30 Minute Lesson: Personality Disorders
Participant Version

People with personality disorders (PD) display personality traits that are noticeably different from other people, and that show up and cause trouble in most life situations. These traits are rigid and difficult to change; and they impact emotions, impulse control and judgment, and relationships with others. This lesson focuses on building an understanding of personality disorders in general, and Borderline and Antisocial Personality Disorders specifically as they are the ones most commonly seen among employment service participants.

Learning Objectives
< Learn about the types of personality disorders, and the potential consequences of having a PD
< Understand the symptoms and support strategies pertinent to Borderline PD
< Understand the symptoms and support strategies pertinent to Antisocial PD

The Ideal Participant
< Works with individuals with mental health (psychiatric) disabilities in an employment context

Prep activities and time required
10-20 minutes, including reading the lesson, making copies of handout exercises, and organizing.

Lesson length, other requirements
30-45 minutes. Can be adjusted by eliminating or modifying exercises
Does not require an overhead or LCD projector. A flip chart or whiteboard is handy but not necessary. All handouts are ready to use, or can be modified by user to meet specific needs.

Other related lessons
Schizophrenia (Thought Disorder)
Mood (Affective) Disorders

Test Your Knowledge!

1.   At what point does "personality" become a "personality disorder"?

2.   A successful approach to employment for people with personality disorders will probably require:
   a.   Intensive psychotherapy for the participant
   b.   Three-week vacation in Hawaii for the job developer
   c.   Careful selection of a job setting that will accommodate functional limitations

3.   What do the Cluster C personality disorders have in common?

4.   True or False: People with a personality disorder often have a poor relationship with professionals.

5.   Where did Borderline PD get its name?

Personality Disorder Overview

The DSM-IV characterizes personality traits as enduring patterns of perceiving, relating to, and thinking about the environment and oneself, which are exhibited in a wide range of important social and personal contexts.[1] It is only when these personality traits are inflexible and maladaptive, causing significant functional impairment or distress that they constitute Personality Disorders. So - the key things to know about Personality Disorders is that they are:

⇨ enduring patterns of relating to and thinking about self and the world
⇨ that are exhibited in a wide range of contexts, and
⇨ that cause functional impairment and/or distress for the individual

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DSM-IV General Diagnostic Criteria for a Personality Disorder:

A. Experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

1. Cognition (perception and interpretation of self, others, and events)
2. Affect (emotional response)
3. Interpersonal functioning
4. Impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.

E. The pattern is not better accounted for as a manifestation or consequence of another mental disorder; or due to the direct physiological effects of a substance or a general medical condition such as a head injury.

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1 American Psychiatric Association (2000); Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), p. 686

Here's another way of looking at it, from the Merck website
(http://www.merck.com/mmhe/sec07/ch105/ch105a.html):

"Everyone has characteristic patterns of perceiving and relating to other people and events (personality traits). That is, people tend to cope with stresses in an individual but consistent way. For example, some people respond to a troubling situation by seeking someone else's help; others prefer to deal with problems on their own. Some people minimize problems; others exaggerate them. Regardless of their usual style, however, mentally healthy people are likely to try an alternative approach if their first response is ineffective.

In contrast, people with a personality disorder are rigid and tend to respond inappropriately to problems, to the point that relationships with family members, friends, and coworkers are affected. These maladaptive responses usually begin in adolescence or early adulthood and do not change over time. Personality disorders vary in severity. They are usually mild and rarely severe.

Most people with a personality disorder are distressed about their life and have problems with relationships at work or in social situations. Many people also have mood, anxiety, substance abuse, or eating disorders.

People with a personality disorder are unaware that their thought or behavior patterns are inappropriate; thus, they tend not to seek help on their own. Instead, they may be referred by their friends, family members, or a social agency because their behavior is causing difficulty for others. When they seek help on their own, usually because of the life stresses created by their personality disorder, or troubling symptoms (for example, anxiety, depression, or substance abuse), they tend to believe their problems are caused by other people or by circumstances beyond their control."

Because the behavior patterns exhibited by people with personality disorders are enduring and inflexible by definition, a successful approach to employment is probably going to involve careful selection of a job setting that will accommodate the typical behaviors and functional limitations of the personality disorder, rather than trying to change the person's behavior patterns.

Types of Personality Disorders

CLUSTER A: Individuals with these disorders often appear odd or eccentric.

Paranoid Personality Disorder is a pattern of distrust and suspiciousness such that other=s motives are interpreted as malevolent.
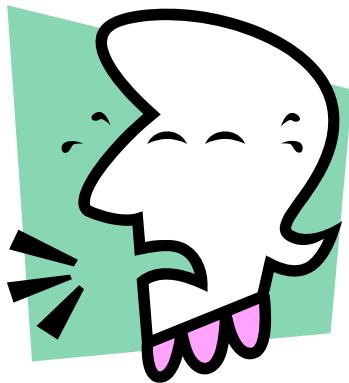
Schizoid Personality Disorder is a pattern of detachment from social relationships and a restricted range of emotional expression.

Schizotypal Personality Disorder is a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

CLUSTER B: Individuals with these disorders often appear dramatic, emotional, or erratic.

Antisocial Personality Disorder is a pattern of disregard for and violation of the rights of others.

Borderline Personality Disorder is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.

Histrionic Personality Disorder is a pattern of excessive emotionality and attention seeking.

Narcissistic Personality Disorder is a pattern of grandiosity, need for admiration, and lack of empathy.

CLUSTER C: Individuals with these disorders often appear anxious or fearful.

Avoidant Personality Disorder is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

Dependent Personality Disorder is a pattern of submissive and clinging behavior related to an excessive need to be taken care of.

Obsessive-Compulsive Personality Disorder is a pattern of preoccupation with orderliness, perfectionism, and control.[2]

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2 DSM-IV-TR page 685

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More on Personality Disorders

Consequences of Personality Disorders http://www.merck.com/mmhe/sec07/ch105/ch105a.html

•   People with a personality disorder are at high risk of behaviors that can lead to physical illness (such as alcohol or drug addiction); self-destructive behavior, reckless sexual behavior, hypochondriasis, and clashes with society's values.

•   They may develop a mental health disorder; the type (for example, anxiety, depression, or psychosis) depends in part on the type of personality disorder.

•   They are less likely to follow prescribed treatment; even when they follow the regimen, they are usually less responsive to drugs than most people are.

•   They often have a poor relationship with professionals because they refuse to take responsibility for their behavior or they feel overly distrustful, deserving, or needy. The professional may then start to blame, distrust, and ultimately reject the person.

What Causes a Personality Disorder?
While the causes of personality disorders are not entirely clear, like other mental illness they seem to result from a combination of genetic predisposition, biological factors, and environmental pressures. In particular, traumatic events (including abuse) in early childhood seem to be related to the later development of a personality disorder.
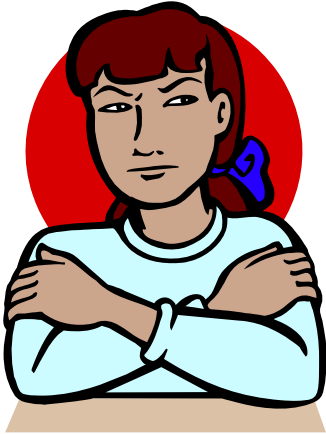

Can Personality Disorders be Treated?
At this point, while some of the symptoms of personality disorder can be reduced with medication, there aren't a lot of generally accepted, effective treatment. Some researchers and practitioners have had success in assisting people with Borderline PD with an approached called "Dialectical Behavior Therapy;" however, this requires extended and intensive counseling therapy in both group and individual settings.

One of the difficulties in treating people with PD is that they typically don't feel that there is anything wrong with them! Many find ways to compensate or to arrange their working and living environments to suit their personality traits. Of course, people who seek out and participate in employment services are generally not the ones who are happy with their current situation.

Borderline Personality Disorder *(information mostly from http://www.aamft.org)*

Borderline PD is the most common personality disorder, occurring in about 2% of the population 75% of those diagnosed with BPD are women. It is among the most disabling of the personality disorders, and is the one most often seen among VR clients.

Once thought to be on the "border" of schizophrenia, Borderline PD is now believed to be more closely related to mood disorders such as depression, or possibly to impulse control disorders like AD/HD. People with Borderline PD have difficulty regulating their emotions and controlling their impulses. They often act out their emotions or impulses, either through intense inappropriate displays of anger, or through self-injurious or suicidal behavior. Depression and anxiety are common in people with Borderline PD, and many also have addiction problems.

The major characteristics of Borderline PD are:

< **Unstable personal relationships**. People with Borderline PD fear abandonment and make desperate attempts to maintain relationships. However, their perception of relationships is so unstable that a friend can become an enemy over an ordinary disagreement.

< **Unstable self-image**. Marked uncertainty in major life issues, such as life goals, sexual orientation, values, career choices, or types of friends.

< **Unstable emotions.** The person's emotional state can fluctuate dramatically from euphoria to intense anxiety to rage in a matter of hours or days. These emotional fluctuations are usually reactions to social interactions.

< **Poor impulse control**. Reckless impulsivity may cause people with this disorder to act in self-destructive ways such as driving dangerously or binging on food, alcohol or sex.

Nearly 3/4 of people with BPD attempt suicide or display self-mutilating behaviors like cutting themselves with razors or burning themselves. Symptoms of BPD and risks of suicide are greatest during young adulthood and seem to diminish later in life. Most people with BPD achieve some stability in their life as they get older.

Treatment

The best treatment for BPD is still being debated. Some types of individual therapy have had positive results (though usually requiring an extended period of time). Group therapy is an effective supplement to individual therapy allowing the person to express his or her feelings without fear of repercussions, and providing social support.

Doctors are still exploring the effect of antidepressants, antipsychotic drugs, and anti-anxiety drugs on people with BPD. These drugs appear to reduce symptoms of impulsivity, depression, and cognitive impairment, and perceptual impairment. Hospitalization may be necessary if the person is having suicidal thoughts and behaviors.

Support Strategies

On the job, Borderline PD is evidenced in:
- Tense, unstable relationships
- Frequent changes in career and training plans
- Poor stress tolerance
- Workplace danger (aggressive behavior, potentially explosive interpersonal situations) [3]

People with Borderline PD need help with setting limits, as well as reality-oriented problem solving. Service providers involved with these folks must make sure that they themselves have lots of support! It usually helps to use neutral language and try to stay balanced – don't' pull too far back or move too close emotionally. Ongoing therapy and good job matching based on skill strengths are usually the keys to employment success. Other useful strategies include:

✓ Emphasis on vocational strengths rather than inappropriate interpersonal behaviors
✓ Help in explaining to a supervisor the need for unusual interpersonal flexibility
✓ Flexible scheduling to accommodate mood swings
✓ Clearly spelled out behavioral and work expectations
✓ Unambiguous interpersonal and job-related boundaries
✓ Unambiguous methods of evaluation
✓ Firm supervision with concrete consequences for misbehavior
✓ Direct and straightforward supervision
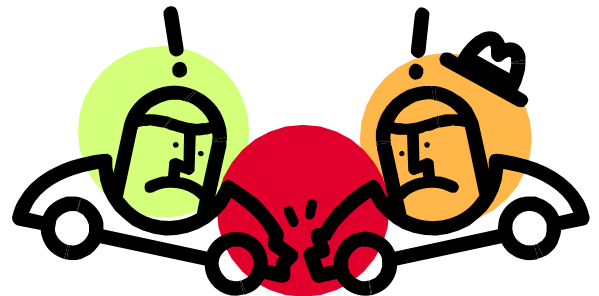✓ Social support both within and outside the workplace [4]

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3 Fischler, GL, and Booth, N (1999); Vocational Impact of Psychiatric Disorders, Aspen Publishers, p. 123
4 Fischler and Booth, p. 133

Antisocial Personality Disorder *(from http://www.intelihealth.com)*

People with Antisocial PD show a pervasive pattern of disregard for and violation of the rights of others, including:

- **failure to conform to social norms** with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest

- **deceitfulness**, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure

- **impulsivity** or failure to plan ahead

- **irritability and aggressiveness**, as indicated by repeated physical fights or assaults

- **reckless disregard** for safety of self or others

- **frequent alcohol and/or drug abuse**

- **consistent irresponsibility**, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations

- **lack of empathy or remorse**, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

- **poor relationships with authority figures**

Antisocial PD is diagnosed far more often in men (3%) than in women (1%). It seems to be associated with low socioeconomic status and urban settings. In substance-abuse treatment settings or prisons, the rates are much higher.

People with APD may believe that only threats of punishment, rather than personal values, cause people to play by the rules. This leads to a tendency to exploit others, take advantage of their fairness or soft-heartedness, and feel indifferent toward or even contemptuous of their victims. A person with this disorder has little, if any, ability to be intimate with another person. Any lasting relationships involve abuse or neglect.

People with APD appear to care for no one but themselves and don't suffer any shame or guilt about the pain they may be causing. Instead, they use their knowledge of others' weaknesses to gain favors or to manipulate. A person with this disorder usually does not

take responsibility for any of his or her own suffering. He or she will blame others when things go badly.

People with this personality disorder can have related problems, such as chronic boredom or irritability, psychosomatic symptoms, pathological gambling, alcohol and substance abuse, and a variety of mood or anxiety disorders. They have a higher risk of suicide.

If you go along with what they want, people with APD may act charming, pleasant, and even complimentary. But if you make demands of them, or appear the least bit condescending or parental or judgmental, or give the least hint of disapproval, they may quickly turn on you, and become critical, angry, and intimidating. They have little or no respect for people in authority.

Treatment
Many types of psychotherapy techniques have been used to treat APD, and in some cases symptoms are treated with medication. There are many questions about how helpful any of these interventions can be. For some people, the problematic behaviors tend to decrease during the middle to late thirties.

Support Strategies
        In looking at job possibilities, you might consider quick paced work, work that has an element of excitement or danger, and work where performance criteria are fairly clear. Here are some other factors that will improve success:

✓ Close, persistent, and at times forceful supervision
✓ Frequent reminders about limits, expectations, and job requirements
✓ Very little flexibility with regard to hours, scheduling etc. to avoid manipulation
✓ Clear, concrete, and consistent consequences for noncompliance or misbehavior
✓ Extended periods of external monitoring such as court supervision to enforce consequences
✓ Drug and alcohol monitoring [5]

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5 Fischler and Booth, p. 144

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Internet References on Personality Disorders

http://www.merck.com/mmhe/sec07/ch105/ch105a.html
http://www.nlm.nih.gov/medlineplus/personalitydisorders.html
http://www.nmha.org/go/information/get-info/personality-disorders
http://www.intelihealth.com/IH/ihtIH/WSIHW000/9339/10529.html
http://www.aamft.org/families/Consumer_Updates/Borderline.asp
http://www.borderlinepersonalitytoday.com/main/
http://mentalhelp.net/poc/view_doc.php?type=doc&id=440&cn=8
http://www.nmha.org/go/information/get-info/paranoia-and-paranoid-disorders

30 Minute Lesson: Feedback Form

Please let us know what you think of this product, so we can continue to better meet your training needs. Fax or mail to Laurie Ford at 6912 220th SW, Suite 105, Mountlake Terrace, WA 98043; Fax (425) 774-9303

Topic of Lesson _____

☐   Facilitator Version

☐   Participant Version

☐   Non-Facilitated Group Version

☐   Self-Study Version

1. On a scale of 1 to 5, please rate the relevancy of these materials to your job _____ (1 is worst, 5 is best)

2. On a scale of 1 to 5, please rate the positive impact of these materials on your professional skills, knowledge, and abilities (1 is worst, 5 is best) _____

3. On a scale of 1 to 5, please rate the positive impact of these materials on your organization (1 is worst, 5 is best) _____

4. What was the most useful part of the lesson?

5. What was the least useful part of the lesson?

6. How could this lesson be improved?

7. What additional topics would you like to see in a 30 Minute Lesson?