

Slides now in Canvas.

What are we doing here?

- Increase awareness of major mental disorders
- Focus on those that may contribute to *crises*
- Prepare us to be helpful & supportive until professional care



The **Mental Health Crisis**

Youth: Already in crisis,
worsened by COVID-19

Severely Mentally Ill: Access
& engagement with care

Substance Abuse: Addiction to
& Overdose of opioids



A
Mental
Health Crisis



A Mental Health Crisis

- Breakdown in ability to cope
- Sudden escalation in existing MH condition
- Severe emotional distress (fear, anxiety, sadness, despair, panic attack)
- Psychosis
- Thoughts of harm to self or others
- Extreme / bizarre / inappropriate behavior
- Severe mood episodes
 - Mania and/or clinical depression

Aspirational
principles of
responding
to crises

Aspirational principles of responding to crises

- **Demeanor:** Balance of calm & concern
- **Nonjudgment:** *There but for the Grace of God...*
- **Presence:** "I may not know what to say, but I'm here."
- **Reassurance:** "It's going to be okay."

Aspirational principles of responding to crises

- Assess for suicide or other self-harm. Transparently.
- Encourage self-help, arranging support.
- Avoid over-promising, breaching boundaries, deception
- Look for ways to offer people choice

Tears
Touch
Talk and
Time



- “Mental illness” as woundedness
- Consider the importance of the resurrected body of Jesus. How it was transformed.
- And yet, the wounds were **STILL** there.

TOMÁŠ HALÍK

Translated by GERALD TURNER

Touch *the*
Wounds

ON SUFFERING, TRUST,
& TRANSFORMATION

- “Mental illness” as woundedness
- Consider the importance of the resurrected body of Jesus. How it was transformed.
- And yet, the wounds were STILL there.

A crisis = Strong emotion which interferes with..

- Verbal expression
- Understanding what people are saying
- Thinking clearly
- Impulse control

Mental Health and violence

- Most violent people are not psychiatrically ill.
- Diagnoses & potential for violence not linked.
- If mentally ill person becomes violent, often result of factors other than mental illness, such as history of child abuse, substance abuse, living in high-crime neighborhoods.

I am not afraid of actively psychotic people. Or people with schizophrenia. Or manic-depressive illness. I'm afraid of people in rages with firearms. I'm even more afraid of angry, drunk men with firearms.



TO DO: Broad considerations

- Reassure, stay with, address shame issues
- Contact family (spouse, parent) & ask them to come
- Office setting: Human Resources
- Emergency Depts.
- Crisis Lines: 988
- Law enforcement (when unsafe)

An analogy from first aid

- Many people can be helped, even saved, by medical first aid.
- But not everyone.
- Nothing works for everyone, all the time.

Conceptual issues

Medicalization
& Reductionism

Spiritual confusion



Distress

and/or

Dysfunction

&

Deviance

Mental illness by the numbers

1 in 5 adults in US experience a mental illness
each year.

1 in 20 adults in US live with a serious mental
illness

Suicide. Premature Death.
Disability. Disease Burden.

Mood
disorders:

Depression
& Bipolar
Illness



It is a level of psychic pain wholly incompatible with human life as we know it. It is a sense of radical and thoroughgoing evil not just as a feature but as the essence of conscious existence. It is a sense of poisoning that pervades the self at the self's most elementary levels. It is a nausea of the cells and soul.

--David Foster Wallace

“I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.”



Depression

Enormous public health problem.

A large number of important variants.

Multifactorial: Biology, Psychology,
Family, Environment, Culture.

Life threatening due to risk of suicide.
(But mental illness, generally,
shortens lifespan.)



Depression

Complications: Occupational, family functioning, child-rearing, cost to society. **POTENTIALLY DISABLING** and lethal. Depending on details either the #1 or #2 disabling disorder globally.

Incomplete list of serious clinical depressive states

MAJOR DEPRESSIVE EPISODES in Bipolar Disorder	Often quite severe.
MAJOR DEPRESSIVE DISORDER (unipolar)	“Unipolar” depression. Characterized by “episodes.” <i>(Note from DW: I worry about depressed men, substance abuse, & violence)</i>
POSTPARTUM DEPRESSION	After childbirth, often quite severe, sometimes psychotic.
PERSISTENT DEPRESSIVE ILLNESS (Dysthymia)	Longer-lasting (persistent, chronic) depression, usually less intense/severe, but adds up to a lot of suffering & suicide risk



Normal “depression” & Bereavement

Not a disorder because it is normal/normative.

judgment is made that the person's sadness or grief is normal reaction to events or situation

Prolonged Grief Disorder

- Death occurred more than a year ago **AND** at least 3:
 - Identity disruption (such as feeling as though part of oneself has died).
 - Marked sense of disbelief about the death.
 - Avoidance of reminders that the person is dead.
 - Intense emotional pain (such as anger, bitterness, sorrow)
- Difficulty with reintegration (such as problems engaging with friends, pursuing interests, planning for the future).
- Emotional numbness
- Feeling that life is meaningless.
- Intense loneliness

Major Depression: Prevalence

3% of Americans, 19 million, suffer from chronic depression. 2 million are children.

Recent studies: Depression is leading cause of disability in the USA for persons over the age of 5.

Worldwide, 2nd only to heart disease for the total “disease burden.” (Premature death plus healthy life-years lost to disability.) Depression claims more years than war, cancer, AIDS *put together*.

Major Depressive Episodes

1. Depressed mood most of day, nearly every day.
2. Markedly diminished interest or pleasure most of day, nearly every day. (“Anhedonia”)
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. Slowing down of thought / reduction of physical movement

Major Depressive Disorder

5. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
6. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
7. Suicidality—Ideation > Intent > Plan > Communication > Attempt > Death

Severe suffering plus
hopelessness = suicidality

Severe suffering plus
hopelessness = suicidality



Episodes

- Major depression occurs in episodes, often measured in weeks or months
- Although it's possible to have only 1 episode, most who have a first will have more.

A major depressive episode is not permanent. It is self-limiting.

“You WILL feel better” is an honest statement.

epidemiology

- 13-20% will experience significant depressive symptoms at some point.
- In their lifetimes, 20-25% of women and 7-12% of men will have a major depressive episode
- Not clear how many have recurrent Major Depression. 5-8% may be a good estimate.

Dysthymia (Persistent depressive disorder)

Depressed mood for most of the day, for more days than not, for at least 2 years. Presence, while depressed, of two (or more) of the following:

poor appetite or overeating, sleep disturbance, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, feelings of hopelessness

Dysthymia (continued)

During the 2-year period of the disturbance, the person has never been without symptoms for more than 2 months at a time.

No Major Depressive Episode has been present during the first 2 years of the disturbance. No manic or hypomanic episodes.

Symptoms cause significant distress or impairment in social, occupational, or other areas of functioning.

Suicide a risk

Bipolar Disorder

“Manic-Depressive” Illness

Bipolar I disorder is defined by presence of at least one manic episode. 90% will also have major depressive episodes.

Bipolar II disorder is defined by 1 or more “hypomanic” episode, at least 1 Major Depression, but never a manic episode

Manic & Hypomanic Episodes

- Grandiosity (often religious in content)
- Reduced need for sleep (not always present)
- Pressured speech
- Flight of ideas
- Distractible

Manic & Hypomanic Episodes

- Increase in goal-directed activity (social, work, creative, sex)
- Excessive involvement in pleasurable activities with painful consequences
- It is MANIA if causes marked impairment in social or occupational functioning or requires hospital or other emergency treatment.

Episodes (2017 study)

- Average length for major depressive episodes in bipolar: 5 months
- Average for manic/hypomanic episodes: 3.5 month
- Average depressive episodes per year: 1
- Average manic episodes per year: Bipolar I=1, Bipolar II: 0.5
- Patients can spend as much as 2/3 of their time in some kind of episode.

Complications of Bipolar Illness

- Death by suicide occurs in 10%-15% of individuals with Bipolar I Disorder. Suicidal ideation and attempts are more likely to occur when the individual is in a depressive or mixed state.
- Child abuse, spouse abuse, other violent behavior may occur during severe Manic Episodes or during those with psychotic features.

Meds

- **Lithium**. Controls manic symptoms & reducing recurrence of manic & depressive episodes.
- **Antiseizure** (anticonvulsants):
 - divalproex sodium (Depakote)
 - lamotrigine (Lamictal)
 - valproic acid (Depakene)
- **Antipsychotics** (ex: Abilify, Risperdal, Zyprexa)
 - (Note: some patients become psychotic during either kind of episode)
- **Antidepressants**: Help manage depression but may trigger manic episodes

Postpartum depression

A period of depression linked to childbirth. Etiology (causes) at least partially biological. Cultural, psychological, and family issues are influencing factors. Can be very severe, including delusions, and requiring hospitalization. Note: Although people talk about the “Baby Blues”, true postpartum depression is an extremely serious illness.



Hello!

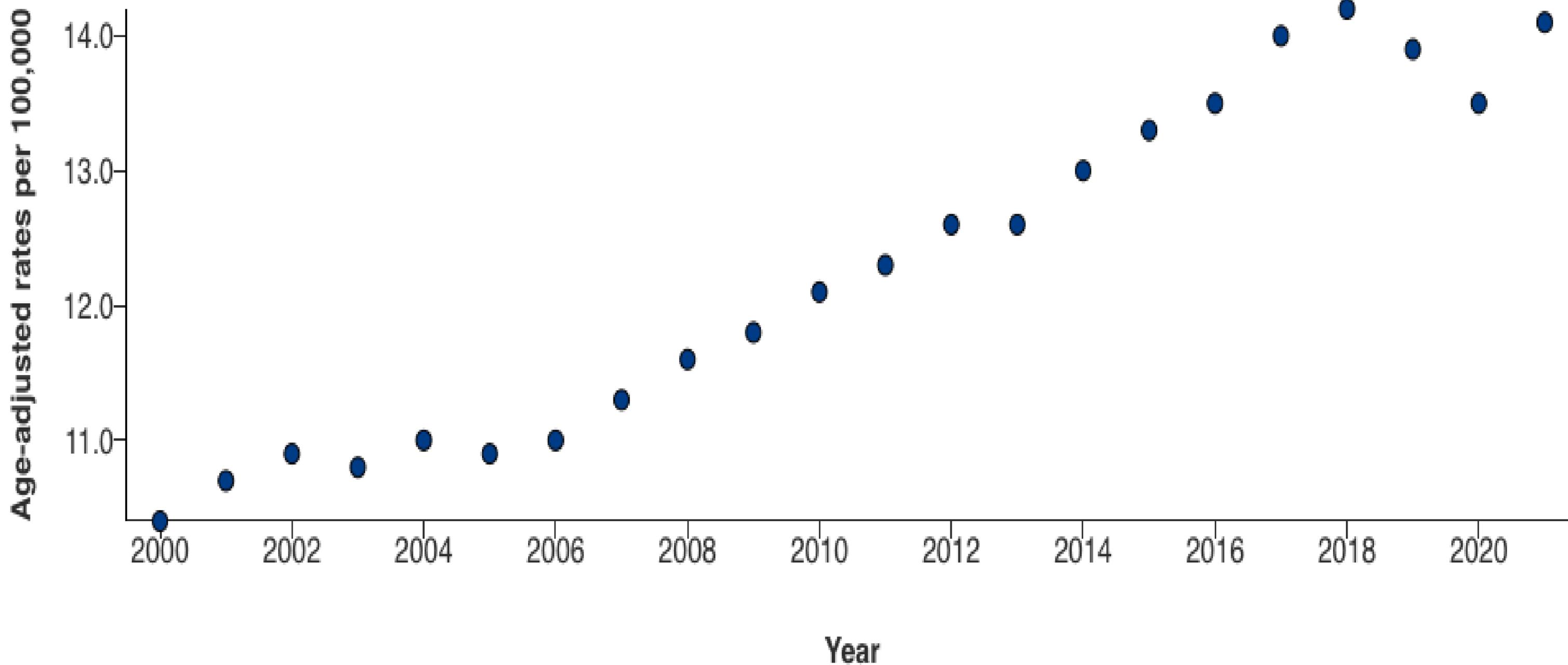
Slides now in Canvas.

Suicide & prevention



Suicide rates are rising

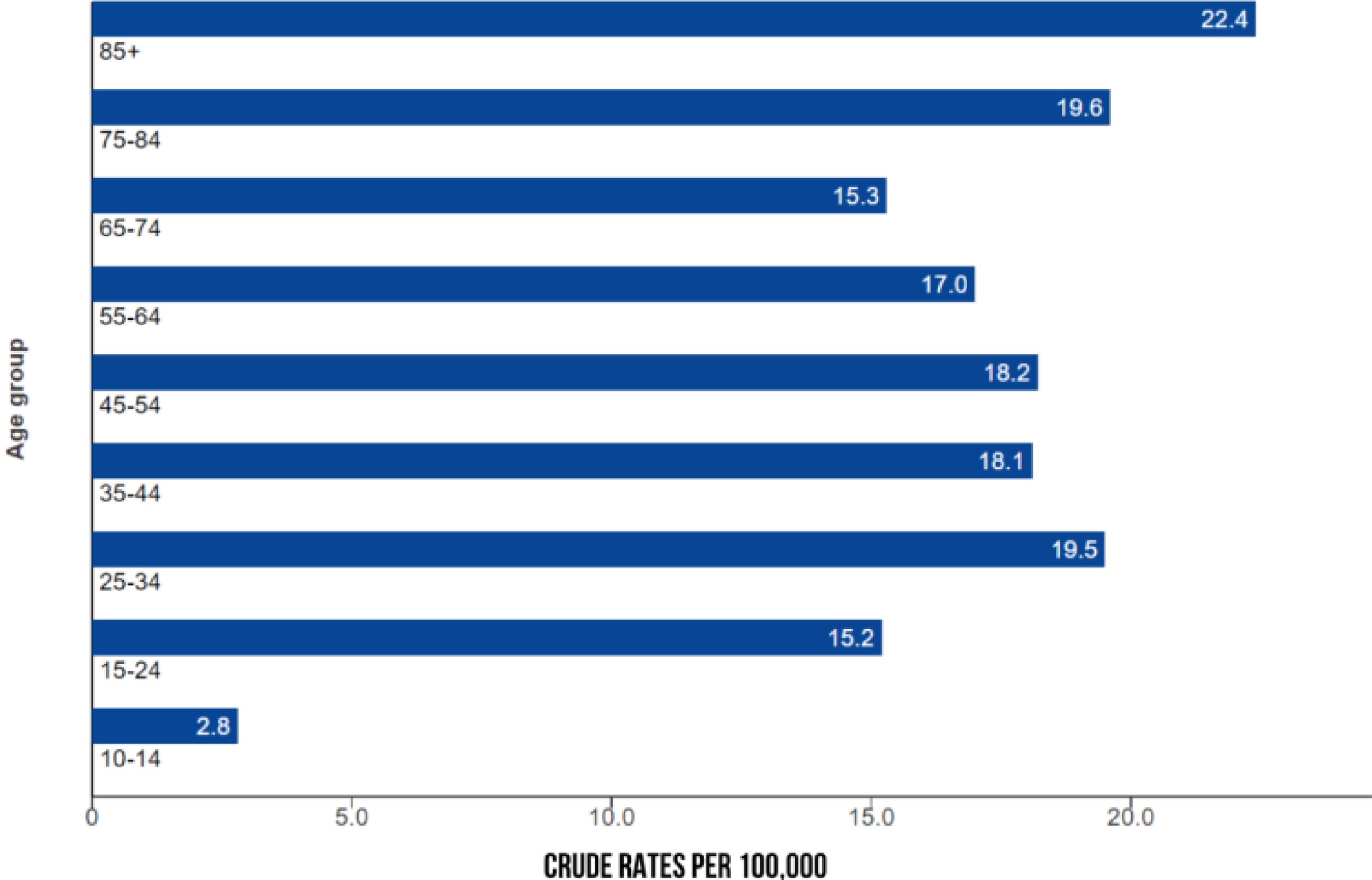
Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates nearly returned to their peak in 2021.



Suicide

- Preliminary data: 50,000 suicide deaths in USA in 2023. Record high.

People ages 85 and older have the highest rates of suicide.



In 2021:

48,183 people
died by suicide in
the United States.

That is **1 death**
every 11 minutes.

- ➔ **12.3 million adults** seriously thought about suicide
- ➔ **3.5 million adults** made a plan
- ➔ **1.7 million adults** attempted suicide

Youth suicide

In 2021 surveys (Pew)

- 22% of high school students said they had recently considered suicide within past year. (Up from 11% in 2011.)
- 18% said they had made a plan (13% in 2011)
- In 2021, 8% said they had attempted suicide

Elevated risk/rates (deaths per year per 100,000 people in population)

- Males: 4 to 1
- Ethnicity (rates)
 - Non-Hispanic American Indian: 28
 - White: 17
 - Non-Hispanic Multiracial: 10
 - Non-Hispanic Black: 9
 - Asian: 7

method

- Firearms: 55%
- Suffocation: 26%
- Poisoning: 12%
- Other: 8%

Ask about firearms.



Iris Chang



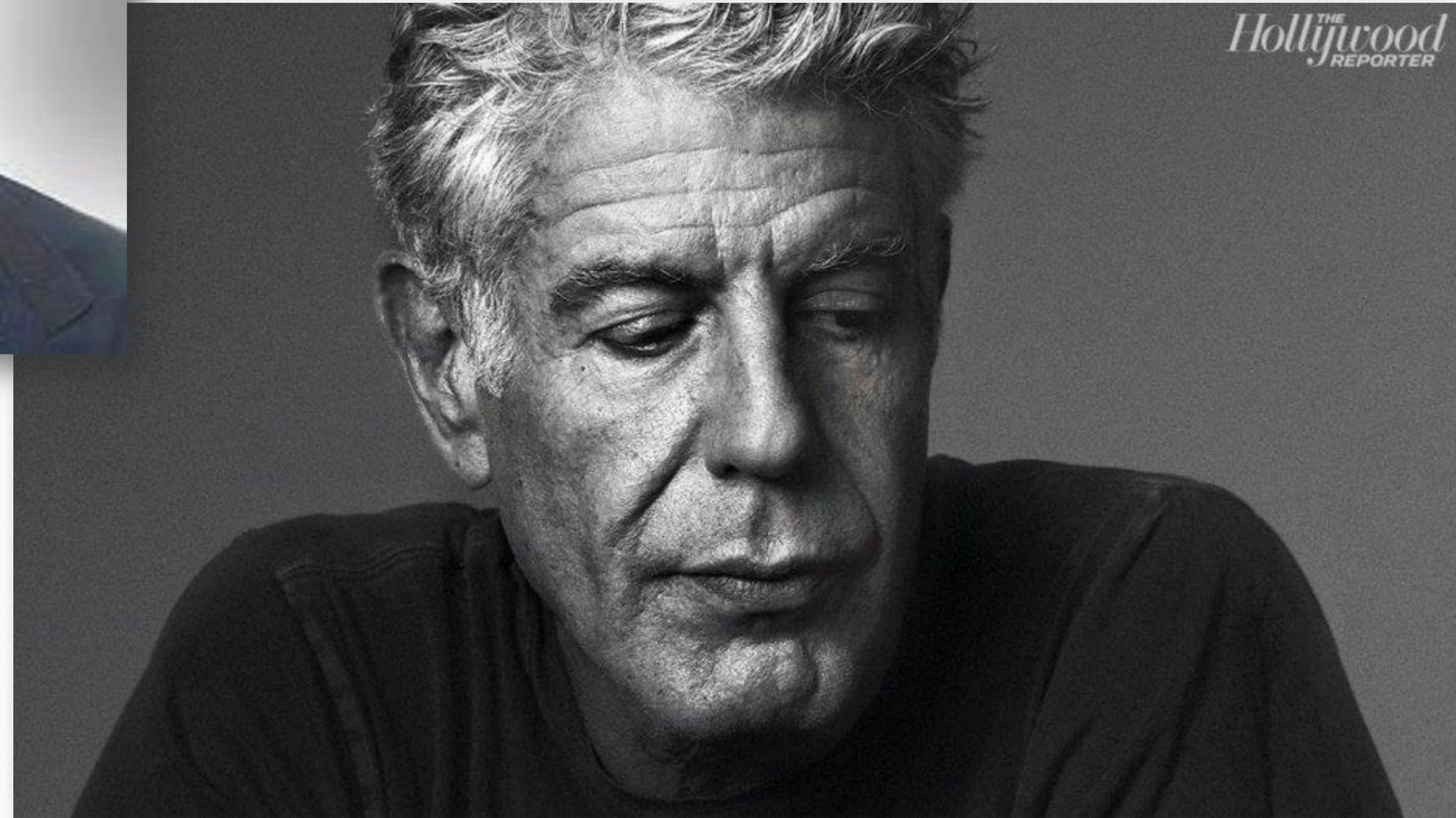
David Foster Wallace



Chris Cornell



Kate Spade



Anthony Bourdain



Robin Williams



Kelly Catlin

cycling world champion suffered concussion in months before suicide. Father said depression and burden of work contributed to death.

Columbia suicide protocol

Always ask questions 1 and 2.	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.	
3) Have you been thinking about how you might do this?	
4) Have you had these thoughts and had some intention of acting on them?	High Risk

5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc.</i> If yes, was this within the past 3 months?		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help: Call or text 988, call 911 or go to the emergency room.**
STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app





Domains of suicidal experience

THOUGHTS
(ideation)

COMMUNICATIONS
(comments, writings, threats, “gestures.”)

BEHAVIOR
(gestures, attempts, reckless behavior, non-lethal self-injury, lethal self-injury.)

Demographic differences

GENDER

ETHNICITY

AGE

Demographic differences

GENDER:

- Men die by suicide 4 times more often than do women.
- Women attempt suicide much more often than do men (3 or 4 X)

Demographic differences

ETHNICITY

- Whites are much more likely to die by suicide than Blacks people.
- Native Americans / Alaska Natives have higher suicide rates than whites.

Demographic differences

AGE

- Suicide rates climb with age. Elderly have highest rates.
- Lowest rates: Children, then teens.
- Greatest increases in last 10 years are among those 45-65 y.o. (30%)

Major risk factors for suicide

Family conflict

Mental disorders

Previous attempts

Physical illness

Social isolation

Unemployment

Others



Mental disorders

Major Depressive Disorder (2-6%)

Bipolar Disorder (15-fold increased risk compared to population).

Borderline Personality Disorder (4-5%)

Anorexia Nervosa (58 times more than expected)

Schizophrenia (2-6%)

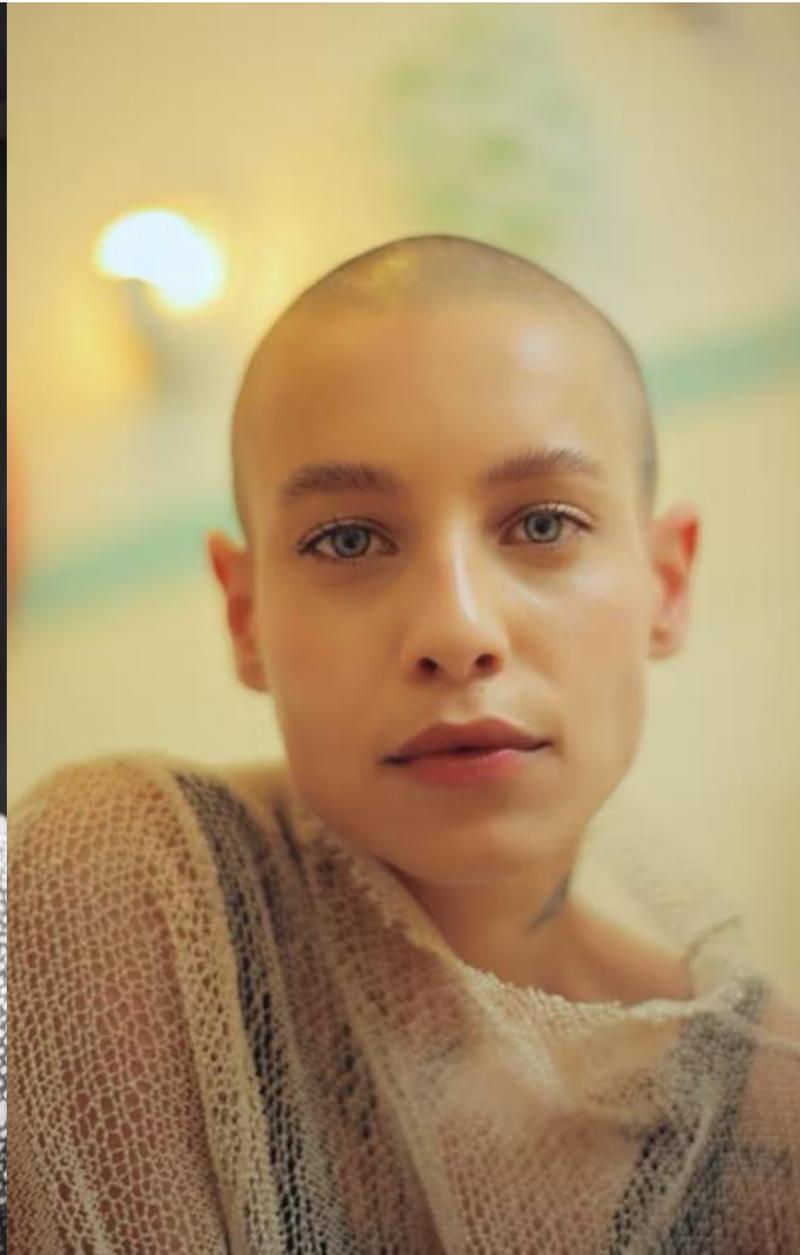
Substance Abuse (6 times general population)

Conduct Disorder (youth) (6 times higher than controls)

At least 95% of deaths by suicide are among people with mental disorders. However, more than half of people who died by suicide did not have a *known* mental health condition.



The *GREAT* majority of people with these disorders do not die by suicide.



Many factors contribute to suicide among those with & without mental health conditions

- Relationship problem (42%)
- Problematic substance use (28%)
- Crisis in the past or upcoming two weeks (29%)
- Criminal legal problem (9%)
- Physical health problem (22%)
- Loss of housing (4%)
- Job/Financial problem (16%)

insights from research on suicide

1. **Related to brain functions that affect decision-making** & behavioral control-> difficult for people to find positive solutions
2. **Limiting a person's access to methods** of killing themselves dramatically decreases rates. Especially guns.
3. 90% of people who die by s. have an underlying — & **potentially treatable** — MH condition

insights from research

4. Depression, bipolar disorder, & substance use -> strongly linked to suicidal thinking & behavior
5. Treatment can work--Cognitive Behavior Therapy-SP & Dialectical Behavior Therapy.

insights from research

6. No one takes their life for a single reason. It's a convergence.
7. Asking someone directly if they're thinking about suicide won't "put the idea in their head"

10 insights from research

8. Certain medications used to treat depression or stabilize mood have been proven to help people reduce suicidal thoughts and behavior
9. If someone can get through the intense, and short, moment of active suicidal crisis, chances are they will not likely die by suicide

insights from research

10. Most people who survive a suicide attempt (85 to 95%) go on to engage in life

What people say...



“We had no idea”

”This came out of the
blue”

“We were worried,
but didn’t know what
to do”

“We tried everything”

Warning signs

- Recent suicide, or death by other means, of a friend or relative.
- Previous suicide attempts.
- Preoccupation with themes of death or expressing suicidal thoughts.
- Depression, conduct disorder, substance abuse, & particularly when two or more of these are present.

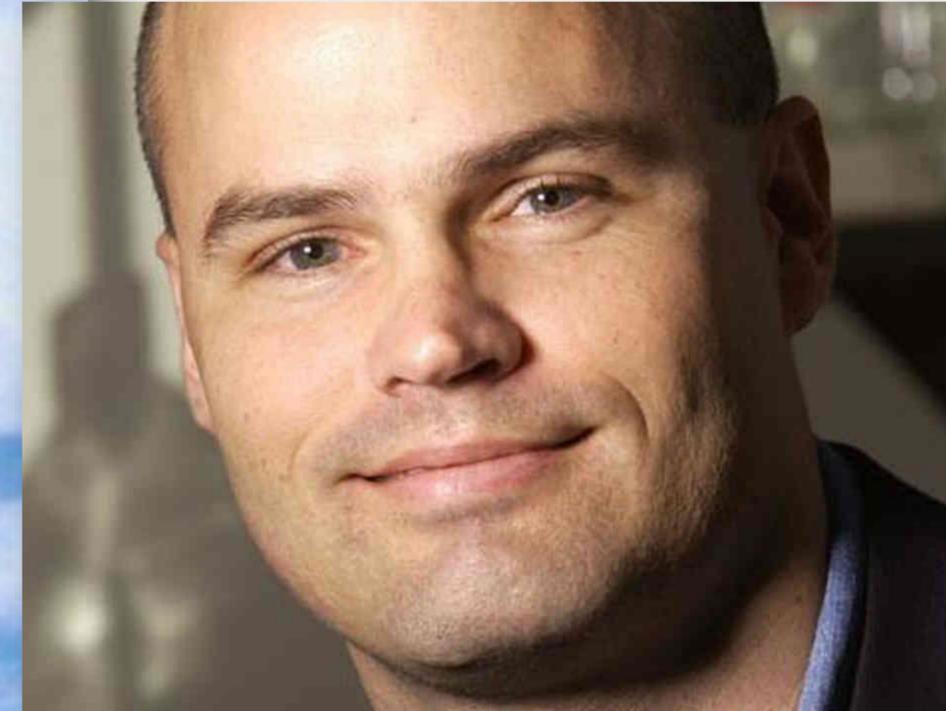
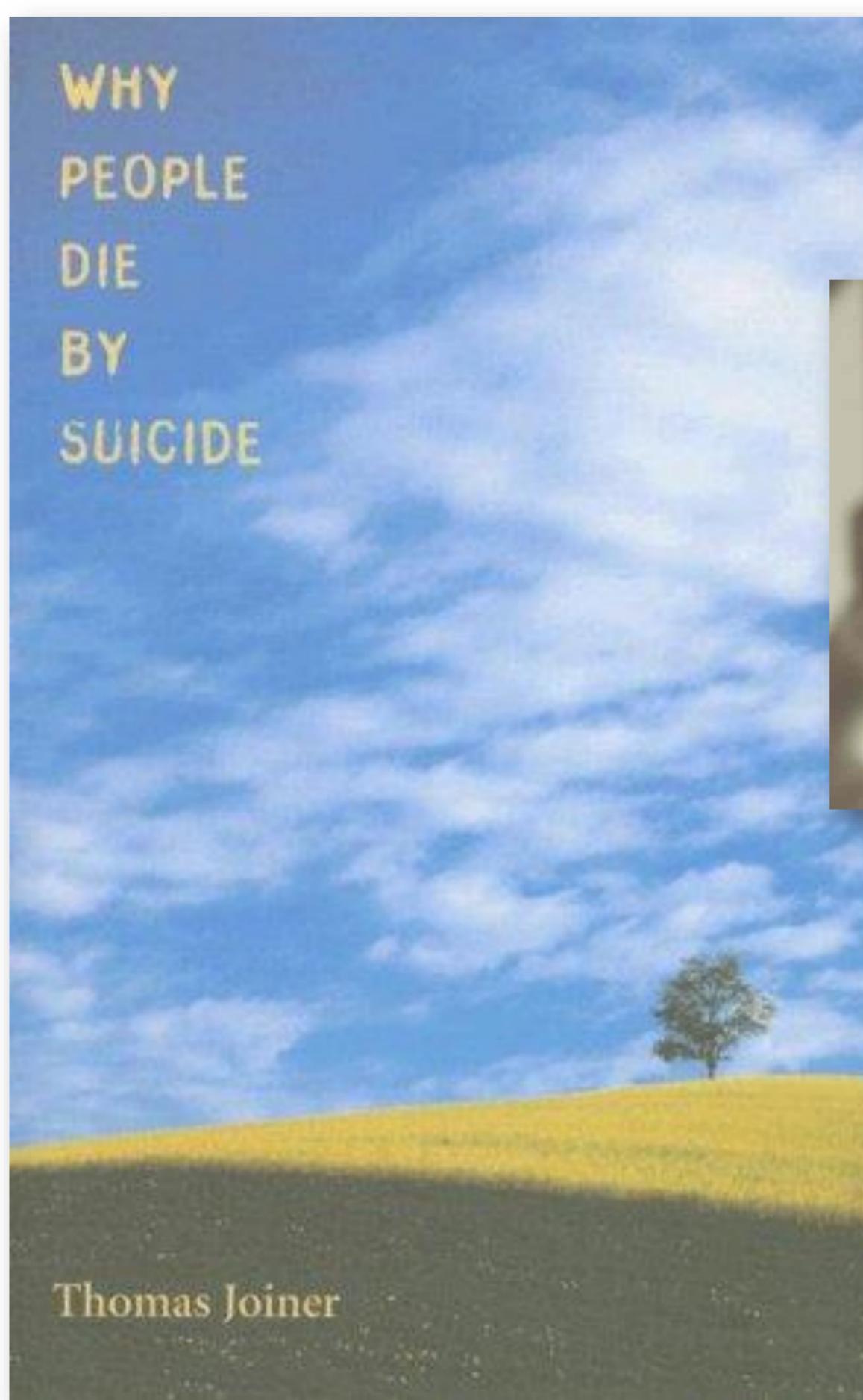
Warning signs

- Giving away prized possessions/ making a will or other final arrangements.
- Major changes in sleep patterns - too much or too little.
- Sudden and extreme changes in eating habits/ losing or gaining weight.
- Withdrawal from friends/ family or other major behavioral changes.
- Dropping out of group activities.

Warning signs

- Personality changes such as nervousness, outbursts of anger, impulsive or reckless behavior, or apathy about appearance or health.
- Frequent irritability or unexplained crying.
- Lingering expressions of unworthiness or failure.
- Lack of interest in future.
- A sudden lifting of spirits, when there have been other indicators, may point to a decision to end the pain of life through suicide.

A theory of why people die
by suicide



Thomas Joiner
An
interpersonal
theory of
suicide

3 factors converge to cause all (or many) suicides

- Thwarted belongingness: “I don’t belong”
- Perceived burdensomeness: “People suffer because I exist”
- Acquired capability: “I have gotten myself past my natural instinct to avoid injury and death.”

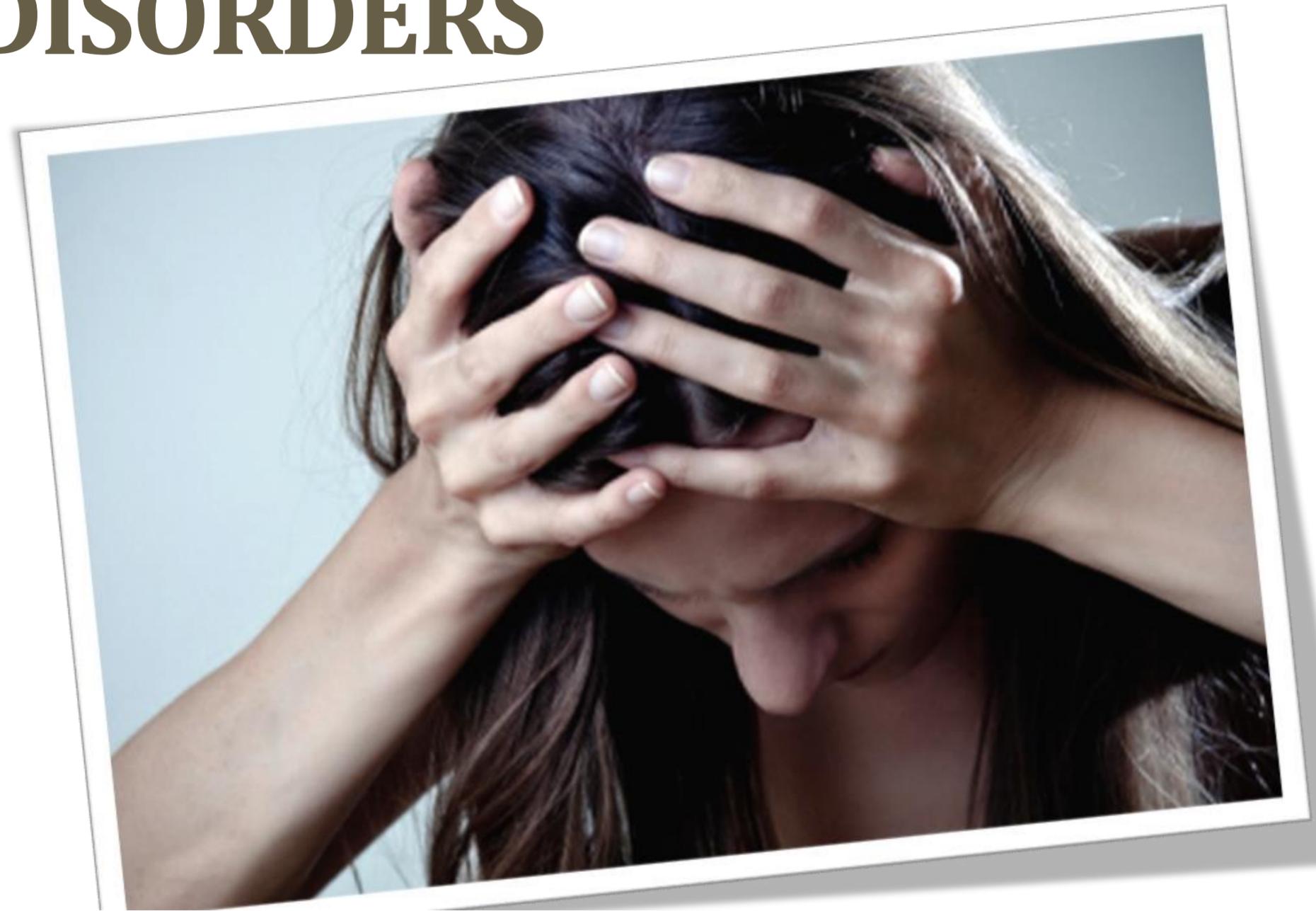
Preventing suicide...

- We need to ask.
- We need to ask again.

When acutely suicidal:

- Stay with them.
- Keep them in conversation. Talk. Listen.
- Permanent solution to temporary problem.
- Try to isolate them from means of self-harm.
- Express care and concern.
- Call family.
- Call 988.
- Call law enforcement if absolutely necessary.

TRAUMA- AND STRESSOR-RELATED DISORDERS





TRAUMA- AND STRESSOR- RELATED DISORDERS

Posttraumatic Stress Disorder

Acute Stress Disorder

(delayed vs. immediate symptoms)

Acute Stress Disorder

Anxiety & behavioral disturbances develop within first month after exposure to an extreme trauma. Usually, symptoms disorder begin during or shortly following the trauma.



PTSD/ASD

Extreme traumatic events include sexual assault, other physical assault, near-death experiences in accidents, witnessing murder or assault or combat.



PTSD/ASD

Dissociation, a perceived detachment of the mind from emotional state or even the body. Sense of world as dreamlike or unreal place. Severe form: Dissociative amnesia.

PTSD/ASD

Often: generalized anxiety & hyperarousal, avoidance of situations or stimuli that elicit memories of trauma, and flashbacks, dreams, or recurrent thoughts or visual images.

Posttraumatic Stress Disorder_(PTSD)

If symptoms and behavioral disturbances of the acute stress disorder persist for more than 1 month, then PTSD.

Decreased self-worth, loss of sustained beliefs about people or society, hopelessness, a sense of being permanently damaged, difficulties in previously established relationships.

PTSD (continued)

Substance abuse often develops, especially involving alcohol, marijuana, and sedative-hypnotic drugs.

50% of cases of post-traumatic stress disorder remit within 6 months. Can persist for years and can dominate life.

PTSD (continued)

Highest rates of post-traumatic stress disorder are found among women who are victims of crime, especially rape, as well as among torture & concentration camp survivor s). Overall, among those exposed to extreme trauma, about 10 percent develop PTSD.

Moral Injury



Anxiety Disorders



ville.kansanon photography

Dave is a 41-year-old male who was referred to a psychologist by his primary care physician after presenting to the ER with difficulty breathing. Dave was courteous and polite during the visit with the psychologist, but seemed to resent the implication that his problems were “all in his head.” Dave’s physician was unable to find a medical explanation for his symptoms, which left Dave feeling confused, stressed, and angry. Dave’s father died young of a heart attack.

Anxiety Disorders

Specific Phobia

Social Anxiety Disorder

Panic Disorder

Agoraphobia

Generalized Anxiety Disorder

Criteria for Anxiety Disorders

- DSM-5 criteria for each disorder:
 - Symptoms interfere with important areas of functioning or cause marked distress
 - Symptoms are not caused by a drug or a medical condition
 - Symptoms persist for at least 6 months or at least 1 month for panic disorder

Panic Disorder

- Physical symptoms can include:
 - Labored breathing, heart palpitations, nausea, upset stomach, chest pain, can't get enough air, dizziness, sweating, lightheadedness, chills, heat sensations, & trembling
- Other symptoms may include:
 - Feelings of unreal
 - Fears of going crazy, losing control, or dying

Panic Disorder

- Frequent panic attacks unrelated to specific situations
- Panic attack
 - Sudden, intense episode of apprehension, terror, feelings of impending doom
 - Intense urge to flee
 - Symptoms reach peak intensity within 10 minutes

Panic Disorder

- 25% of people will experience a single panic attack (not the same as panic disorder)

Panic Disorder

- panic attacks with no apparent stimulus
 - Occur unexpectedly without warning
 - Panic disorder diagnosis requires recurrent uncued attacks
 - Causes worry about future attacks
- panic attacks with apparent stimulus
 - Triggered by specific situations (e.g., seeing a snake)
 - More likely a specific phobia



PANIC

PANIC

Psychosis

Not an diagnosis, but a syndrome common to a number of serious psychiatric illnesses, acute & chronic.

Features: Delusions, hallucinations, paranoia—with little or no insight into their pathological nature.

Disorganized speech, disorganized behavior, peculiarities in facial expression & demeanor.

Psychosis

Let's talk about violence

Hallucinations are perceived sensory experiences, judged as false. Most common by far is auditory hallucinations. (Visual hallucinations actually more typical of organic brain syndromes.)

Delusions are *ideas*, bizarre and judged by others as false.

Key concepts

- Impaired Reality Testing
 - is defined as the process through which mind gauges difference between internal & external world
- Thought Disorder (ex. to follow)

Auditory Hallucinations: Hearing voices

voices that threaten the patient, demean, taunt or give commands, or auditory hallucinations without verbal form, such as whistling, humming, or laughing.

Usually are unwelcome, but sometimes are regarded as the voice of truth.

In psychosis, hallucinations are usually NOT the person's own voice and seem outside head.



Delusions

a false belief/thought, often bizarre, firmly sustained, despite what everyone else believes & despite objective evidence.

Delusional content

Sexual jealousy

Erotomania

Grandiosity

Being controlled

Reference

Persecution

Somatic

Thought broadcast,
stealing, insertion.

Major Psychotic Illnesses

Schizophrenia

Brief Psychotic Disorder

Delusional Disorder

Schizoaffective Disorder

However, psychosis occurs
sometimes in

Manic episodes (Bipolar I)

Severe depressive episodes
(Bipolar I or Major Depressive
Disorder)

Schizophrenia

DSM-5 Diagnosis: Schizophrenia

- ◆ Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be delusions, hallucinations or disorganized speech:
 - ◇ Delusions
 - ◇ Hallucinations
 - ◇ Disorganized speech (e.g., frequent derailment or incoherence)
 - ◇ Grossly disorganized or catatonic behavior
 - ◇ Negative symptoms (i.e., diminished emotional expression or avolition)

Brief Psychotic Disorder

- at least 1 day but no longer than 1 month.
- emotional turmoil or overwhelming confusion
- although brief, symptoms may be severe

Brief Psychotic Disorder

- Brief psychotic disorder may appear in adolescence or early adulthood, and onset can occur across the life span
- Often have to wait to see if it's onset of chronic schizophrenia. To retain "Brief" diagnosis, person has to be fully recovered within a month.

Delusional Disorder

1. Pt. expresses idea or belief with unusual persistence or force, even when evidence suggests the contrary. It is a delusional system. It means psychosis is present, but NOT schizophrenia.
2. The delusion appears to have an undue influence on the person's life, and the way of life is often altered to an inexplicable extent.
3. There is often a quality of secretiveness or suspicion when person is questioned about it.
4. Individual tends to be humorless and oversensitive, especially about the belief.
5. There is a quality of *centrality*: no matter how unlikely it is that these strange things are happening to the person, they accept them relatively unquestioningly.

Delusional Disorder

6. An attempt to contradict the belief is likely to arouse an inappropriately strong emotional reaction, often with irritability and hostility. They will not accept any other opinions.
7. The belief is, at the least, unlikely, and out of keeping with the individual's social, cultural, and religious background.
8. The person is emotionally over-invested in the idea and it overwhelms their thinking. Preoccupation.
9. The delusion, if acted on, often leads to behaviors which are abnormal, and out of character, although perhaps understandable in light of the delusional beliefs.
10. Other people who know the individual observe that the belief and behavior are uncharacteristic and alien.

Schizoaffective Disorder

- chronic mental health condition characterized **primarily by symptoms of schizophrenia**, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania &/or depression.
- often incorrectly diagnosed at first with bipolar disorder or schizophrenia. Because schizoaffective disorder is less well-studied than the other two conditions, many interventions are borrowed from their treatment approaches.



Personality Disorders

Personality Disorders

An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, persists over time, and leads to distress or impairment.

Personality Disorders

- All are fundamentally about the social & cultural context.
- Currently 10 identified types, in 3 clusters.
- Must be present by early adulthood. Never develop late.

Personality
Traits

Maladaptive
expression
of traits

Personality
Disorder



No clear “cutting off” points

Culture, Age, Gender

- “Judgments about personality functioning must take into account the individual’s ethnic, cultural, & social background.”
- MAY be diagnosed in children or adolescents in rare circumstances. However, commonly *present* by then.
- Some more commonly diagnosed in women, others in men. (Bias?)
- Tend to be long-term, even life-long disorders.

General definition, personality disorders

Personality disorders represent **failure to develop a sense of self-identity & the capacity for interpersonal functioning** that are adaptive in the context of individual's cultural norms and expectations.

10 major personality disorder types

Paranoid PD
Schizoid PD
Schizotypal PD

Antisocial PD
Borderline PD
Histrionic PD
Narcissistic PD

Avoidant PD
Dependent PD
Obsessive-compulsive PD

10 major personality disorder types

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Dependent PD
Obsessive-compulsive PD

However...

Many with PDs have mixes. Examples:

Personality Disorder with Narcissistic & Antisocial Features

P.D. with Avoidant & Dependent Features

P.D. with Obsessive-Compulsive & Paranoid Features

Borderline Personality Disorder

- Frantic efforts to avoid real or imagined abandonment.
- Pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation (“splitting”)
- Identity disturbance: markedly and persistently unstable self-image or sense of self.

Borderline (continued)

- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, promiscuous sex, eating disorders, substance abuse, reckless driving, binge eating).
- Recurrent suicidal behavior, gestures, or threats, or self-injurious behavior.
- Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

Borderline

- Chronic feelings of emptiness.
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- Transient, stress-related paranoid ideation or severe dissociative symptoms

What often happens in a relationship with person with BPD (romantic or therapeutic)

- You get drawn in by their charm, social/professional status / achievements.
- Relation intensives. The BPD person may **ADORE** you.
- Until something happens to trigger their fear of rejection, or to expose some flaw in your behavior toward them (sometimes minor)
- They flip from adoring you to despising you (and may well flip **BACK**)

Failure to maintain boundaries...

1. Initially an engaging personality.
Charismatic or needy ...Something that engages the helper.
2. "No one has helped me like you help me..." /hero worship/ "idealization"
3. Pushing or attempting to violate the boundaries of the relationship.

4. You get uncomfortable.
5. You do something that triggers the switch—enforce boundaries (especially if you haven't maintained them all along); confront", not treat as "special", not return romantic feelings.
6. Anger / rage triggered. "You're just like the others."



Aspirational principles of responding to crises

- **Demeanor:** Balance of calm & concern
- **Nonjudgment:** *There but for the Grace of God...*
- **Presence:** "I may not know what to say, but I'm here."
- **Reassurance:** "It's going to be okay."

Aspirational principles of responding to crises

- Assess for suicide or other self-harm. Transparently.
- Encourage self-help, arranging support.
- Avoid over-promising, breaching boundaries, deception
- Look for ways to offer people choice

**Thank you.
Thank you
for caring.**

