





Personality Disorders

The Challenges of the Hidden Agenda

Jeff Riggerbach, Ph.D., LPC

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PO Box 1000
3839 White Ave.
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Printed in the United States

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Jeff Riggensch, Ph.D., LPC, is a licensed professional counselor in the state of Oklahoma. He is currently on staff at Brookhaven Psychiatric Hospital and Clinic in Tulsa where he coordinates their Borderline Personality Disorder Program as well as their Mood and Anxiety Disorders Treatment Programs. Dr. Riggensch trained at the Beck Institute of Cognitive Therapy and Research in Philadelphia, and lectures nationally and internationally on topics related to CBT and Personality Dysfunction. He is a Diplomat of the Academy of Cognitive Therapy, and has served as a site director for an international outcome trial treating individuals with BPD.

Dr. Riggensch is known for bridging the gap between academia, research findings and day-to-day clinical practice, and his seminars on DBT, CBT, and Schema-Focused Cognitive Therapy receive the highest evaluations in terms of clinical utility as well as entertainment value.

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PERSONALITY DISORDERS: THE CHALLENGE OF THE HIDDEN AGENDA

Jeff Rigenbach, PhD, LPC

Overview of Seminar

- Introductory Comments
- Making a Personality Disorder Diagnosis
- Overview of Treatment Model
- General PDO Tx Considerations
- Cluster C Disorders
- Lunch
- Non-BPD Cluster B Disorders
- Borderline Personality Disorder
- Questions/Discussion/Dismissal

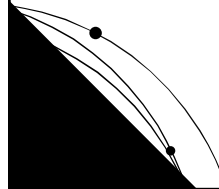
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CONFLICT OF INTEREST

3

Etiology

- Biopsychosocial = Genes + Environment



What is Personality?

Trait:

An enduring pattern of perceiving, relating to, or thinking about the world and one's self.

•Habit:

An acquired or learned patterns of thinking and behaving

•

What is Personality?

Temperament:

Innate, genetic, or constitutional aspects of one's personality

•Character:

Primarily learned, psychosocial influences on personality

•

Making a Personality Disorder Diagnosis

Personality Disorder Diagnosis

“If you don’t have the data, you have no business making a personality disorder diagnosis. If you DO have the data, you have no business NOT making the diagnosis.”

- Shawn Christopher Shea

PDO Characteristic	Assessment Technique
1) Ego-Syntonic	1) Emphasis on assessment of signs vs. symptoms

PDO Characteristic	Assessment Technique
2) External Locus of Control	2) Monitor for non-responsible language

PDO Characteristic	Assessment Technique
3) Pervasive	3) Look for patterns of behavior that are showing up in different areas

PDO Characteristic	Assessment Technique
4) Enduring vs. Episodic	4) Videotape vs. Snapshot

PDO Characteristic	Assessment Technique
5) Inflexible	5) Monitor across Contexts

*Introduction to the
Treatment Model*

DBT

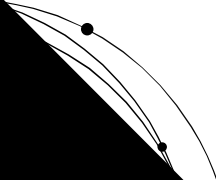
- Overview of DBT**
- Linehan, late 70's, looking for successful modality for treating chronically suicidal women
 - Trained as a behaviorist, attempted CBT
 - Found traditional CBT to be unsuccessful for her/b/c pts found unrelenting focus on change to be invalidating
 - Added Validation
 - Adapted concept of Dialectics

- DBT – Core Skill Sets**
- Mindfulness
 - Interpersonal Effectiveness
 - Emotional Regulation
 - Distress Tolerance

CBT

CBT - Tenets

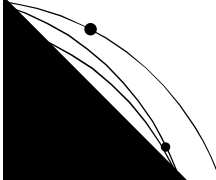
- Aaron Beck, 1960, Univ. of Pennsylvania
- Based upon principle that thoughts influence feelings



CBT - Tenets

- Thoughts Influence feelings

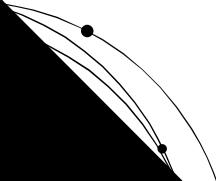
Event → Thoughts → Feeling → Actions → Results



CBT - Tenets

3 Levels of Cognitions:

1) Core Beliefs

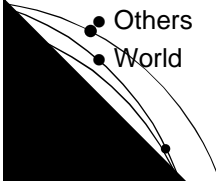


CBT - Tenets

→ Core Beliefs/ "Schemas"

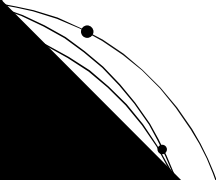
Events (Core Beliefs) → Thoughts

- Self
- Others
- World



CBT - Tenets

- Term "Schema" originally coined by Piaget in 1926 – "structures that integrate meaning into events"

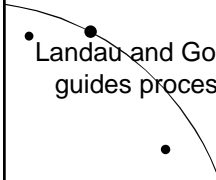


CBT - Tenets

Core beliefs/Schemas

Beck – "Cognitive structures that organize experience and behavior"

Landau and Goldfried -- a mental filter that guides processing of information



CBT - Tenets

Core beliefs/Schemas

Beck –

- Unlovable
- Defective
- Failure
- Undeserving
- Toxic

CBT - Tenets

Beliefs About Others

- Others are superior to me
- Others are inferior to me
- Others are untrustworthy
- Others are Out to get me
- Others are nurturing/necessary

CBT - Tenets

Beliefs About the World

- The World is Dangerous
- The World is Safe
- The World is Exciting

SFT

CBT - Tenets

Core beliefs/Schemas

Young – “Early Maladaptive Schema”

- Broad, comprehensive theme or pattern
- Comprised of memories, cognitions, emotions, and bodily sensations
- Regarding oneself and relationship with others
- Developed in childhood, elaborated in adulthood

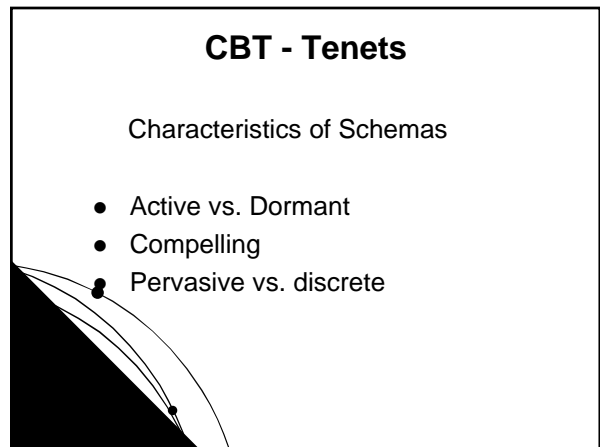
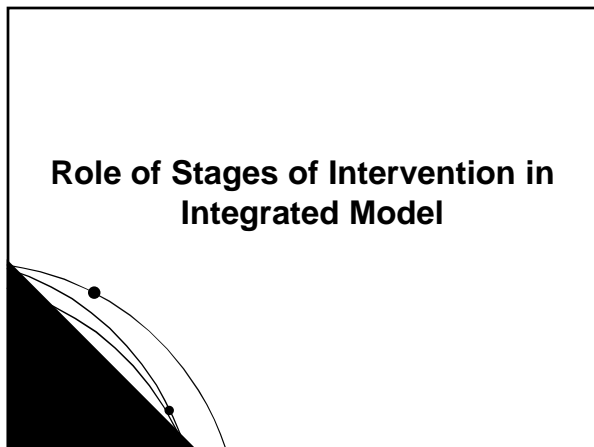
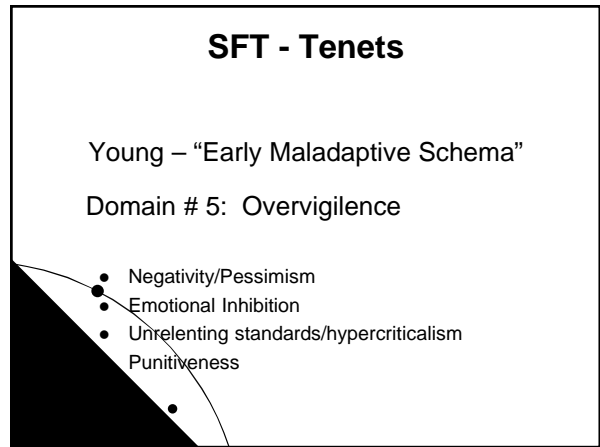
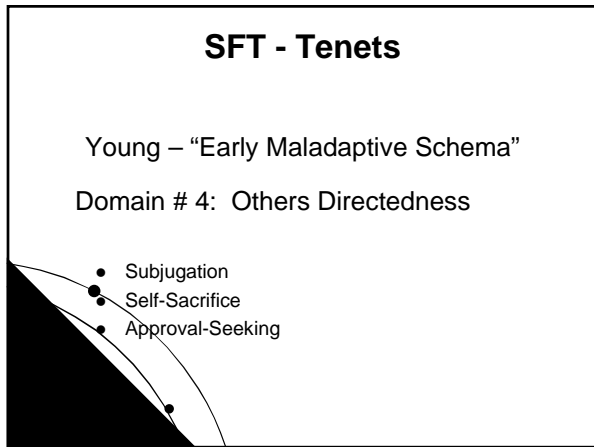
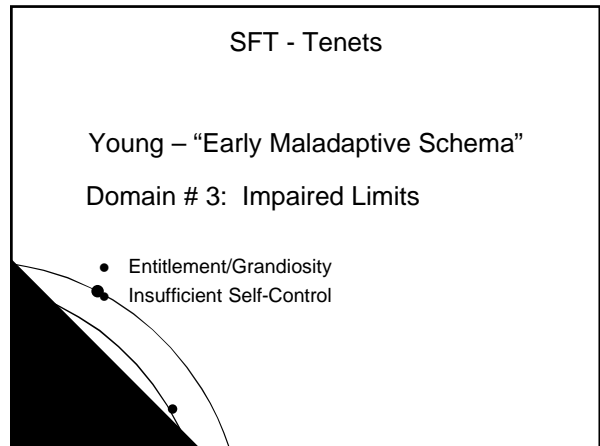
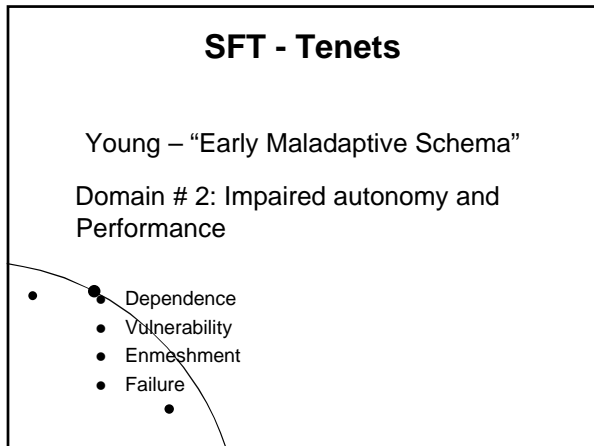
SFT - Tenets

Young – “Early Maladaptive Schema”

- 18 Schemas grouped into 5 schema domains

Domain # 1: Disconnection & Rejection

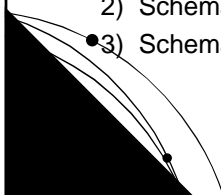
- Abandonment
- Mistrust
- Defectiveness
- Emotional Deprivation
- Social Isolation



CBT - Tenets

Schema Reinforcement

- 1) Schema Maintenance
- 2) Schema avoidance
- 3) Schema Compensation



Schema Reinforcement Coping

- Abandonment
- Subjugation
- Social Isolation
- Failure
- Subjugation
- Insufficient Self Control

•

PDO TX PRINCIPLES

- 1) Belief Modification
- 2) Longer Duration
- 3) Validation
- 4) Challenge Effectiveness
- 5) Increased Emphasis on Relationship


•

Belief Modification Protocol

- 1) Identify the Maladaptive Belief
- 2) Identify Alternate Adaptive Belief
- 3) Rate Baseline Believability
- 4) Interventions
- 5) Rate Believability at Regular Intervals

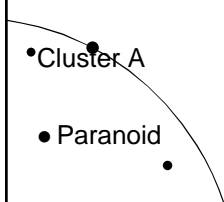
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The DSM 5 Personality Disorders



Cluster C Disorders: The Anxious Type

- OCPD
- Avoidant
- Dependent
- Cluster A
- Paranoid



Obsessive-Compulsive Personality Disorder

- *Obsession – a recurrent thought, impulse, or image*
- *Compulsion – a repetitive behavior or mental act*

Obsessive-Compulsive Personality Disorder

Agenda:

To Do Things the “Right” Way and Make Sure Others Do as Well

Obsessive-Compulsive Personality Disorder

Cognitive Profile

- View of Self: “I must be perfect”
- View of Others: “Others should be too”
- View of World: “Rules are to be followed”

Obsessive-Compulsive Personality Disorder

- Prevalence
- As high as 8% General Population
- → 3% - 13% Clinical Population
- * 2x more common in men

Obsessive-Compulsive Personality Disorder

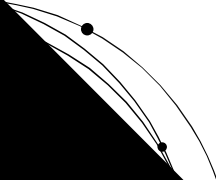
- Diagnostic Criteria – 4 of following 8
- 1) So preoccupied with rules, details, lists, order, organization that point of activity is lost
- 2) Perfectionism that interferes with task completion
- 3) Excessively devoted to work and productivity, often to the exclusion of leisure activities or friendships

Obsessive-Compulsive Personality Disorder

- Diagnostic Criteria – 4 of following 8
- 4) Overconscientious, scrupulous, and inflexible about morality, ethics, and values, not accounted for by cultural or religious beliefs
- 5) Is unable to discard old objects, even if they have no sentimental value
- 6) Is reluctant to delegate tasks, for fear they will not be done “the right way”

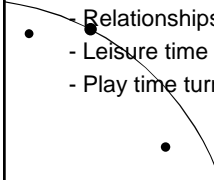
Obsessive-Compulsive Personality Disorder

- Diagnostic Criteria – 4 of following 8
 - 7) Has miserly spending style
 - 8) Rigid and stubborn



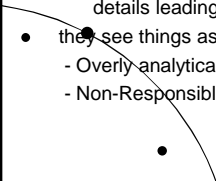
Obsessive-Compulsive Personality Disorder

- Associated Features
 - Decision Making is time consuming
 - Time allocated poorly
 - Relationships take on serious quality
 - Leisure time viewed as “waste”
 - Play time turned into structured activity



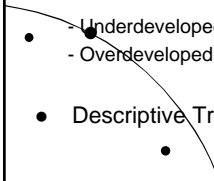
Obsessive-Compulsive Personality Disorder

- Interview Features
 - Circumstantial Speech
 - To get answer, must sort through a myriad of other details leading up to current situation, as they see things as “relevant” that you do not
 - Overly analytical
 - Non-Responsible language



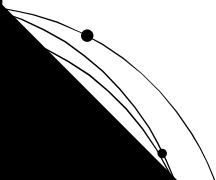
Obsessive-Compulsive Personality Disorder

- View of Treatment: *Treatment Rejecting*
- Trait Continuum
 - Underdeveloped Trait: Flexibility
 - Overdeveloped Trait: Control
- Descriptive Trait: “anal”




Obsessive-Compulsive Personality Disorder

- Risk Assessment
 - Lowest of all PDOs



Obsessive-Compulsive Personality Disorder

- Successful Contexts
 - Accountants
 - Quality Control
 - Airline Mechanic
- Unsuccessful Contexts
 - Mental Health Professionals
 - Sales
 - Telemarketing



Treatment

- ## Treatment – Goals
- Decrease Rigidity
 - Increase Flexibility/Spontaneity
 - Develop Compassion

- ## General Treatment Strategies
- Schema Feeding Language
 - Pay attention to detail
 - Structure session
 - Use of Intellectualization
 - Behavioral experiments
 - Distress Tolerance
 - Develop Compassion
 - Pleasurable events/soothing strategies
 - Historical Schema Work

- ## Avoidant Personality Disorder
- Agenda:
- To Keep From Being Hurt

- ## Avoidant Personality Disorder
- Cognitive Profile
- View of Self: "I am Unlovable/Incapable"
 - View of Others: "Others are Judgemental"
 - View of World: "World is Scary"

- ## Avoidant Personality Disorder
- Prevalence
 - 2%-3% of General Population
 - 10% of Clinical Population
 - equally diagnosed in men and women

Avoidant Personality Disorder

- Diagnostic Criteria – 4 of 7
 - 1) Avoids occupational activities that involve significant interpersonal interactions due to fear of rejection, criticism, or disapproval
 - 2) Unwilling to get involved with people unless certain of being liked
 - 3) Inhibited in new interpersonal situations due to feelings of inadequacy

Avoidant Personality Disorder

- Diagnostic Criteria – 4 of 7
 - 4) Preoccupation with being criticized or rejected
 - 5) Inhibited intimate relationships due to fear of shame or ridicule
 - 6) View selves as socially inept, personally unappealing, or inferior to others
 - 7) Unusually reluctant to take risks or engage in new activities due to fear of embarrassment

Avoidant Personality Disorder

- Associated Features
 - Self-Criticism
 - Isolation
 - Avoidance

Avoidant Personality Disorder

- Interview Features
 - Shyness exhibited
 - Difficulty making eye contact

Avoidant Personality Disorder

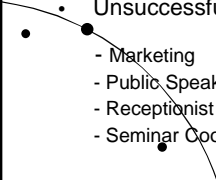
- View of Treatment – *Treatment Rejecting*
- Trait Continuum:
 - Underdeveloped Trait: Extroversion
 - Overdeveloped Trait: Caution
- Primary Descriptive Trait: Timidity

Avoidant Personality Disorder

- Risk Assessment
 - Moderate suicide risk

Avoidant Personality Disorder

- Successful Contexts
 - Research
 - Night shift
 - Truck Drivers
- Unsuccessful Contexts
 - Marketing
 - Public Speaking
 - Receptionist
 - Seminar Coordinator

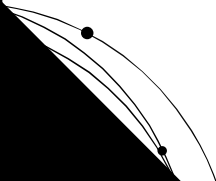


Treatment



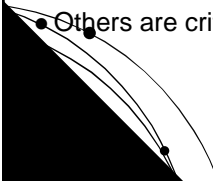
APD - Tx Goals

- Decrease Avoidance
- Increase tolerance for Negative Emotions
- Increased Social Interaction



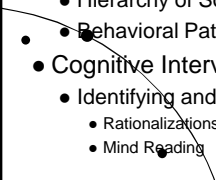
APD - Common Beliefs

- I am incompetent
- I am unlovable
- Entitlement
- I am worthless
- Others are critical/Demeaning/Judgmental



APD – Decreasing Avoidance

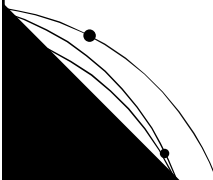
- Things accomplish if not avoid/Pros&Cons
- Behavioral Interventions
 - Social Skills Training
 - Acting As If
 - Hierarchy of Social Interactions
 - Behavioral Pattern Breaking
- Cognitive Interventions
 - Identifying and Restructuring ATs
 - Rationalizations
 - Mind Reading



Dependent Personality Disorder

Agenda:

To Be Taken Care Of



Dependent Personality Disorder

Cognitive Profile

- View of Self: "I am helpless/Incapable"
- View of Others: "Others are Capable/trustworthy"
- View of World: "The World is Dangerous"

Dependent Personality Disorder

• Prevalence

- 1% - 8% of General Population
- Difficult to establish in Clinical Population
- 2-3x more common in females

Dependent Personality Disorder

• Diagnostic Criteria – 5 of 8

- 1) Has difficulty making every day decisions without excessive reassurance from someone else
- 2) Requires others to assume responsibility for major areas of their life

Dependent Personality Disorder

• Diagnostic Criteria – 5 of 8

- 3) Has difficulty disagreeing with others due to fear of loss of support and/or approval
- 4) Difficulty initiating projects or doing things on own
- 5) Goes to excessive lengths to obtain nurturing and support from others – will often volunteer for unpleasant things to get this

Dependent Personality Disorder

• Diagnostic Criteria – 5 of 8

- 6) Uncomfortable or helpless when alone – exaggerated fears of being unable to care for self
- 7) Urgently seeks new relationships for care and support whenever an existing relationship ends
- 8) Unrealistically preoccupied with fears of being left to care for selves

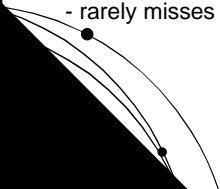
Dependent Personality Disorder

• Associated Features

- Belittle Abilities
- Put self down
- Avoid responsibility

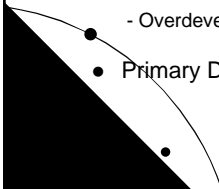
Dependent Personality Disorder

- **Interview Features**
 - Overly compliant
 - Cooperative demeanor
 - rarely misses sessions



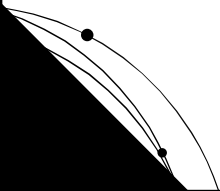
Dependent Personality Disorder

- View of Treatment: *Treatment Seeking*
- Trait Continuum
 - Underdeveloped Trait: Self-Reliance
 - Overdeveloped Trait: Help-Seeking
- Primary Descriptive Trait: Needy/Clingy



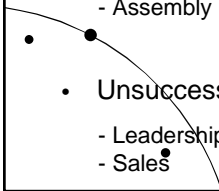
Dependent Personality Disorder

- Risk Assessment
 - Moderate – High Risk



Dependent Personality Disorder

- Successful Contexts
 - Secretaries
 - Low-Level Military
 - Janitorial
 - Assembly Line
- Unsuccessful Contexts
 - Leadership Positions
 - Sales

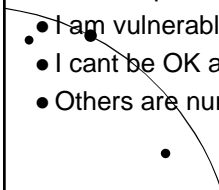


Treatment



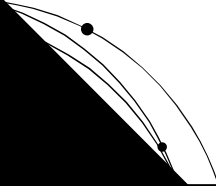
Dependent PDO – Common Beliefs

- I am weak
- I am stupid
- I am vulnerable
- I cant cope/am helpless
- I am vulnerable
- I cant be OK alone
- Others are nurturing



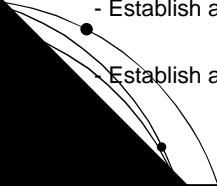
Dependent Personality Disorder

- Treatment Goals
 - Establish Identity outside relationship to others
 - Develop Independence
 - Become more "OK alone"



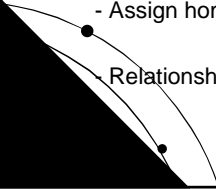
Dependent Personality Disorder – Treatment Strategies

- General Treatment Strategies
 - Constantly reinforce positive gains
 - Establish and keep firm, consistent limits
 - Establish and strive for clear tx goals



Dependent Personality Disorder – Treatment Strategies

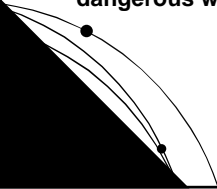
- General Treatment Strategies
 - Maintain high degree of empathy
 - Assign homework
 - Relationship building exercises



Paranoid Personality Disorder

Agenda:

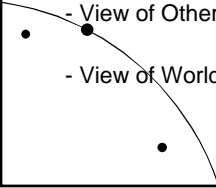
To stay safe from untrustworthy people in a dangerous world



Paranoid Personality Disorder

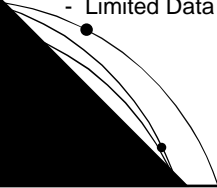
Cognitive Profile

- View of Self: "I am Vulnerable"
- View of Others: "Others are Untrustworthy"
- View of World: "The World is Dangerous"



Paranoid Personality Disorder

- Prevalence
 - 2% - 5% of General Population
 - Limited Data for Clinical Population



Paranoid Personality Disorder

- Diagnostic Criteria – 4 of following 7
 - 1) Suspects that others are exploiting, harming, or deceiving them
 - 2) Is preoccupied with doubts about loyalty
 - 3) Is reluctant to confide in others for fear that the info will be used against them

Paranoid Personality Disorder

- Diagnostic Criteria – 4 of 7
 - 4) Has recurrent suspicions regarding fidelity
 - 5) Reads “hidden meaning” into events or statements
 - 6) Holds persistent grudges; is excessively unforgiving
 - 7) Remarks received as benign to others are taken as personal attacks – quick to anger

Paranoid Personality Disorder

- Associated Features
 - Blame others
 - Importance of autonomy - uncomfortable in situations that require dependence on others
- Often involved in legal disputes

Paranoid Personality Disorder

- Interview Features
 - Not taking responsibility for actions
 - Guarded – not forthcoming in information
 - May share conspiracy – related stories
 - Overt argumentativeness OR hostile aloofness

Paranoid Personality Disorder

Differential Diagnosis

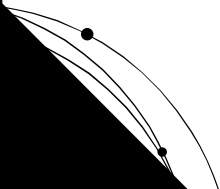
- 1) Paranoid Schizophrenia – episodic presence of other psychotic symptoms, blunted affect
- 2) Delusional Disorder, Paranoid Type

Paranoid Personality Disorder

- View of treatment: *Treatment Rejecting*
- Trait Continuum:
 - Underdeveloped trait: Trust
 - Overdeveloped trait: Suspiciousness
- Primary Descriptive Trait: Mistrust

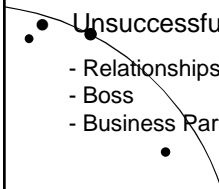
Paranoid Personality Disorder

- Risk Assessment
 - Others – Moderate → High
 - Self - Low



Paranoid Personality Disorder

- Successful Contexts:
 - Police/security
 - CIA/FBI
 - IRS
- Unsuccessful Contexts:
 - Relationships
 - Boss
 - Business Partner

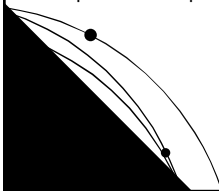


Treatment



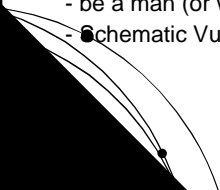
Paranoid Personality Disorder - Treatment Strategies

- Treatment Goals
 - Develop Trust
 - decrease aggression
 - improve/develop relationships



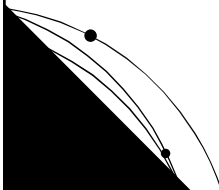
Paranoid Personality Disorder – Treatment Strategies

- General Treatment Strategies
 - Accept pt mistrust
 - scale trust periodically
 - be a man (or woman) of your word
 - Schematic Vulnerability Work



Cluster B Disorders (Non-BPD): The Erratic Type

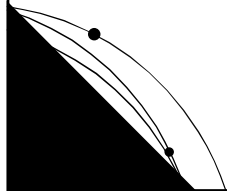
- Histrionic
- Narcissistic
- Antisocial



Histrionic Personality Disorder

Agenda:

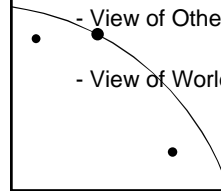
To Be Noticed



Histrionic Personality Disorder

Cognitive Profile

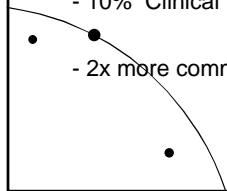
- View of Self: "I am Noteworthy"
- View of Others: "Others Should Notice"
- View of World: "The World is My Stage"



Histrionic Personality Disorder

● Prevalence

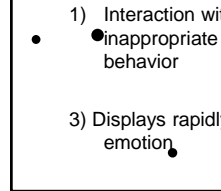
- 1-2% General Population
- 10% Clinical Population
- 2x more common in Females



Histrionic Personality Disorder

• Diagnostic Criteria – 4 of following 8

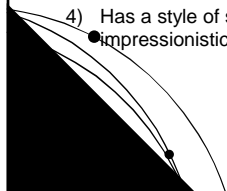
- 1) Is uncomfortable with situations in which he or she is not the center of attention
- 1) Interaction with others is often characterized by
 - inappropriate sexually seductive or provocative behavior
- 3) Displays rapidly shifting and shallow expressions of emotion



Histrionic Personality Disorder

• Diagnostic Criteria – 4 of 8

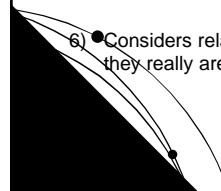
- 4) Consistently uses physical appearance to draw attention to self
- 4) Has a style of speech that is excessively
 - impressionistic and lacking in detail



Histrionic Personality Disorder

* Diagnostic Criteria – 4 of 8

- 6) Shows self-dramatization...exaggerated expression of emotion
- 6) Is suggestible (easily influenced by others)
- 6) Considers relationships to be more intimate than they really are



Histrionic Personality Disorder

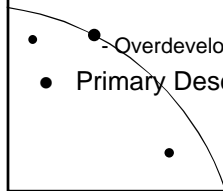
- Associated Features
 - Sexual provocative /flirtatious
 - Solicits compliments about physical appearance
 - Somatic Complaints
- Impulsive and arbitrary about decision-making
 - Flighty, gregarious, shallow, fickle, need for attention from opposite sex

Histrionic Personality Disorder

- Interview Features
 - Demonstrative, shallow
 - Vivid expressions
- Dramatic gestures
 - Mood can change quickly and has superficial quality to it

Histrionic Personality Disorder

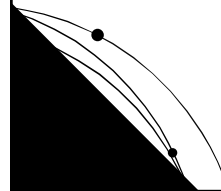
- View of Treatment: *Treatment Seeking*
- Trait Continuum
 - Underdeveloped Trait: Restraint
 - Overdeveloped Trait: Expressiveness
- Primary Descriptive Trait: Dramatic



Histrionic Personality Disorder

Risk Assessment

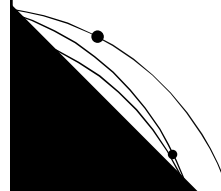
* Low



Histrionic Personality Disorder

- Successful Contexts
 - Theatre
 - Charismatic Pastors
 - Fashion Industry
- Unsuccessful Contexts
 - Surgeons
 - Accountants
 - Engineers

Treatment



Histrionic Personality Disorder – Treatment Strategies

- Be Exciting!
- Compliment frequently at first
- Role Plays
- Psychodrama
- - Family Sculpting

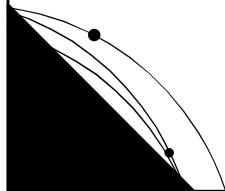
Histrionic Personality Disorder – Treatment Strategies

- “Left Brain” Strategies
- Develop more rational approach to problem solving
- Educate re length of Tx
- - Pros and Cons
- Relationship insight work
- Schema Work

Antisocial Personality Disorder

Agenda:

To Get What they want at any cost



Antisocial Personality Disorder

Cognitive Profile

- View of Self: “I am superior”
- - View of Others: “They are to be taken advantage of”
- View of World: “Do what I have to do survive at any cost”

Antisocial Personality Disorder

- Prevalence
 - 1% - 3%
 - 3x more common in men
- Psychopath → Sociopath → APD

Antisocial Personality Disorder

Diagnostic Criteria

A pervasive pattern of disregard for and violation of the rights of others occurring since age 15, as indicated by three (3) or more of the following:

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

Antisocial Personality Disorder

Diagnostic Criteria

- 2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- 2) Impulsivity or failure to plan ahead
- 2) Irritability or aggressiveness, as indicated by repeated physical fights or assaults

Antisocial Personality Disorder

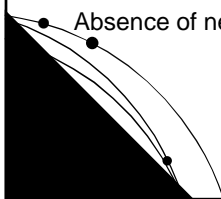
Diagnostic Criteria

- 5) Reckless disregard for safety of self or others
- 6) Consistent irresponsibility
- 7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another
-

Antisocial Personality Disorder

Associated Features

- Superficial charm
- Absence of nervousness



Antisocial Personality Disorder

Interview Features

- Often brag about sham jobs
- • Street "slang" or jargon others may be unfamiliar with
-

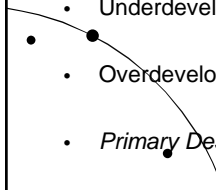
Antisocial Personality Disorder

The Return of the Pyschopath?

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Antisocial Personality Disorder

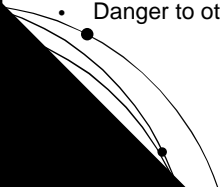
- View of Treatment: Treatment Rejecting
- Trait Continuum
 - Underdeveloped Trait: *Conformity*
 - Overdeveloped Trait: *Rebelliousness*
 - *Primary Descriptive Trait: Violator*



Antisocial Personality Disorder

Risk Assessment

- Self - Low
- Danger to others – high



Antisocial Personality Disorder

- Successful Contexts:
 - Prison
 - Bounty Hunters
 - Law Enforcement
 - Politicians
 - Sales
- Unsuccessful Contexts:
 - Child Care workers
 - Ministry

Treatment



Antisocial Personality Disorder – Treatment Strategies

- Serve as “coach”
- Shoot Straight
- Allow them to see your antisocial side/traits for them to ID with – IF YOU HAVE IT!
- Colombo Approach
- - Seek Corroboration of outside info/sources
- Use of Non-responsible Language
- As rapport develops, turn/challenge
-

Antisocial Personality Disorder – Treatment Strategies

- Rapport Building Statements Convey interest in hearing about their exploits
- Attachment work when possible
- Be on Guard for Manipulation – Structure treatment so they can’t manipulate
-
-
- Set and Enforce Strict Limits – Allow no “wiggle-room” – emphasize following rules as way of “getting what you want”
-

Narcissistic Personality Disorder

Agenda:

To Achieve/Maintain “Special” Status



Narcissistic Personality Disorder

Cognitive Profile

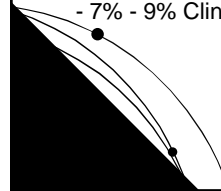
- View of Self: "I am More Deserving than Others"
- - View of Others: "Most are less deserving"
- View of World: "Is to Be Conquered"

•

Narcissistic Personality Disorder

• Prevalence

- 1% - 6% - General Population
- 7% - 9% Clinical Population



Narcissistic Personality Disorder

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 (5) or more of the following:

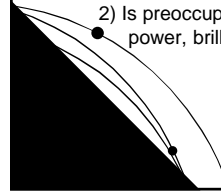
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Narcissistic Personality Disorder

Diagnostic Criteria

- 1) Grandiose sense of self-importance (exaggerates achievements, talents, etc..)
- 2) Is preoccupied with fantasies of unlimited success, power, brilliance, or ideal love



Narcissistic Personality Disorder

Diagnostic Criteria

- 3) Believes that he or she is "special" and unique and can only be understood by other "special" or high status people

- 4) Requires excessive admiration

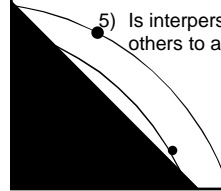
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Narcissistic Personality Disorder

Diagnostic Criteria

- 5) Has sense of entitlement (unreasonable expectations of especially favorable treatment

- 5) Is interpersonally exploitive – takes advantage of others to achieve his or her own ends



Narcissistic Personality Disorder

Diagnostic Criteria

- 7) Lacks empathy – unable or unwilling to recognize or identify with feelings or needs of others
- 7) Believes others are envious of him or her
- i) Shows arrogant, haughty behaviors/attitudes

Narcissistic Personality Disorder

• Types of Narcissists?

- “Spoiled”
- “Compensated”/“Fragile”
- “Malignant”
- “Functional”

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Narcissistic Personality Disorder

Associated Features

- Exaggerate their own achievements
- Intolerant of criticism
- Appearance of humility that masks grandiosity

Narcissistic Personality Disorder

Interview Features

- Presents self in positive light,
- Frequent putting down of others
- Listen for exaggerated accomplishments
- May talk down to you – at you vs to you
- Hypersensitive to criticism
- Many fantasies, few accomplishments

Narcissistic Personality Disorder

• View of Treatment – Treatment Rejecting

- Trait Continuum:
 - Underdeveloped Trait: Empathy
 - Overdeveloped Trait: Confidence
- Primary Descriptive Trait: “Special”

Narcissistic Personality Disorder

Risk Assessment

- Relatively Low – can become violent/crushed

Narcissistic Personality Disorder

- Successful Contexts:

- Physicians
- Politician
- Radio Talk Show Hosts
- Professional athletes/models

- Unsuccessful Contexts:

- Social Services
- Spouse

Treatment

Narcissistic PDO – Typical Presenting Problems

- 1) Forced/Others initiated
- 2) Problem related to addictive behavior
- 3) Depression

Narcissistic PDO: 4 Common Histories of pts with NPD

- 1) Lonliness and Isolation
- 2) Insufficient Limits
- 3) Hx Being Manipulated or Controlled
- 4) Conditional Approval

Narcissistic PDO: Schema Modes

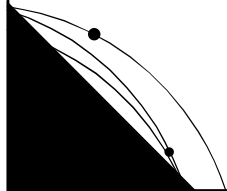
- 1) Lonely Child
- 2) Self-Aggrandizer
- 3) Detached Self-Soother

Narcissistic PDO: Core Schemas

- 1) Defectiveness
- 2) Emotional Deprivation
- 3) Entitlement

Narcissistic PDO: Other Schemas Associated with Narcissism

- Unrelenting Standards
- Subjugation
- Insufficient Self-Control
- Approval - Seeking



Narcissistic PDO: Lonely Child Mode

Schemas: Defectiveness, Emotional Deprivation

Triggers: Loss of status/lack of achievement, etc

Assumptions: "Since I am not CEO, I'm Nothing"
"Since I have flaw, completely defective"

Manifestations: Depression

Goals: Identify Needs, find alternate ways of meeting needs,
Emotional Connections... substitute "feeds" in interim

Narcissistic PDO: Self-Agrandizer Mode

Schemas: Entitlement, Unrelenting Standards, Subjugation, Approval-Seeking

Triggers: People, public eye

Assumptions:

- "If I overachieve, I am superior"
- "If I'm admired, I'm special"
- "If I control others, I stay in charge"
- "If I'm special in some way, I'm better than others"
- "Since I'm special, I deserve privileges"

Manifestations: Bullying, Bragging, aggressive behavior, controlling behavior, lack of empathy

Goals: Limit setting/Identify Underlying Defectiveness, alternative ways to meet needs/Making Emotional Connections

Narcissistic PDO: Detached Self-Soother Mode

Schemas: Insufficient Self Control, Emotional Deprivation, Defectiveness

Triggers: Alone

Assumptions: "If I _____, I don't have to feel"

Manifestations: Substance abuse, pornography, workaholism, gambling

Goals: Limit Setting, Distress Tolerance, Making Emotional Connections

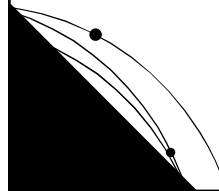
Narcissistic PDO: Techniques

1. Validation
2. Empathetic Confrontation
3. Limit Setting
4. Utilization of Leverage
5. Behavioral Pattern-Breaking
6. Development of Authentic Relationships

Borderline Personality Disorder

Agenda:

To Keep From Being Left



Borderline Personality Disorder

Cognitive Profile

- View of Self: "I am Worthless/Cant be OK Alone"
- - View of Others: "Others Are Wonderful/Horrible but Will Leave anyway"
- View of World: "World is Unkind"

Borderline PDO Demographics

- 6% of General Population
- 10% Outpatient Population
- 20% Inpatient Population
- 4x More Common in Females
- Most Common U.S. [] at DO seen in Tx

Borderline PDO Associated Features

- Eating DO Sx
- Undermining self minute goal is about to be realized
- multiple abortions
- Premature death

Making a Borderline Diagnosis

- **Reasons accurate diagnosis is important**
 - Anchors patient's and clinician's expectations regarding course
 - Establish basis for treatment alliance
 - Prepares clinicians for proper treatment approach
- Predictive of suicide risk

Current DSM Borderline PDO Conceptualization

Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image and affects and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

Current DSM Borderline PDO Conceptualization

Borderline Personality Disorder

- 1) Frantic efforts to avoid real or imagined abandonment
- 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- 3) Identity Disturbance – markedly and persistently unstable self-image or sense of self

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

4) Impulsivity in at least two areas that are potentially self-damaging

5) Recurrent suicidal behavior, gestures, threats, and self-mutilating behavior

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

Criterion 5
Three Distinctions

Parasuicide
Chronic Suicide
Acute Suicide

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

Criterion 5

Parasuicide: intentional self-harm with no intent of lethality (self-mutilation)

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

Criterion 5
Why Borderline Patients Self-Mutilate

- a. To make anguish known to others
- b. Revenge on a partner
- c. To force someone else to demonstrate a caring act
- d. Anxiety reduction

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

Criterion 5
Why Borderline Patients Self-Mutilate

- e. To end an argument
- f. Punish perceived "bad self"
- g. Method of reorganization
- h. Numbness ("to feel something")

Current DSM Borderline PDO
Conceptualization

Borderline Personality Disorder

Criterion 5

Chronic Suicide: repetitive thoughts of killing self

Acute Suicide: plan, intent, means to end ones life

**Current DSM Borderline PDO
Conceptualization**

Borderline Personality Disorder

- 6) Affective Instability
- 7) Emptiness
- 8) Inappropriate or Intense Anger
- 8) Transient Dissociative Symptoms

Borderline PDO

Treatment

**Borderline PDO
DBT Skills Training**

- 1) Mindfulness
- 2) Emotion Regulation Skills
- 3) Distress Tolerance Skills
- 4) Interpersonal Effectiveness Skills

Cognitive Behavioral Chain Analysis

Belief Development

NOBODY GETS HURT!

- SAFETY
- RISK ASSESSMENT
- DOCUMENTATION

THANK YOU!

References

- Ameli, R. (2014). American Psychological Association. *25 Lessons in Mindfulness: Now Time for Healthy Living*.
- Aguirre, B. A. (2007). *Borderline Personality Disorder in Adolescents: A Complete Guide to Understanding and Coping When Your Adolescent Has BPD*. Fair Winds Press.
- Amarine, MC, Frankenburg, FR, Hensen, J, Reich, DB, and Silk, KR. "Predictions of the 10-year course of borderline personality disorder." *American Journal of Psychiatry*, 163:827-832, 2006.
- [American Psychiatric Association](#). *Diagnostic and statistical manual of mental disorders, 5th ed, text revision*. Washington, DC: Author, 2013.
- [American Psychiatric Association](#). *Diagnostic and statistical manual of mental disorders, 4th ed, text revision*. Washington, DC: Author, 2007.
- [American Psychiatric Association](#). "Practice Guidelines for the Treatment of Patients with Borderline Personality Disorder." *American Journal of Psychiatry*, 158: 1-52, October 2001.
- Antony, m. (2008). *The Anti-Anxiety Workbook: Proven Strategies to Overcome Worry, Phobia, Panic, & Obsessions*. Guilford, New York.
- Appelbaum A. Supportive Psychotherapy *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 335-346.
- Bateman AW, Fonagy P. "Effectiveness of Partial Hospitalization in the Treatment of Borderline Personality Disorder: A Randomized Controlled Trial." *American Journal of Psychiatry*. 156:1563-1569, 1999.
- Bateman, A. & Fonagy, P. (2006). *Mentalization Based Therapy for Borderline Personality Disorder: A Practical Guide*. Oxford University Press. Oxford.
- Bateman A, Fonagy P. Mentalization-Based Treatment of BPD. *J of Pers Dis* (2004) 18:1; 36-51.
- Beck, J. (2011). *Cognitive Therapy for Challenging Problems: What to do when the Basics don't work*. Guildford. New York.
- Beck, J. (2011). *Cognitive Behavior Therapy, Second Edition: Basics and Beyond*. Guilford, New York.

- Beck, A.T. *The Evolution of the Cognitive Model of Depression and its neurobiological correlates*. American Journal of Psychiatry, 2008.
- Beck, A.T. (1999). *Prisoners of Hate: The Cognitive Basis of Anger, Hostility, and Hate*. Harper Collins Publishing. New York.
- Beck, AT. (2014). *Cognitive Therapy of Personality Disorders, Third Edition*. Guilford. New York.
- Bender D. Therapeutic Alliance *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 405-420.
- Benjamin L. Interpersonal Diagnosis and Treatment of Personality Disorders; 2nd Ed., (2003) NY: Guilford Press.
- Benjamin L. Interpersonal Reconstructive Therapy: Promoting Change in Non-responders. (2003) NY: Guilford Press.
- Bohus, M., Dyer, A., et al. (2013). Dialectical Behavior Therapy for Post Traumatic Stress Disorder after childhood sexual abuse in patients with and without borderline personality disorder: a randomized controlled trial. *Psychotherapy and Psychosomatics*. 82, 221-223.
- Brodsky B. & Stanley, B. (2013). *The Dialectical Behavior Therapy Primer: How DBT can inform clinical practice*. Wiley and Sons, Ltd.
- Clark L. Stability and Change in Personality Pathology: Revelations of Three Longitudinal Studies. *J Pers Dis* (2005) 19(5) 524-532.
- Clarkin J. et al. Evaluating Three Treatments for Borderline Personality Disorder: A Multiwave Study. *Am J Psych* (June 2007) 164:922-92.
- Cloninger CR, Svrakic DM, Przybeck TR. A Psychobiological Model of Temperament and Character. *Arch of Gen Psychiatry* (1993) 50:975-990.
- Cloninger CR (edit.) Personality and Psychopathology. American Psychiatric Press. Washington, D.C. 1999.
- Coccaro E, Siever L. Neurobiology. *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 155-169.
- Cohen P. Child Development and Personality Disorder. *Psych Clin N Am* (2008) 31:477- 493.
- Costa P, et al. The Five-Factor Model of Personality and Its Relevance to Personality Disorders. *J Pers Dis* (1992) 6:343-359.
- Davidson, Kate. (2000) *Cognitive Therapy for Personality Disorders: A Guide for Clinicians*.

Routledge. London.

Endler N, et al. Personality Disorders at the Crossroads. *J of Pers Dis*, (2002) 16(6), 487- 502.

Farrell, J & Shaw, I. (2012). *Group Schema Therapy for Borderline Personality Disorder: A Step by Step Treatment Manual with Patient Workbook*. Wiley & Sons. West Sussex.

Farrell, JM. (2012). "Group Schema Therapy". Encyclopedia of the Science of Learning, 1395-1397.

Favazza A, Rosenthal R. Diagnostic Issues in Self-Mutilation. *Hosp and Com Psychiatry* (Feb 1993) 44:2. 134-140.

Fonagy P. Towards a Developmental Understanding of Violence. *Brit J Psych* (2003) 183- 190-192.

Freeman, A. & Fusco, G. (1993). *Borderline Personality Disorder: A Patient's Guide to Taking Control*. WW Norton, New York.

Freeman A. Cognitive-Behavior Therapy With Borderline Personality Disorder. *Psychiatric Annals* (June 2004) 34:6; 458-468.

Freeman, Arthur & Fusco, Gina.(2004). *Borderline Personality Disorder: A Therapist's Guide To Taking Control*. W.W. Norton. New York/London.

Friedel, Robert, O. (2004). *Borderline Personality Disorder Demystified*. DaCapo Press. Cambridge.

Fulwiler C, et al. Self-Mutilation and Suicide Attempt: Distinguishing Features in Prisoners. *J of the Am Acad of Psychiatry and the Law* (1997) 25:1; 69-77.

Gabbard G. Treatment Resistant Borderline Personality Disorder. *Psychiatric Annals* (Nov 1998) 28:11; 651-656.

Gabbard G. Psychoanalysis. in *Textbook of Personality Disorders* (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 257-273.

Gates, A. & Baker, C. (1995). *The Road to Recovery*. New Forms Press. Stillwater.

Goodman M, Yehuda R. The Relationship Between Psychological Trauma and Borderline Personality Disorder. *Psych Ann* (June 2002) 32:6; 337-345.

Grant B et al. Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Borderline Personality Disorder: Results From the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psych* (April 2008) 69:4;533-545.

Grant, B et al. Prevalence, Correlates, and Disability of Personality Disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J of Clin Psychiatry* (2004) 65;948-958.

Grossman R. Psychopharmacologic Treatment of Patients with Borderline Personality Disorder. *Psychiatric Annals* (June 2002) 32:6 357-370.

Gunderson, JG. (2008). *Borderline Personality Disorder: A Clinical Guide*. American Psychiatric Publishing. Arlington.

Gunderson, J. Borderline Personality Disorder: Ontogeny of a Diagnosis. *Am J Psych* (May 2009) 166:5;530-539.

Gunderson J (2011). Borderline personality disorder. *New England Journal of Medicine*, 364(21): 2037-2042.

Gunderson J, et al. Levels of Care in Treatment *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 239- 256.

Gunderson, J.G. (2001). *Borderline Personality Disorder: A Clinical Guide*. APA Washington, D.C.

Gutheil T. Boundary Issues *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 421-429.

Gunderson J, et al. Levels of Care in Treatment *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 239- 256.

Hellerstein D, et al. Beyond "Handholding": Supportive Therapy for Patients with BPD and Self-Injurious Behavior. *Psych Times* (July 2004) 58-61.

Herbert, J., & Forman, E. (2011). *Acceptance and Mindfulness in Cognitive Behavior Therapy: Understanding and Applying the New Therapies*. Wiley & Sons. New York.

Jang K. The Behavioral Genetics of Psychopathology. (2005) Lawrence Earlbaum Assoc., Inc, New Jersey.

Jeffries, F.W. & Davis, P . *What is the Role of Eye Movement in EMDR for PTSD? A Review*. Behavioral and Cognitive psychotherapy, 2013, 41, 290-300.

Johnson J, et al. Role of Childhood Experiences in the Development of Maladaptive and Adaptive Personality Traits, *in* Textbook of Personality Disorders (2005), edited by J Oldham, et

al. Am Psychiatric Publishing, Inc: Washington DC. 209-221.

Johnson P, et al. Understanding Emotion Regulation in Borderline Personality Disorder: Contributions of Neuroimaging. *Focus* (Summer 2005) 3:3;478-48

Johnson J, et al. Role of Childhood Experiences in the Development of Maladaptive and Adaptive Personality Traits, *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 209-221.

Johnson P, et al. Understanding Emotion Regulation in Borderline Personality Disorder: Contributions of Neuroimaging. *Focus* (Summer 2005) 3:3;478-483.

Kernberg, Otto, F. (1984). Severe Personality Disorders. Yale University Press. New York, London.

Koerner, K. *Doing Dialectical Behavior Therapy*. New York. Guilford.

Layden, M, Newman, C. (1993) Cognitive Behavioral Treatment of Borderline Personality Disorder. Allyn & Bacon, Boston.

Layden, M. A., et al. Cognitive Therapy of Borderline Personality Disorder. Allyn and Bacon. Jang K. The Behavioral Genetics of Psychopathology. (2005) Lawrence Earlbaum Assoc., Inc, New Jersey

Lee, C.W & Cuijpers, Pim. *A Meta-analysis of the role of eye movements in processing Emotional Memories*. *Journal of Behavioral Therapy and Experimental Psychiatry*, 44, (2013), 231-239.

Lenzenweger M, et al. Individual Growth Curve Analysis Illuminates Stability and Change in Personality Disorder. *Arch of Gen Psychiatry* (Oct 2004) 61; 1015-1024.

Lester, Greg. (2002). Personality Disorders in Social Work, Health Care, and Mental Health. Denver. Unpublished.

Lester, G. (2010). *Personality Disorders in Health Care*. Unpublished.

Lester, G. (1995). *Power with People: How to Handle just about anyone to accomplish just about anything*. Penguin. New York.

Lilienfeld S, et al. The Relationship of Histrionic Personality Disorder to Antisocial Personality and Somatization Disorders. *The Am J of Psychiatry* (June 1986) 143:6; 718- 721.

Linehan M. Cognitive-Behavioral Treatment of Borderline Personality Disorder. 1993 New York:

Guilford Press.

Linehan, Marsha, et. Al. *Reasons for staying alive when you are thinking about killing yourself: The Reasons for Living Inventory*. Journal of Consulting and Clinical Psychology. 1983, Volume 51, 2, 276-286.

Links P, Kolla N. Assessing and Managing Suicide Risk *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 449-462.

Lowe J, Widiger T. Clinicians' Judgments of Clinical Utility: A Comparison of the Dimensional Models of General Personality. *J Pers Dis* (2009) 23:3;211-229.

Lenzenweger M, et al. Individual Growth Curve Analysis Illuminates Stability and Change in Personality Disorder. *Arch of Gen Psychiatry* (Oct 2004) 61; 1015-1024.

Lilienfeld S, et al. The Relationship of Histrionic Personality Disorder to Antisocial Personality and Somatization Disorders. *The Am J of Psychiatry* (June 1986) 143:6; 718- 721.

Lowe J, Widiger T. Clinicians' Judgments of Clinical Utility: A Comparison of the Dimensional Models of General Personality. *J Pers Dis* (2009) 23:3;211-229.

Maddocks P. A Five Year Follow-up of Untreated Psychopaths. *Br J Psych* (1970) 116:511-515.

Markovitz P. Recent Trends in the Pharmacotherapy of Personality Disorders. *J of Pers Dis* (2004) 18:1; 90-101.

Marsh A et al. Reduced Amygdala Response to Fearful Expressions in Children and adolescents With Callous-Unemotional Traits and Disruptive Behavior Disorders. *Am J Psych* (June 2008) 165:6;712-720.

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). Behavioral Activation for Depression. Guilford, New York.

Martell D. Neuroscience and the Law: Philosophical Differences and Practical Constraints. *Behav Sci Law* (2009) 27:123-136.

Maughan B. Continuities Between Childhood and Adult Life. *Brit J Psych* (2005) 185:301- 303.

Millon T. Disorders of Personality. John Wiley and Sons; New York. 1981.

- New A, Siever L. Neurobiology and Genetics of Borderline Personality Disorder. *Psychiatric Annals* (June 2002) 32:6; 329-336.
- Oldham JM, et al. Practice Guideline for the Treatment of Patients with Borderline Personality Disorder. *Am J of Psychiatry* (2001) 158(10 Suppl):1-52.
- Oldham JM. Personality Disorders. *Focus* (Summer 2005) III:8;372-382. Ozarin L. Moral Insanity: A Brief History. *Psych News* (May 2001) 21.
- Paris J. Clinical Trials of Treatment for Personality Disorders. *Psych Clin N Am* (2008) 31: 517-526.
- Paris, J. (2010). *Treatment of Borderline Personality Disorder: A Guide to Evidence Based Practice*. Guilford: New York.
- Paris J. Personality Disorders Over Time: Precursors, Course, and Outcome. (2003) Am Psychiatric Publishing, Inc. Arlington, VA.
- Paris J. Clinical Trials of Treatment for Personality Disorders. *Psych Clin N Am* (2008) 31: 517-526.
- Piper W, et al. Group Treatment in Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 347-357.
- Prochaska, J. O., Norcross, J., and DiClemente, C. (2007). *Changing for Good: A Revolutionary six stage program for overcoming bad habits and moving your life positively forward*. Harper Collins. New York.
- Riggenbach, J. (2013). *The CBT Toolbox: A Workbook for Clients and Clinicians*. Premiere. Eau Claire.
- Riggenbach, J. (2016). *The Borderline Personality Disorder Toolbox: An Evidence-Based Guide for Regulating Emotions*. Pesi Publishing and Media. Eau Claire.
- Rizvi S, Linehan M. Dialectical Behavior Therapy for Personality Disorders. *Focus* (Summer 2005) 3:3;489-494. Freeman, A. & Fusco, G. (1993). *Borderline Personality Disorder: A Therapist's Guide to Taking Control*. Norton, New York.
- Robins C, Chapman A. Dialectical Behavior Therapy: Current Status, Recent Developments, and Future Directions. *J of Pers Dis* (2004) 18:1; 73-89.

- Robinson, D. (2005). *Disordered Personalities*. Rapid Psychler Press. London, Ontario.
- Ronningstam E, et al. Changes in Pathological Narcissism. *Am J Psych* (1995) 152:2;253- 257.
- Russ E, et al. Refining the Construct of Narcissistic Personality Disorder: Diagnostic Criteria and Subtypes. *Am J Psych* (Nov 2008) 165;11;1473-1481.
- Rutter M, et al. Psychosocial Adversities in Psychopathology. *J Pers Dis* (1997) 11:4-18. Sansone R. Chronic Suicidality and Borderline Personality Disorder. *J Pers Dis* (2004) 18:3;215-225.
- Schlesinger A, Silk K. Collaborative Treatment *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 431- 446.
- Shea, S.C. (2011). *The Practical Art of Suicide Assessment*. John Wiley. Hoboken, New Jersey.
-
- Silk, K. Borderline Personality Disorder. *Curr Psych* (Nov 2002) 1: 11; 224 -233. Simeon D, et al. Self-Mutilation in Personality Disorders: Psychological and Biological Correlates. *The Am J of Psychiatry* (Feb 1992) 149:2; 221-226. Skeem J, et al. Psychopathy, Treatment Involvement, and Subsequent Violence Among
- Skodol A. Manifestations, Clinical Diagnosis, and Comorbidity *in* Textbook of Personality Disorders (2005), edited by J Oldham, et al. Am Psychiatric Publishing, Inc: Washington DC. 57-87.
- Soloff P, et al. Self-Mutilation and Suicidal Behavior in Borderline Personality Disorder. *Journal of Pers Dis*, (1994) 8(4); 257-267.
- Spear L. The Adolescent Brain and Age-Related Behavioral Manifestations. *Neurosci Biobehav Rev* (2000)24:417-463.
- Sperry, Len. (1999). *Cognitive Behavior Therapy of the DSM-IV Personality Disorders*. Brunner-Routledge. New York/London.
- Stone M. Perspective: Pitfalls in the Psychotherapy of Borderline Personality or the Triumph of Faith Over Fact. *J Pers Dis* (2009) 23:1;3-5.
- Stone M. *Personality Disordered Patients: Treatable and Untreatable*. 2006. Am Psychiatric Pub: Washington, DC.
-

Torgersen S. et al. A Twin Study of Personality Disorders. *Comp Psych* (2000) 41:416- 425.

Torgersen S. "Genetics of Patients with Borderline Personality Disorder." *Psychiatric Clinics of North America*. 23: 1-9, 2000.

Verheul R, et al. A Meta-Analysis of the Prevalence and Usage of the Personality Disorder Not Otherwise Specified (PDNOS) Diagnosis. *J Pers Dis* (2004) 18:309-319.

Wampold B. *The Great Psychotherapy Debate*. 2001. Lawrence Erlbaum; New Jersey.

Weber S et al. Structural Brain Abnormalities in Psychopaths – A Review. *Behav Sci Law* (2008) 26: 7-28.

Widiger T. Personality Disorder and Axis I Psychopathology: The Problematic Boundary of Axis I and Axis II. *J of Pers Dis*, (2003) 17(2):90-108.

Yang Y et al. Brain Abnormalities in Antisocial Individuals: Implications for the Law. *Behav Sci Law* (2008) 26:65-83.

Yen S, et al. Traumatic Exposure and Posttraumatic Stress Disorder in Borderline, Schizotypal, Avoidant, and Obsessive-Compulsive Personality Disorders: Findings from the Collaborative Longitudinal Personality Disorders Study. *The J of Nerv and Ment Dis* (2002) Vol. 190, No. 8; 510-518.

Yeomans F. Transference-Focused Psychotherapy in Borderline Personality Disorder. *Psychiatric Annals* (June 2004) 34:6; 449-454.
