DSM V
PERSONALITY DISORDERS
“WHO USES WHAT”

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WHY BE CONCERNED WITH PERSONALITY DISORDERS?

- PD ARE HIGHLY MANIPULATIVE THROUGH CHARM, SEDUCTION, PERSUASION, EXCITEMENT AND EMOTIONALITY

- INDIVIDUALS UNAWARE OF PD MANIPULATION CAN BE EASILY VICTIMIZED, INJURED OR ENDANGERED

- NOT ALL PD ARE ADDICT/ETOH, NOT ALL ADDICTS/ETOH HAVE A PD, PD WHO ARE ADDICTS ARE MORE LIKELY TO SELL, DISTRIBUTE AND STEAL

- PD ARE LITIGIOUS
OVERVIEW & Demographics


- PD Have High likelihood of Dual Diagnosis with Substance Abuse or Substance Dependence

- High Comorbidity with other forms of Mental Illness

- PD demographics predominantly men 61% to women 39%
OVERVIEW & Demographics

- PD are on a continuum from “Benign” to “Malignant” or “Mild to Wild”

- Individuals with PD profoundly impact significant others depending on their continuum of pathology

- Depending on type of PD Significant Others usually suffer with severe anxiety, depression, and low self esteem/worth and often are very insecure about making decisions

- PD cause a severe burden on our Correctional Institutions & Mental Health Services
DSM V AXIAL 5 DIAGNOSIS

- AXIS I - Primary Diagnosis - Affective Disorders, Anxiety Disorders, Psychotic Disorders, ADD, Learning Disorders Etc

- AXIS II - Personality Disorders, Developmental Disabilities

- AXIS III - Medical Problems

- AXIS IV - Psychosocial Functioning

- AXIS V - Global Assessment of
DIAGNOSTIC CRITERIA

- DSM V Divides PD into 3 Categories - Cluster A, Cluster B, Cluster C
- Each PD has 7-9 “Traits” or Criteria
- Cluster A “Odd and Eccentric”
- Cluster B “Erratic and Dramatic”
- Cluster C “Anxious and Insecure”
DIAGNOSTIC CLUSTER A

- **Paranoid Personality Disorder** - Suspicious, distrustful, bears grudges, personalizes the irrelevant, quick to anger and “counter-attack”

- **Schizoid Personality Disorder** - Isolates, Solitary, neither desires or enjoys family or close relations, indifferent to praise or criticism, detached, flat affect

- **Schizotypal Personality Disorder** - Odd beliefs, magical thinking, Bx or appearance that is odd or peculiar,
DIAGNOSTICS CLUSTER B

- **Antisocial Personality Disorder-**
  Lacks Conscience & Empathy, irresponsibly, reckless endangerment of self and others, poor preplanning, failure to fulfill responsibilities, deceitful, aggressive, willful lying repeat unlawful Bx.

- **Narcissistic Personality Disorder-**
  Needs constant admiration, arrogant, entitled, fantasies with power, wealth, beauty, grandiose, is “Special” needs to be with other “Special” people, no empathy or the need or ability to identify with feelings of others, is personally exploitative towards others
**DIAGNOSTICS CLUSTER B**

- **Borderline Personality Disorder** - erratic mood swings, irrational behavior and belief systems, paranoid and suspicious attitude and behavior, real or perceived abandonment, intense irrational anger, idealization followed by devaluation, impulsivity in spending, eating, shopping, substance abuse, sex, dissociative, drama

- **Histrionic Personality Disorder** - excessive emotionality, uncomfortable when not center of attention, rapid shifting and shallow display of emotions, uses physical appearance to draw attention to self, drama, thinks relationships are more intimate they actually they are, sexually seductive and provocative
**DIAGNOSTICS CLUSTER C**

- **Avoidant Personality Disorder**— Avoids interpersonal relations for fear of criticism or rejection, restraint in intimate relations for fear of shame or ridicule, socially inhibited, inept, feels inferior to others, unwilling to be involved with people unless certain of being liked, avoids personal risks.

- **Dependent Personality Disorder**— Needs to be taken care of, insecure and unsure of decisions, incapable of committing to projects for fear of failure, needs others to take responsibility, feels helpless and uncomfortable when alone, needs constant support and reassurance from others.
DIAGNOSTIC CLUSTER C

- Obsessive Compulsive Personality Disorder - preoccupied with details, rules, lists, order, organization, perfectionism and schedules to the point the major point of activity is lost, interferes with task completion, excessively devoted to work and productivity at the expense of leisure, overconscientious, scrupulous and inflexible, hoarders, refuses to delegate, rigid, stubborn
TREATMENT CONSIDERATIONS & COMPLICATIONS

CLUSTER A- Life is challenging enough for this population and substance abuse is mildest in this group mainly Alcohol, Nicotine or Cannabis

CLUSTER C- Presents more moderate drug use due to preoccupation with anxiety, inferiority and obsessional thoughts, Drugs of choice alcohol and sedatives

CLUSTER B- Extremely difficult population, use most all forms of drugs especially hard narcotics including Heroin, Meth and Cocaine. Sociopaths the most difficult, Malignant Narcissistic's over (BN) a close second, Followed by Borderlines which abuse heavily and usually have overdose implications because of unfamiliarity with the drugs

Extremely important to identify PD and set healthy boundaries and expectations as they will drain resources, burnout therapists and disrupt milieu's. Inclusionary and Exclusionary Criteria should be in
PD PROFILES
PD PROFILES
“GROUPS”
PD PROFILES

“GROUPS”
PD PROFILES “Couples”
PD PROFILE “ Couples ”

Karla Homolka/Paul Bernardo. Robert Thompson/Jon Venables
PD Public Figures
PUBLIC FIGURES “POLITICIANS”
PERSONALITY DISORDER PROFILES
PD PROFILES
“COMORBIDITY”
PD PROFILES
“Comorbidity”
PD PROFILES

“COMORBIDITY”
PD PROFILES “COMORBIDITY”
PD VIDEOGRAPHY
PD VIDEOGRAPHY

- "PLAY MISTY FOR ME"
  - Collector's Edition
  - Clint Eastwood
  - "Well Done Shocker!"
  - "People just can’t stop talking about this movie.”

- "FATAL ATTRACTION"
  - Special Collector's Edition
  - Michael Douglas, Glenn Close
INTERVENTIONS

- If you identify a PD, Emphasis on Cluster B, set strong verbal, physical and emotional boundaries because PD have none.

- Say what you mean, do what you say, do not deceive or lie to a PD.

- Identify and label the particular traits they are displaying, how they negatively impact you and what you will do if they continue to violate.

- RUN!!!
REFERENCES


- Personality Disorders-Theory, Research and Treatment-American Psychological Association Vol 2, January 2012.


REFERENCES

- Personality Disorders- Theory, Research and Treatment. American Psychological Association Vol 3, April 2012.

