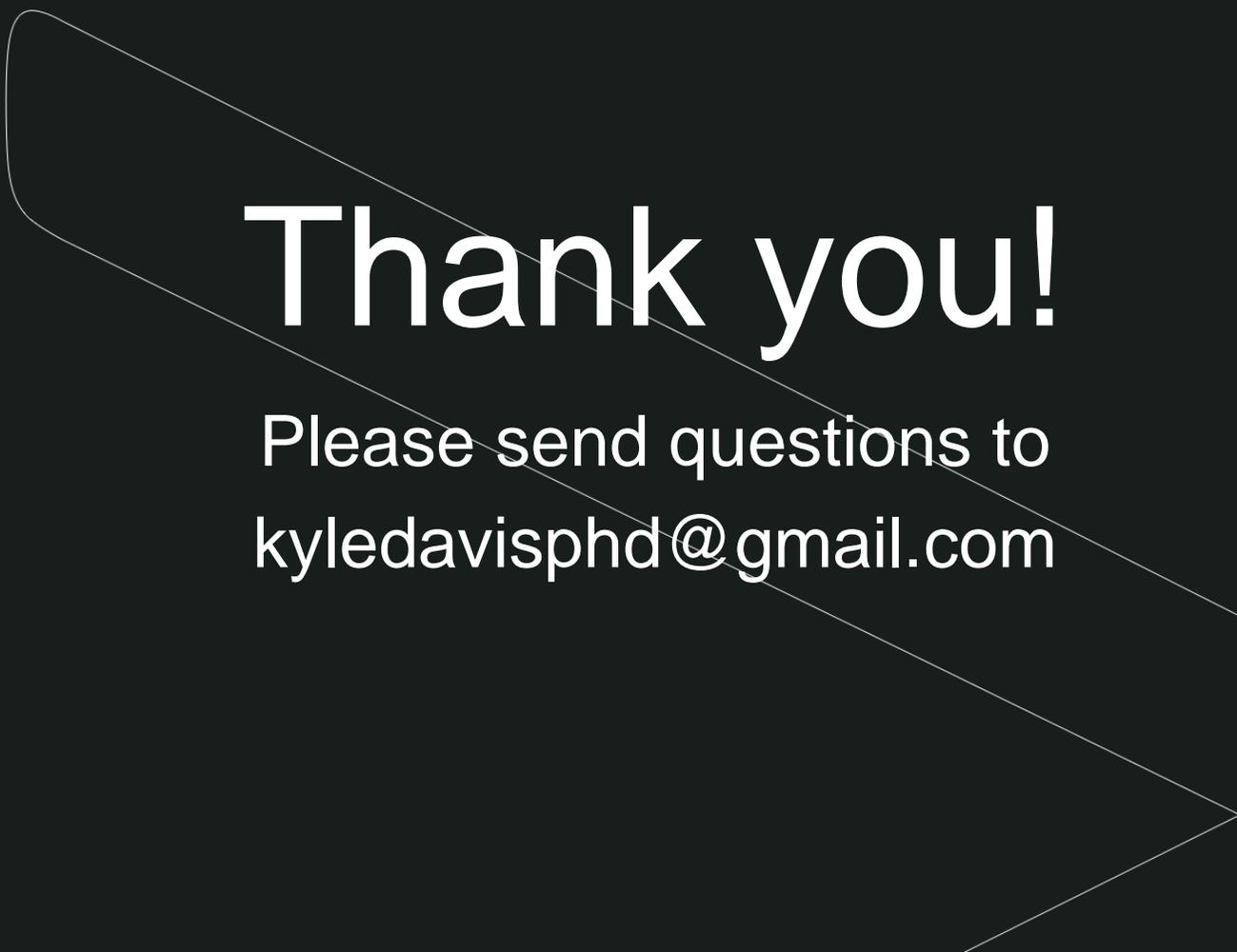
This Photo by Unknown Author is licensed under [CC BY-ND](#)

- Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
- Prevalence 2% m=f
- Causes: Parent-child bonding interrupted, thus disrupting move from dependence to independence
- Treatment: Foster independence

Obsessive-Compulsive Personality Disorder (C)

- Preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency
- Do not have obsessive thoughts and compulsive behaviors characteristic of OCD
- Prevalence: 4% in general population, Twice as common in men
- Some evidence (weak) for genetic link
- Parental expectations of conformity/neatness
- Treatment: target fears that underlie need for orderliness, relaxation, acceptance





Thank you!

Please send questions to
kyledavisphd@gmail.com

