

Diagnostic and Statistical Manual of Mental Disorders

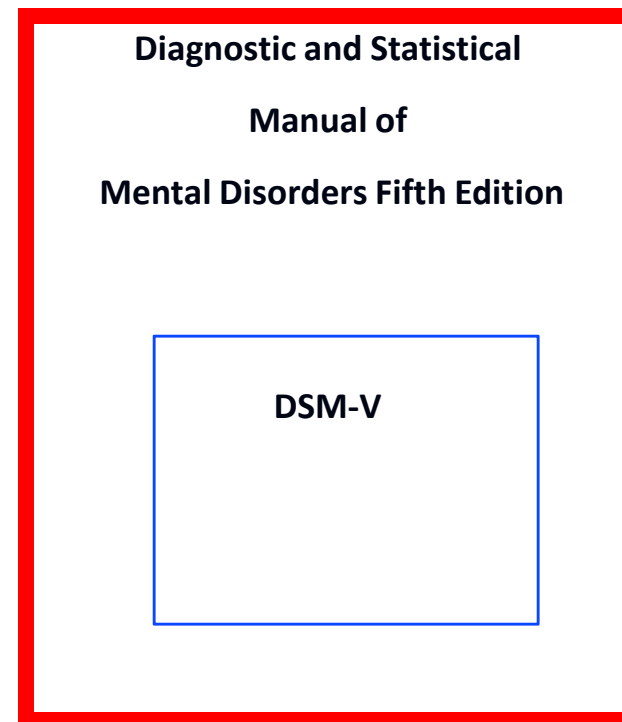
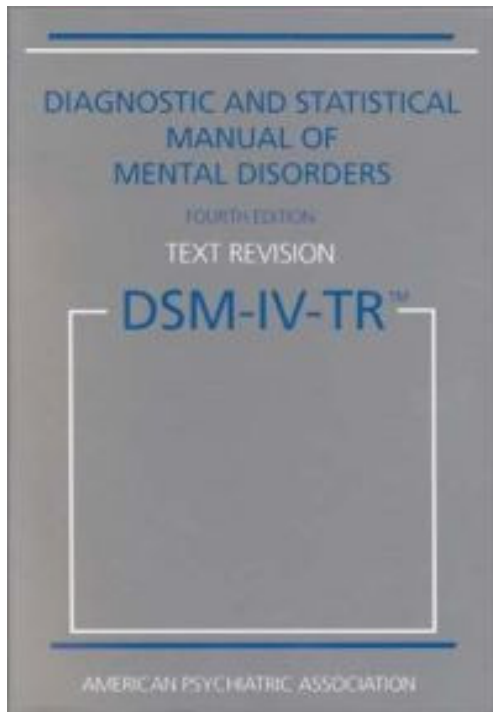
DSM 5 Personality Disorder Classification



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IADCP Presentation 9/1/2011

Diagnostic and Statistical Manual of Mental Disorders

Changes in Personality Disorder Classification



Use of DSM-IV in Forensic Settings

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When the DSM-IV categories, criteria, and textual descriptions are employed for forensic purposes, there are significant risks that diagnostic information will be misused or misunderstood. These dangers arise because of the imperfect fit between the questions of ultimate concern to the law and the information contained in a clinical diagnosis. In most situations, the clinical diagnosis of a DSM-IV mental disorder is not sufficient to establish the existence for legal purposes of a “mental disorder”, “mental disability”, “mental disease,” or “mental defect”.

Use of DSM-IV in Forensic Settings

In determining whether an individual meets a specified legal standard (e.g., for competence, criminal responsibility, or disability), additional information is usually required beyond that contained in the DSM-IV diagnosis. This might include information about the individual's functional impairments and how these impairments affect the particular abilities in question. It is precisely because impairments, abilities, and disabilities vary widely within each diagnostic category that assignment of a particular diagnosis does not imply a specific level of impairment or disability

Use of DSM-IV in Forensic Settings

Nonclinical decision makers should also be cautioned that a diagnosis does not carry any necessary implications regarding the cause of the individual's mental disorder or its associated impairments. Inclusion of a disorder in the Classification (as in medicine generally) does not require that there be knowledge about its etiology.

Use of DSM-IV in Forensic Settings

Moreover, the fact that an individual's presentation meets the criteria for a DSM-IV diagnosis does not carry any necessary implication regarding the individual's degree of control over the behaviors that may be associated with the disorder. Even when diminished control over one's behavior is a feature of the disorder, having the diagnosis in itself does not demonstrate that a particular individual is (or was) unable to control his or her behavior at a particular time.

Use of DSM-IV in Forensic Settings

It must be noted that DSM-IV reflects a consensus about the classification and diagnosis of mental disorders derived at the time of its initial publication. New knowledge generated by research or clinical experience will undoubtedly lead to an increased understanding of the disorders included in DSM-IV, to the identification of new disorders, and to the removal of some disorders in future classifications. The text and criteria sets included in DSM-IV will require reconsideration in light of evolving new information.

Use of DSM-IV in Forensic Settings

The use of DSM-IV in forensic settings should be informed by an awareness of the risks and limitations discussed above. When used appropriately, diagnoses and diagnostic information can assist decision makers in their determinations. For example, when the presence of a mental disorder is predicated for a subsequent legal determination (e., involuntary civil commitment) the use of an established system of diagnosis enhances the value and reliability of the determination.

Use of DSM-IV in Forensic Settings

By providing a compendium based on a review of the pertinent clinical and research literature, DSM-IV may facilitate the legal decision makers' understanding of the relevant characteristics of mental disorders. The literature related to diagnoses also serves as a check on ungrounded speculation about mental disorders and about the functioning of a particular individual. Finally, diagnostic information regarding longitudinal course may improve decision making when the legal issue concerns an individual's mental functioning at a past or future point in time.

The DSM System

The DSM uses a multiaxial or multidimensional approach to diagnosing

It is **multiaxial** because rarely do other factors in a person's life not impact their mental health

It assesses five (5) dimensions

The Diagnostic Process



"It could be one of those things that crawl into your ear and lay eggs, and the eggs hatch and burrow into your—nope. It looks fine."



Axis I Clinical Syndromes

Axis I Clinical Syndromes

This is what we typically think of as the diagnosis
(e.g., depression, schizophrenia, social phobia)

Axis II: Developmental Disorders and Personality Disorders

Axis II Developmental Disorders and Personality Disorders

Developmental disorders include autism and mental retardation - disorders which are typically first evident in childhood

Personality disorders are clinical syndromes which have a more long lasting symptoms and encompass the individual's way of interacting with the world. They include Antisocial and Borderline Personality Disorders.

Axis III: Physical Conditions



Axis III: Physical Conditions

which play a role in the development, continuance, or exacerbation of Axis I and II Disorders

Physical conditions such as brain injury or HIV/AIDS that can result in symptoms of mental illness are included here.

Axis IV: Severity of Psychosocial Stressors

Axis IV: Severity of Psychosocial Stressors

Events in a persons life, such as death of a loved one, starting a new job, college, unemployment, and even marriage can impact the disorders listed in Axis I and II. These events are both listed and rated for this axis.

Axis V: Highest Level of Functioning

On the final axis, the clinician rates the person's level of functioning; both at the present time and the highest level within the previous year. This helps the clinician understand how the above four axes are affecting the person and what type of changes could be expected. Global Assessment of Functioning (GAF Scale: 1=very bad, 100=superior)

Definition of Personality Disorders In DSM V

Personality Disorders are mental illnesses that share several unique qualities. They contain symptoms that are enduring and play a major role in most, if not all, aspects of the person's life.

While many disorders vacillate in terms of symptom presence and intensity, (6) personality disorders typically remain relatively constant.

Cluster A (odd or eccentric disorders)

Paranoid personality disorder (DSM-IV code 301.0): characterized by irrational suspicions and mistrust of others.

Schizoid personality disorder (DSM-IV code 301.20): lack of interest in social relationships, seeing no point in sharing time with others, anhedonia, introspection.

Schizotypal personality disorder (DSM-IV code 301.22): characterized by odd behavior or thinking.

Cluster B (dramatic, emotional or erratic disorders)

Antisocial personality disorder (DSM-IV code 301.7): a pervasive disregard for the law and the rights of others.

Borderline personality disorder (DSM-IV code 301.83): extreme "black and white" thinking, instability in relationships, self-image, identity and behavior often leading to self-harm and impulsivity. Borderline personality disorder is diagnosed in 3 times as many females as males.^[5]

Histrionic personality disorder (DSM-IV code 301.50): pervasive attention-seeking behavior including inappropriately seductive behavior and shallow or exaggerated emotions.

Narcissistic personality disorder (DSM-IV code 301.81): a pervasive pattern of grandiosity, need for admiration, and a lack of empathy

Cluster C (anxious or fearful disorders)

Avoidant personality disorder (DSM-IV code 301.82): social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation and avoidance of social interaction.

Dependent personality disorder (DSM-IV code 301.6): pervasive psychological dependence on other people.

Obsessive-compulsive personality disorder (not the same as obsessive-compulsive disorder) (DSM-IV code 301.4): characterized by rigid conformity to rules, moral codes and excessive orderliness.

New DSM 5 Classifications

DSM IV TR

Avoidant

Borderline

Narcissistic

Obsessive –Compulsive

Schizotypal

Antisocial

~~Paranoid~~

~~Schizoid~~

~~Histrionic~~

~~Dependent~~

~~Personality Disorder NOS~~

DSM 5

Avoidant

Borderline

Narcissistic

Obsessive Compulsive

Schizotypal

Antisocial

Personality Disorder Trait Specified

What is the Same & What is Different Between DSM IV-TR & DSM 5 Personality Disorders

You were give the DSM-5 Type and Trait Cross-Walk as a PDF for this presentation

NA=Negative Affectivity

DT=Detachment

A=Antagonism

P= Psychoticism

DS vs. C = Disinhibition vs. Compulsivity

The Big Six

Six specific personality disorder types (antisocial, avoidant, borderline, narcissistic, obsessive-compulsive and schizotypal) are defined by criteria based on typical impairments in personality functioning and pathological personality traits in one or more trait domains. For this presentation you were give a PDF for each of the six personality disorder types

PDTS

Levels of Personality Functioning Scale

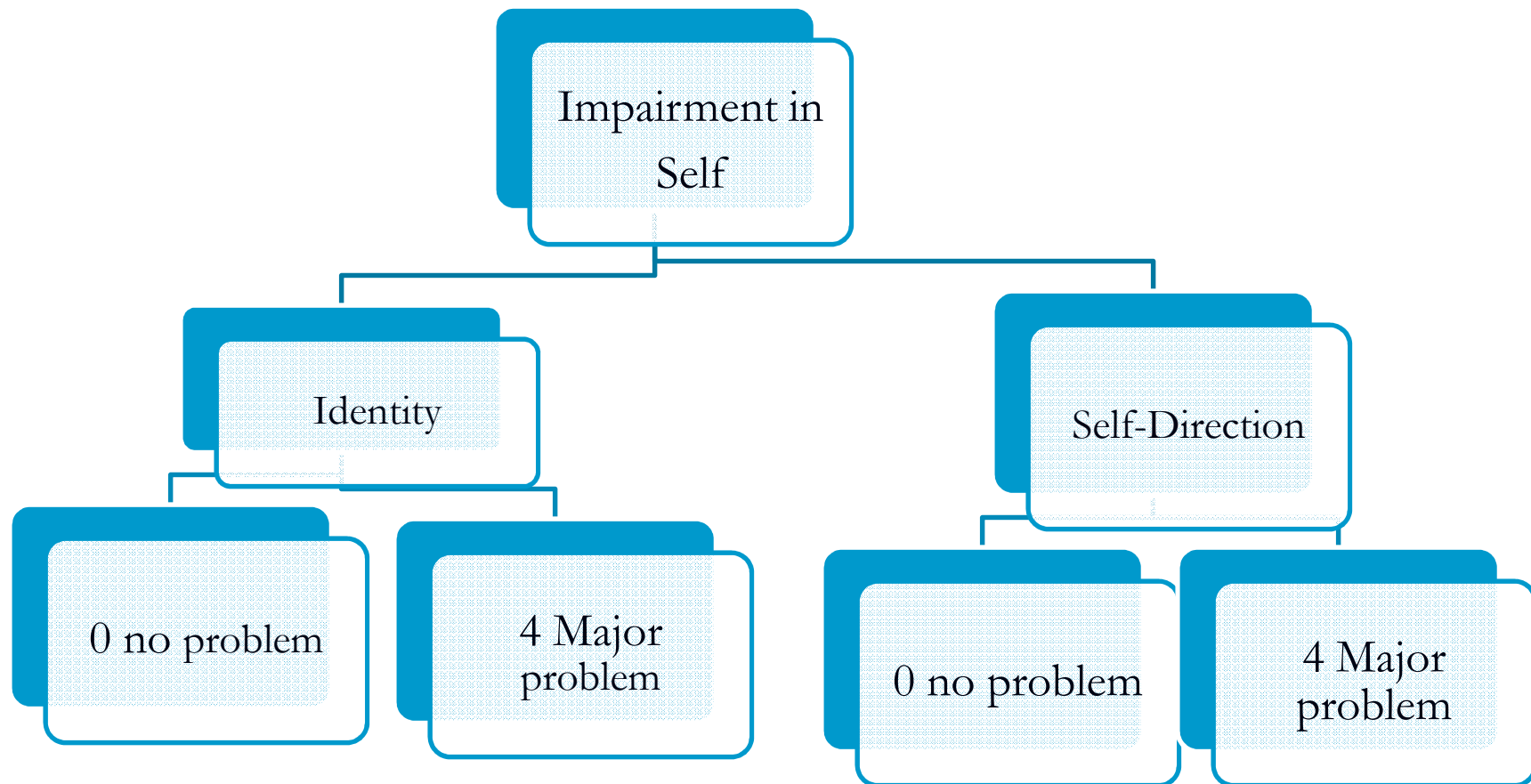
The diagnosis of Personality Disorder Trait Specified (PDTS) is defined by significant impairment in personality functioning, as measured by the **Levels of Personality Functioning Scale**, and one or more pathological personality trait domains or trait facets

You were give a Levels of Personality Functioning Scale PDF for this presentation

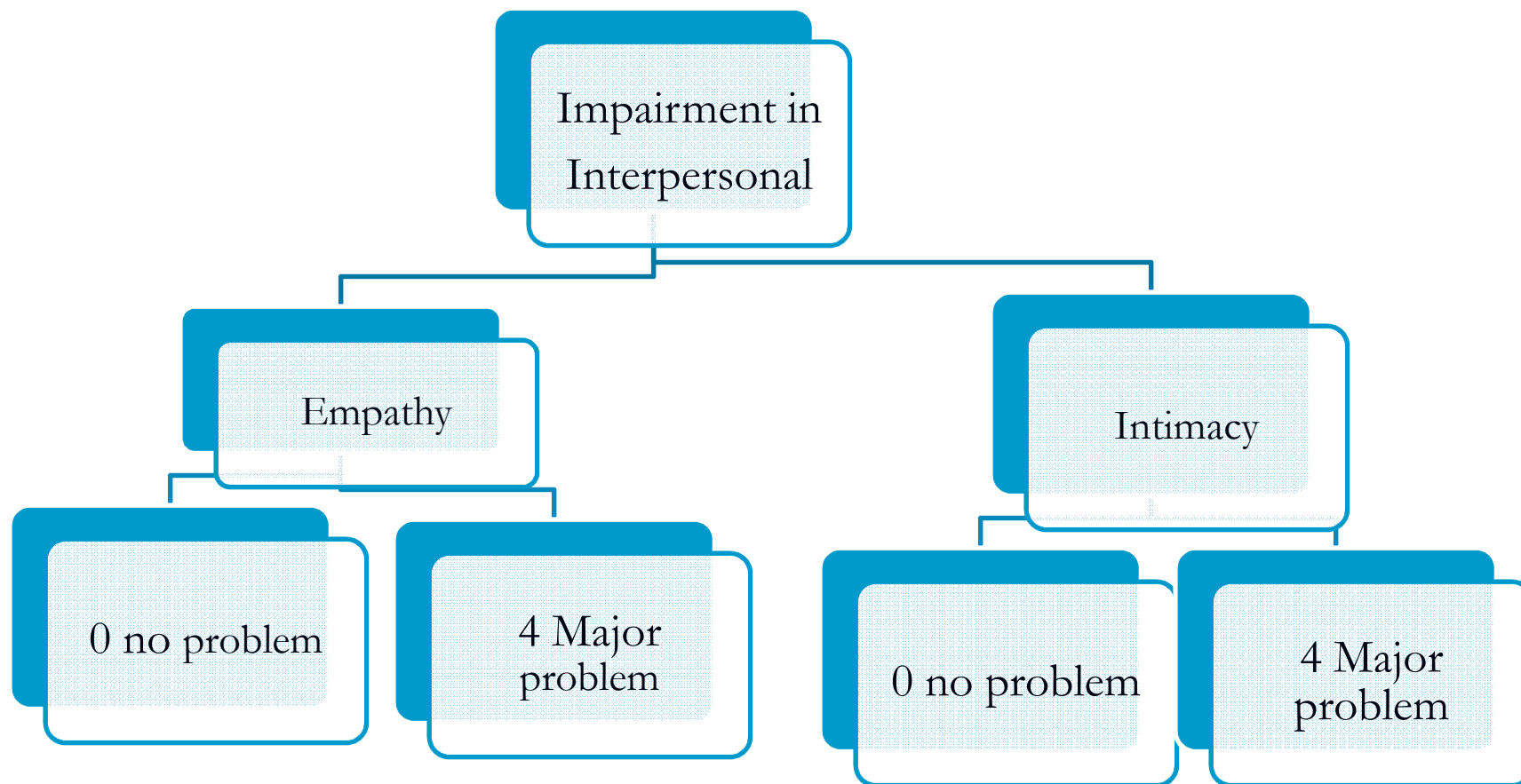
PDTS

PDTS replaces Personality Disorder Not Otherwise Specified in the proposed DSM-5 system. The **levels of personality functioning are based on the severity of disturbances in (1) self and (2) interpersonal functioning.** Impairments in **self** functioning are reflected in dimensions of **identity** and **self-directedness**. **Interpersonal** impairments consist of impairments in the capacities for **empathy** and **intimacy** (Use the Levels of Personality Functioning Scale)

Dr. Lichtenwald's Flow Chart



Dr. Lichtenwald's Flow Chart



The personality domain in DSM-5 is intended to describe the personality characteristics of all patients, whether they have a personality disorder or not. The assessment can “telescope” the clinician’s attention from a global rating of the overall severity of impairment in personality functioning through increasing degrees of detail and specificity in describing personality psychopathology that can be pursued depending on constraints of time and information and on expertise.

Clinical Application and Utility

The proposed system is designed for flexible use to maximize clinical utility. Thus, it allows for the diagnosis of specific clinically salient personality disorders, the diagnosis of a fully trait specified personality disorder for patients who do not meet one of the six specific types, the description of heterogeneity of both level of personality functioning and pathological traits within personality disorder types, and the description of the personality trait profile of all patients

Guide to Implementation

1. Is impairment in personality functioning (self and interpersonal) present or not?
2. If so, rate the level of impairment in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning on the Levels of Personality Functioning Scale.
3. Is one of the 6 defined types present?
4. If so, record the type and the severity of impairment.
5. If not, is PD-Trait Specified present?
6. If so, record PDTS, identify and list the trait domain(s) that are applicable, and record the severity of impairment.
7. If a PD is present and a detailed personality profile is desired and would be helpful in the case conceptualization, evaluate the trait facets.
8. If neither a specific PD type nor PDTS is present, evaluate the trait domains and/or the trait facets if these are relevant and helpful in the case conceptualization.

To be diagnosed with a disorder in this category, a psychologist will look for the following criteria:

1. Symptoms have been present for an extended period of time, are inflexible and pervasive, and are not a result of alcohol or drugs or another psychiatric disorder. The history of symptoms can be traced back to adolescence or at least early adulthood.

2. The symptoms have caused and continue to cause significant distress or negative consequences in different aspects of the person's life.

3. Symptoms are seen in at least two of the following areas:

- **Thoughts** (ways of looking at the world, thinking about self or others, and interacting)
- **Emotions** (appropriateness, intensity, and range of emotional functioning)
- **Interpersonal Functioning** (relationships and interpersonal skills)
- **Impulse Control**

Borderline Personality



Condition in which people have long-term patterns of unstable or turbulent emotions, such as feelings about themselves and others. These inner experiences often cause them to take impulsive actions and have chaotic relationships uncertain about their identity. Interests and values may change rapidly

Narcissistic Personality Disorder



Pervasive pattern of social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction

Obsessive Compulsive Disorder



People have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), or behaviors that make them feel driven to do something (compulsions). Often the person carries out the behaviors to get rid of the obsessive thoughts, but this only provides temporary relief. Not performing the obsessive rituals can cause great anxiety.

Schizotypal



Schizotypals believe
they have
magical powers

Avoidant Personality Disorders



Pervasive pattern of social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction

Antisocial



When I left, I joined the army, and when I took the service exam my psych profile fit a certain... moral flexibility would be the only way to describe it... and I was loaned out to a CIA-sponsored program, and we sort of found each other. That's how it works.

I know what I do isn't... moral, per se...

I just honestly don't know what I have in common with those people anymore... or with anyone, really. I mean, they'll all have husbands and wives and children and houses and dogs, and, you know, they'll have made themselves a part of something, and they can talk about what they do. And what am I going to say? "I killed the President of Paraguay with a fork. How have you been?" I just think it'll be depressing.

<http://www.youtube.com/watch?v=l2uCXOKxfjU>

"I didn't get into this business to have any relationships! I don't want to join your xxxx union. Loner, lone gunman -- get it? That's the whole point!"



Martin



Mr. Newberry



Mr. Newberry: Did I have you figured wrong?

Martin: I don't know; I mean, I hope so.

Mr. Newberry: I visualized you in a haze as one of those slackster, flannel-wearing, coffee-house misanthropes I've been seeing in Newsweek.

Martin: No-no-no, I went the other road. Six figures, doing business with lead-pipe cruelty, mercenary sensibility. You know... sport sex, no real relationships. How about you, how have the years been treating you?

Mr. Newberry: Well, you know me, Martin; still the same old sell-out, exploiting the oppressed...

Martin: Sure.

Mr. Newberry: "Oh what a piece of work is man, how noble..." Oh xxx it, let's have a drink and forget the whole damn thing.

Antisocial / Psychopath Argument

[Debi's dad learns there's a contract on his life.]

Mr. Newberry: Design division wants me dead over a leaky sun-roof? You want to kill me for that?

Martin: It's not ME! Why does everybody think it's personal?

Debi: You're a psychopath!

Martin: No, no, no, a psychopath kills for no reason. I kill for *money*. It's a *job*. That didn't come out right.

References / Resources

PDF Files for DSM 5

PDF from Attorney Perri Working with Personality Disordered Offenders –What They are Doing in England.

PDF Forensic Articles Personality and the Court system written by Attorney Perri and Dr. Lichtenwald