Working with People with a Diagnosis of Personality Disorder

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Diagnosis

• Two camps:
  • **Categorical** classification: clearly defined disorders.
  • **Dimensional** classification: trait pathology on a continuum.
• Historically categorical approach was adopted by main classification systems (DSM and ICD).
• Main criticism of categorical classification models:
  • Cumbersome diagnostic criteria (highly inferential and often overlap).
  • In most instances people are diagnosed with borderline, antisocial, or personality disorder NOS.
  • Issues of comorbidity.
• Recent editions have signalled a shift:
  • **DSM-5 (2013)**: Hybrid dimensional-categorical model (included in appendix as opposed to main body).
  • **ICD-11(2019)**: dimensional model based on severity of pathology.


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<tr>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>Schizoid</td>
<td>Schizoid</td>
</tr>
<tr>
<td></td>
<td>&gt;(construes as along psychotic continuum)</td>
<td>Schizotypal</td>
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<tr>
<td></td>
<td>Paranoid</td>
<td>Paranoid</td>
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<tr>
<td></td>
<td>Anankastic</td>
<td>Obsessive Compulsive</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Emotionally Unstable</td>
<td>Borderline</td>
</tr>
<tr>
<td></td>
<td>Dissocial</td>
<td>Antisocial</td>
</tr>
<tr>
<td></td>
<td>Histrionic</td>
<td>Narcissistic</td>
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<tr>
<td></td>
<td></td>
<td>Histrionic</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Anxious (Avoidant)</td>
<td>Depressive (removed in DSM-5)</td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td>Avoidant</td>
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<tr>
<td></td>
<td></td>
<td>Dependent</td>
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<tr>
<td></td>
<td>Other Specific Personality Disorder: eccentric / haltlose / narcissistic / passive-aggressive</td>
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<tr>
<td></td>
<td>Mixed Personality Disorder</td>
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• ICD-11 (May 2019) vs. ICD-10 (1990)
  • Transition from traditional personality disorder categories to emphasising severity of disturbance.
  • Recognises that personality dysfunction is dimensional (exists on a continuum) and can change in severity over time.
• ICD-11 two step diagnostic process:
  • **Step 1**: does individual display **features of a personality disorder**?
  • **Step 2**: identify the **severity** of the disturbance
  • Severity can be qualified with a description of domain traits (not categories but set of dimensions that correspond to underlying structure of personality functioning – we can all be placed on these dimensions).
ICD-11 DIAGNOSIS OF PERSONALITY DISORDER

• **Pervasive disturbance** in experience and thoughts about **self, others and world** – manifested in **maladaptive patterns** of cognition, emotional experience, emotional expression and behaviour.

• Maladaptive patterns are **relatively inflexible**.

• Significant problems in **psychosocial functioning** (interpersonal relating).

• Occurs across **wide range of situations** (i.e. not limited to a specific relationship or setting).

• Relatively **stable over time** and of **long duration**.

• Generally manifests in childhood and clearly evident in **adolescence**.

• **Late onset**: no evidence of personality disorder or early manifestations thereof before **age 25**
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<th>DOMAIN TRAITS</th>
<th>Description</th>
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| Negative Affective features         | • Tendency to manifest broad range of distressing emotions (anxiety, anger, self-loathing, irritability, vulnerability, depression, etc.).  
• In response to relatively minor actual or perceived stressors.                                                                                                                                                                                                                   |
| Dissocial features                  | • Disregard for social obligations and conventions and rights and feelings of others.  
• Lack of empathy; hostility and aggression; ruthlessness; difficulty in maintaining prosocial behaviour; overly positive view of self; entitlement; manipulative and exploitative of others.                                                                                                                                     |
| Features of disinhibition           | • Persistent tendency to act impulsively in response to immediate internal or environmental stimuli without consideration of longer term consequences.  
• Irresponsibility; impulsivity; distractibility and recklessness.                                                                                                                                                                                                             |
| Anankastic features                 | • Narrow focus on control and regulation of own and other’s behaviour in order to conform to particular ideal.  
• Perfectionism; perseveration; emotional and behavioural constraint; stubbornness; deliberativeness; orderliness; rules and obligations.                                                                                                                                                                                                 |
| Features of detachment              | • Emotional and interpersonal distance, marked by social withdrawal and/or indifference to people  
• Avoidance of intimate relationships and close friendships  
• Aloofness; interpersonal coldness; reserve; passivity; lack of assertiveness; reduced experience and expression of emotion                                                                                                                                                           |
## LEVEL OF SEVERITY

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<th>Description</th>
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| **Mild** | • **Notable** problems in **many interpersonal relationships** and the performance of expected occupational and social roles.  
• **Some relationships** are **maintained** and/or some roles carried out.  
• **No substantial harm** to self or others. |
| **Moderate** | • **Marked** problems in **most interpersonal relationships** and in performance of expected occupational and social roles across **wide range of situations**.  
• Past history and future expectation of **harm to self or others** that **has not** caused long-term damage or endangered life. |
| **Severe** | • **Severe** problems in interpersonal functioning affecting **all areas of life**.  
• **Social dysfunction** is **profound**.  
• Ability or willingness to perform expected occupational or social roles is absent or severely compromised.  
• Past history and future expectation of  
• **harm to self or others** that has caused **long-term damage** or has **endangered life**. |
Supporting People with this Diagnosis (in Crisis)

• If possible, link in with any existing network – share decision-making, risk, not reinventing the wheel…

• Contrary to pressures for through-put, spend some time listening, validating (but maintain an action-orientation; not reinforcing behaviour).

• Think about function of behaviour through a compassionate lens.

• Admissions rarely helpful so avoid unless absolutely necessary.
• **Avoid medication!** Unless robustly diagnosed co-morbid depressive or anxiety disorder (in accordance with NICE guidance).

• Current evidence indicates that antidepressants have very limited efficacy in treating affect dysregulation, symptoms of low mood and anxiety associated with Personality Disorder, and should therefore not be prescribed routinely.

• The evidence also indicates that second generation antipsychotics and anticonvulsants may have some efficacy in reducing the intensity of affect dysregulation for some individuals diagnosed with Personality Disorder.

• NICE guidance furthermore recommends that neither polypharmacy nor long-term prescription for the specific symptoms of PD is appropriate and that prescriptions should be regularly reviewed and careful consideration be given to balancing potential side-effects and long term metabolic risks with thorough assessment of efficacy and benefits.
C&I Personality Disorder Service

- **Therapies Team**: MBT, Schema, Adapted DIT & Extended Assessment.

- **Community Team**: Adapted SCM (inc. Section 75).

- Both of teams have high entry thresholds in response to systemic pressures. Ability to engage/role for service is key (not the same as verbalising motivation to engage).

- **Psychologically Informed Consultation and Training (PICT)**
Thank you.