BEHAVIORAL GUIDE to PERSONALITY DISORDERS (DSM-5)

Douglas H. Ruben

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ABOUT THE AUTHOR

Dr. Douglas Ruben is a forensic and licensed psychologist, and national consultant in Applied Behavior Analysis, Personality Disorders, Addictions, and Parenting. His seminars on parent empowerment, personality disorders, schools, and adult children of alcoholics appeared nationwide through Cross Country University. He literally has given over 3000 workshops across the United States from Portland, Maine to Portland, Oregon. Dr. Ruben is author and coauthor of over 70 scholarly and self-help books and over 100 professional articles. Among his recent behavioral practitioner books include *Tantrum Survival Kit: The Definitive Guide to Tantrum Management*; *Effects of Bad Parenting and What to do About It*; *Treating Adult Children of Alcoholics: A Behavioral Approach*; *Assessing and Treating Addictive Disorders*; *Handbook of Childhood Impulse Disorders and ADHD*; *New Ideas in Therapy, Current Advances in Psychiatric Care*; *Transitions: Handbook of Managed Care*; *Family Addiction*; and *Aging and Drug Abuse.* His self-help books recently included: *Parent Guide to Children of Alcoholics (COAs)*; *25-Secrets to Emotional Self-Healing*; *Forever Sober*; *No More Guilt: 10 Steps to A Shame-Free Life*; *Bratbusters: Say Goodbye to Tantrums and Disobedience*; *Avoidance Syndrome: Doing Things Out of Fear*; and *Family Recovery Companion.* He is on the editorial board of *The Forensic Examiner* and runs a private practice (over 30 years) in Okemos, Michigan.

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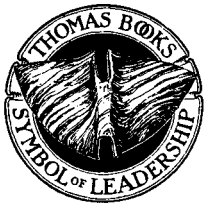

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In Warmest Memory of
Charles Ruben

PREFACE

We live in turbulent times. Over the last five years, the influx of mental health problems from a jobless economy, returning war veterans, and deluge of refugees resulted in staggering numbers of psychiatric outpatient and hospital admissions. These unprecedented mental health needs compel a more thorough and scientific understanding of clinical psychopathology. The *Behavioral Guide to Personality Disorders* offers one solution to this exigency.

Behavioral Guide to Personality Disorders is the first behaviorally-based reference guide on Personality Disorders and their applicability in vocational, therapeutic, and other rehabilitation service agencies. Chapters cover (a) each personality disorder from a learning theory perspective; (b) the *Dos and Don'ts* on how to manage personality types in service delivery systems (called "personality management"); and (c) predictors of each personality disorder for vocational, therapeutic, and rehabilitation outcomes. The objective of the book is simple. It provides practical and ready-to-use clinical information for practitioners and advanced students facing the high demand for triage and treatment decisions. It helps the paraprofessional and professional measurably identify individual behavior problems in clients and consumers, and predict their trajectory of outcome success or failure under certain circumstances or when provided a litany of rehabilitation services.

Behavioral Guide also culls from evidence-based research and application to ensure the viability and acceptability of the analysis. For simplicity of reading and rapid reading comprehension, the design of this book is called a *power-point book*. It allows for self-paced learning with power-point (graphic-visual) reminders embedded in the text with study questions listed afterwards.

As for social validity, this book is the product of over 3000 workshops given statewide and nationally by the author on either (a) Personality Disorders or (b) Parenting-Family Guidance over the last 15 years. Workshops were tailored for a highly diverse pool of professionals in interdisciplinary mental health fields. Questions asked by the workshop attendees reflected the current zeitgeist for concrete, tangible, measurable, observable, and more functional explanations of behavior. These explanations were consistent with

conceptualizations seen in applied behavior analysis, experimental analysis of behavior, cognitive behavior therapy, and the integrated field analysis of behavior, or interbehaviorism. As attendees observed, most books on Personality Disorders found in the scholarly and practitioner marketplace recycled existing models of psychopathology. The classic textbooks explained the etiology, course, and intradynamics of the disorder relative to cultural and community models. Models explored were generally eclectic, heavily covering perspectives that were psychoanalytic, neo-psychoanalytic, lifespan, trait, and humanistic; less emphasis was upon cognitive, behavioral, and social-learning perspectives.

This was not always the case. About 40 to 50 years ago, behaviorally-based books on personality were prolific. In 1961, Lundin's book *Personality: An Experimental Approach* rattled the field with its tenacious departure from the traditions of psychoanalytic theories. Lundin revived this momentum in 1969, with *Personality: A Behavioral Analysis.* In 1975, Ullman and Krasner pioneered a behavioral approach extended to all of types of psychopathology in their highly acclaimed and seminal text, *A Psychological Approach to Abnormal Behavior.* From 1972 to 1984, revisions kept alive another spectacular behavioral treatise of abnormal behavior and personality disorders, that of Bootzin and Acocella's *Abnormal Psychology: Current Perspectives.*

Like its predecessors, *Behavioral Guide to Personality Disorders* offers a return to the behavioral framework to understand the intricacies of psychopathology. It explains the behavioral underpinnings of each personality disorder, both to debunk the mythical reasons or *reifications* distorting the etiologies, and to advance a more respectful scientific outlook on personality disorders. Within a scientific framework, professionals in the allied health fields can more confidently predict the outcome success or failure of individuals with personality disorders, who receive mental health treatment, vocational rehabilitation, or other allied health services.

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BEHAVIORAL GUIDE TO PERSONALITY DISORDERS (DSM-5)

Chapter 1

CURRENT CLASSIFICATIONS OF PERSONALITY DISORDERS

Background and Learning Theory

The progressive evolution of the *Diagnostic Statistical Manual of Mental Disorders (DSM)* has paralleled a rapidly diversified society. From its origins in the 1890s under the eras of Mesmer and Breuner, and through a vast metamorphosis over 100 years, the DSM underwent five revisions to reflect the cultural changes and medical sciences of civilized man. Terminology changed, classification labels softened, or were replaced with less offensive language. Trends noticeably shifted from labeling the *person with a disease* to labeling *the behavior of a person.* This transformation of language pivoted from *problematic person to problematic behavior.* This was most visible in the subsection of the DSM concerned with *Personality Disorders.*

The *Personality Disorders* consist of 10 typologies assembled to show pervasive patterns in a human organism, from late adolescence or early adulthood through to late adulthood. Pervasive patterns mean an (a) enduring pattern of inner experience, that (b) deviates markedly from the expectations of the individual's culture, (c) is stable over time, and (d) leads to distress or impairment. They are qualitatively distinct syndromes consisting of similar or some overlapping symptoms visible in the individual's everyday experiences. Symptoms directly affect cognitive, emotional, physical, and behavioral modalities, the totality of which impedes an individual's interpersonal functioning, impulse control, decision making, medical health, and career, educational, and other vocational longevity.

From a behavioral perspective, Lundin (1961), an early behavioral systems theorist, explained personality as the unique behavior equipment which one has acquired through a history of learning. Such a view of personality considers it to be a part of the general field of learning, dealing in particular with those learning processes which are involved in man's adjustment to his environment. Here, Lundin focused on an individual's *interaction with the environment*, a theme echoed by Kantor in his preface in a book on clinical psychology (Ruben & Delprato, 1987). Kantor claimed individuals are converted from ordinary hominoids to personalities. They behave and *interbehave* (*intermingle*) with the earth, climate, atmosphere, and with things and events in numerous situations of a social, economic, moral, scientific, and aesthetic nature. In this way, as individuals reciprocate with the world around them, their personalities evolve. Some evolve predictably or causally, other individuals evolve randomly or so-called improperly, deviating from the community norms. Kantor believed no two people were exactly alike, exposed to a multiplicity of unique individual experiences.

The fundamentals of Kantor's concept of Personality are visible in many contemporary behavioral analyses of personality (e.g., Morris & Midgley, 1990; Nelson-Gray & Farmer, 1999; Ruben, 1983, 2001; Sato, 2001). The one commonality especially enduring is that pathology in personality remains a function of the culture. Just as the traditions and rituals of a society in one part of the world does not fit in another part of the world, so the perspective of personality abnormality may vary by the cultural matrix. In the definitions presented herein of the 10 personality typologies classified in the DSM, emphasis is on the operational aspects of the personality relative to an individual's environment. How adaptive or maladaptive the individual is, in other words, entirely depends on the individual's prior history with, discernment of, and integration of the contingencies governing the individuals' lives. Such contingencies describe the functional relationship or "if-then" causal connection mediating between the organism and its surrounds.

Operational or *functional definitions* of personality types comport with the DSM-5's new focus on the *cultural syndrome of personality*, which is shaped by the endemic cultural traits, values, orientation, practices, rituals, and norms of the community. The specific components of the cultural syndrome are known as "markers." These markers are predictors of personality progression and consist of (a) genetic markers, (b) biomarkers, (c) family traits, (d) neuro-markers, (e) family predictors, and

(f) clinical predictors. Together, these markers help distinguish the contingencies underlying not only personality types, but also the reasons why personality types exacerbate or diminish over time.

Classification of Personality Disorders

Let's begin by looking at how the classification of personality disorders changed from DSM-4-TR, the last revision of DSM, to DSM 5. There are three ostensible changes made. First, the 10 personality disorders in DSM-4-TR remained exactly the same despite a storm of controversy surrounding proposals to reduce the 10 personalities to six personalities and reformulate the system to assess personality disorder (Frances & Widiger, 2012). The DSM-5 Task Force reconciled this dispute by laying out their theoretical proposal for the reformulated model of personality in Section III of the DSM-5, entitled, *Emerging Measures and Models.*

Second, the multiaxial system used to organize diagnoses into five levels was eliminated. This meant, instead of listing Personality Disorders on Axis II, psychological reports or other documents would list a Personality Disorder alongside other prominent disorders, including medical problems. This changed the layout from sequential rows designated by Roman numerals, to a non-numerical sequence as appears below.

Multiaxial system of stating diagnoses before DSM-5:

Axis I: 309.13 Cyclothymic Disorder
Axis II: 301.40 Obsessive-Compulsive Personality Disorder; 301.82 Avoidant Personality Disorder
Axis III: none known
Axis IV: (social functioning): stable housing, on probation
Axis V (GAF): 50