Quick Reference

FOR PERSONALITY DISORDERS

Table 1. Prognostic Factors in Borderline Personality Disorder

Poor Prognosis	Good Prognosis
Parental brutality/incest (Stone 1990)	High IQ (McGlashan 1985; Stone 1990)
Greater affective instability (McGlashan 1992)	Absence of narcissistic entitlement (Plakun 1991)
Magical thinking (McGlashan 1992)	Absence of parental divorce (Plakun 1991)
Impulsivity and substance abuse (Links et al. 1993)	
Comorbid schizotypal, antisocial, or paranoid features (Links et al. 1998; McGlashan 1986; Stone 1993)	
Presence of maternal psychopathology (Paris et al. 1988)	
Family history of mental illness (Paris et al. 1988)	

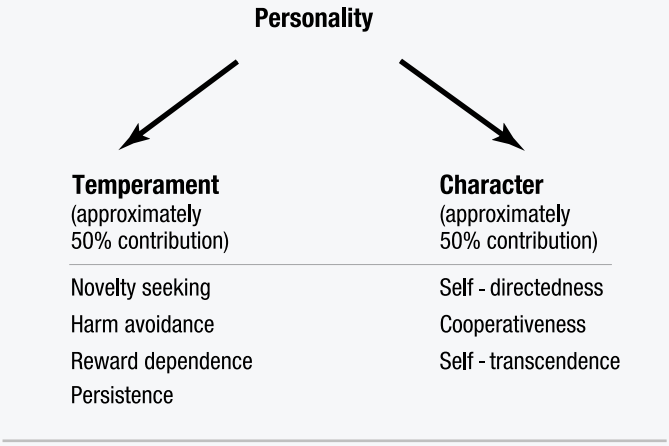
Note: Reference list is at the end of this section.
Source: Gabbard GO: Psychodynamic Psychiatry in Clinical Practice, 4th ed. Washington, DC, American Psychiatric Publishing, 2005, p 434

Table 2. Medication Strategies for Borderline Personality Disorder Target Symptoms

Affective-Dysregulation	Impulsive-Behavioral	Cognitive-Perceptual
SSRI	SSRI	Low-dose antipsychotic
Low-dose antipsychotic	Low-dose antipsychotic	SSRI
Clonazepam[a]	Lithium carbonate	
MAOI[b]	MAOI[b]	
Lithium	Carbamazepine	
	Divalproex	
	Naltrexone[c]	

MAOI=monoamine oxidase inhibitor; SSRI=selective serotonin reuptake inhibitor
a Do not use alprazolam, as it may result in disinhibition.
b MAOIs should be used with considerable caution because of dietary restrictions.
c If self-mutilation and/or alcohol abuse is present.
Source: Gabbard GO: Psychodynamic Psychiatry in Clinical Practice, 4th ed. Washington, DC, American Psychiatric Publishing, 2005, p 447 (based on Gabbard 2000 and Soloff 1998)

Figure 1. A Psychobiological Model of Personality Disorder



Source: Gabbard GO: Psychodynamic Psychiatry in Clinical Practice, 4th ed. Washington, DC, American Psychiatric Publishing, 2005, p 443 (based on Cloninger et al., 1993)

Table 3. Varieties of Narcissistic Transference

Need for admiration and affirmation from the therapist
Idealization of the therapist
Assumption of twinship between therapist and patient
Proneness to feel shamed and humiliated by the therapist
Contempt and devaluation toward the therapist, often related to envy
Denial of the therapist's autonomy
Omnipotent control of the therapist
Insistence on exclusive dyadic relatedness that does not allow for a third party
Use of the therapist as a sounding board without empathy for the therapist's experience
Denial of dependency on the therapist
Inability to accept help from the therapist

Source: Gabbard GO: Psychodynamic Psychiatry in Clinical Practice, 4th ed. Washington, DC, American Psychiatric Publishing, 2005, p 503

Table 4. DSM-IV-TR Personality Clusters, Specific Types, and Their Defining Clinical Features

Cluster	Type	Characteristic Features
A		Odd or eccentric
	Paranoid	Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent
	Schizoid	Pervasive pattern of detachment from social relationships and restricted range of expression of emotions in interpersonal settings
	Schizotypal	Pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior
B		Dramatic, emotional, or erratic
	Antisocial	History of conduct disorder before age 15; pervasive pattern of disregard for and violation of the rights of others; current age at least 18
	Borderline	Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity
	Histrionic	Pervasive pattern of excessive emotionality and attention seeking
	Narcissistic	Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy
C		Anxious or fearful
	Avoidant	Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation
	Dependent	Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
	Obsessive-compulsive	Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency

Source: Skodol AE: Manifestations, clinical diagnosis, and comorbidity, in The American Psychiatric Publishing Textbook of Personality Disorders. Edited by Oldham JO, Skodol AE, Bender DS. Washington, DC, American Psychiatric Publishing, 2005, chapter 4, p 60 (adapted from DSM-IV-TR, p 685)

Table 5. Dialectical Behavior Therapy Skills Training Modules

I. Mindfulness
   - A. Focusing on the moment
   - B. Awareness without judgment

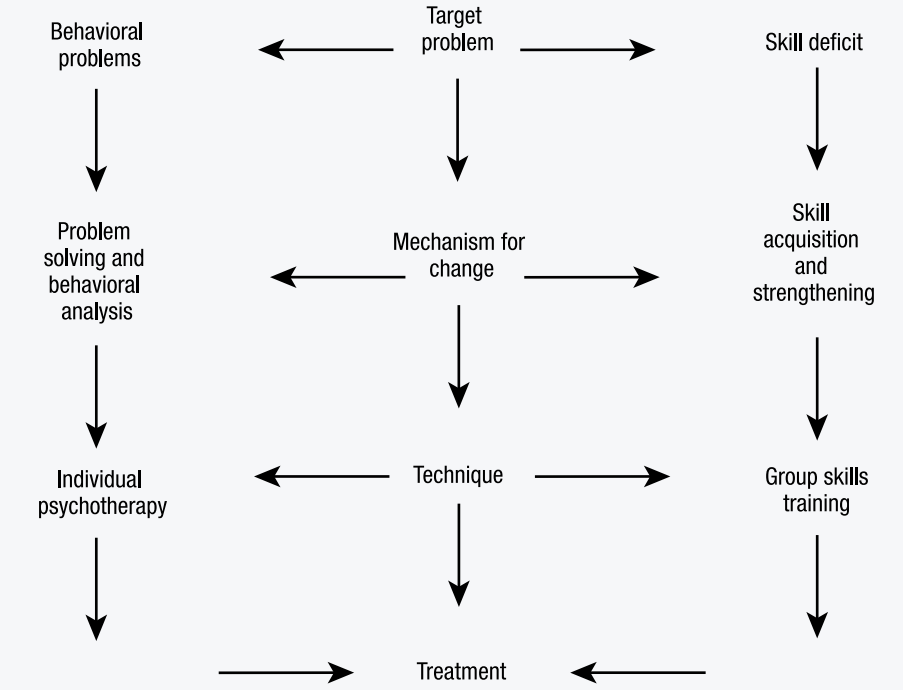
II. Distress tolerance
   - A. Crisis survival strategies
   - B. Radical acceptance of reality

III. Emotion regulation
   - A. Observe and identify emotional states
   - B. Validate and accept one's emotions
   - C. Decrease vulnerability to negative emotions
   - D. Increase experience of positive emotions

IV. Interpersonal effectiveness
   - A. Assertiveness training
   - B. Cognitive restructuring
   - C. Balancing objectives with maintaining relationships and self-esteem

Source: Stanley B, Brodsky BS: Dialectical behavior therapy, in The American Psychiatric Publishing Textbook of Personality Disorders. Edited by Oldham JO, Skodol AE, Bender DS. Washington, DC, American Psychiatric Publishing, 2005, chapter 19, p 312

Figure 2. Dialectical Behavior Therapy: Two-Pronged Approach



Source: Stanley B, Brodsky BS: Dialectical behavior therapy, in The American Psychiatric Publishing Textbook of Personality Disorders. Edited by Oldham JO, Skodol AE, Bender DS. Washington, DC, American Psychiatric Publishing, 2005, chapter 19, p 311

REFERENCES

Cloninger CR, Srvakic DM, Pryzbeck TR: A psychobiological model of temperament and character. Arch Gen Psychiatry 1993; 50:975–990

Gabbard GO: Combining medication with psychotherapy in the treatment of borderline personality disorder, in Psychotherapy and Personality Disorders (Review of Psychiatry Series; Oldham JM and Riba MB, series eds.), vol 19. Edited by Gunderson JG, Gabbard GO. Washington, DC, American Psychiatric Press, 2000, pp 65–90

Links PS, Heslegrave R, vanReekum R: Prospective follow-up study of borderline personality disorder: prognosis, prediction of outcome, and axis II comorbidity. Can J Psychiatry 1998; 43:265–270

Links PS, Mitton JE, Steiner M: Stability of borderline personality disorder. Can J Psychiatry 1993; 38:255–259

McGlashan TH: Prediction of outcome in BPD, in The Borderline: Current Empirical Research. Edited by McGlashan TH. Washington, DC, American Psychiatric Press, 1985, pp 61–98

McGlashan TH: The Chestnut Lodge Follow-up Study, III: long-term outcome of borderline personalities. Arch Gen Psychiatry 1986; 43:20–30

McGlashan TH: The longitudinal profile of BPD: contributions from the Chestnut Lodge Follow-up Study, in Handbook of the Borderline Diagnosis. Edited by Silver D, Rosenbluth M. Madison, CT, International Universities Press, 1992

Paris J, Nowlis D, Brown R: Developmental factors in the outcome of borderline personality disorder. Compr Psychiatry 1988; 29:147–150

Plakun EM: Prediction of outcome in borderline personality disorder. J Personal Disord 1991; 5:93–101

Soloff PH: Algorithms for pharmacological treatment of personality dimensions: symptom-specific treatments for cognitive-perceptual, affective, and impulse-behavioral dysregulation. Bull Menninger Clin 1998; 62:195–214

Stone MH: Long-term outcome in personality disorders. Br J Psychiatry 1993; 162:299–313

Stone MH: The Fate of Borderline Patients: Successful Outcome and Psychiatric Practice. New York, Guilford, 1990