

Personality Disorders Written Assignment

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Case Study 1 – Histrionic Personality Disorder

The individual in Case Study 1 displays patterns that align with the diagnosis of Histrionic Personality Disorder. This person exhibits a tendency for dramatic behavior and seeking constant attention. They are uncomfortable when not in the spotlight, as shown by their reaction while participating in an activity with Jean. The individual also drew attention to their father's recent heart surgery, framing it in a way that centered around their own needs, saying they needed a vacation before his passing. The client often shifts between extreme emotional states, expressing things like feeling "fantastic," only to later complain of severe headaches, then claiming to be "devastated for days" while still reporting "things are going phenomenally well." They express little genuine concern for their father's condition despite acknowledging its severity. Furthermore, the client uses their appearance to attract attention, asking about their clothes and making comments about looking better in summer outfits. Their dramatic behavior extends to the way they describe emotional experiences, such as exaggerating the intensity of their physical pain and disappointment when not cast in a lead role. Given these behaviors, a diagnosis of Histrionic Personality Disorder seems fitting, though it's possible a differential diagnosis of Borderline Personality Disorder could be considered based on some overlapping symptoms.

Case Study 2 – Avoidant Personality Disorder

In Case Study 2, the individual presents characteristics indicative of Avoidant Personality Disorder. This person demonstrates a persistent pattern of social withdrawal, low self-esteem, and intense fear of criticism. They avoid situations that require social interaction, such as dropping a class and skipping a sorority rush event. The client is fearful of being judged by

others, as shown by their reluctance to return to class due to the possibility of being criticized. Feelings of inadequacy in both social and academic contexts contribute to their inability to form close friendships outside of a single relationship with a roommate. These concerns began in high school, where they felt inferior to others, particularly in terms of looks and social standing. These behavioral tendencies align with the criteria for Avoidant Personality Disorder.

Case Study 3 – Schizotypal Personality Disorder

The individual in Case Study 3 exhibits characteristics that match Schizotypal Personality Disorder, including significant social discomfort and a limited ability to form close relationships. They demonstrate ideas of reference, believing that others, such as coworkers and a library director, are aware of their thoughts and would judge them. The client also shows signs of odd beliefs, such as thinking their supervisor doesn't believe they are suited for their role, or that they have been the subject of complaints from customers without any evidence. In addition to these cognitive distortions, the client has experienced unusual sensory perceptions, like smelling a harmful odor that others do not detect. Paranoia is also evident in their concern over potential complaints from clients. The individual lacks close personal connections, having only one confidant: their sister. These behaviors meet the criteria for Schizotypal Personality Disorder.

Case Study 4 – Antisocial Personality Disorder

The individual in Case Study 4 demonstrates patterns that align with Antisocial Personality Disorder. This person has shown a consistent disregard for the rights of others, as seen in their involvement with criminal activity, such as an arrest for forgery and threatening a police officer. They have exhibited deceitful behavior, minimizing the extent of their fraudulent actions. Impulsivity is evident in their behavior, including making rash decisions like engaging

with a hotel clerk inappropriately and threatening violence. Substance abuse further shows their disregard for both personal and public safety. Their manipulative actions during therapy, such as requesting stronger medication and gaining sympathy by focusing on their child's needs, further support the diagnosis. The client also has a history of conduct issues dating back to childhood, including running away from home and multiple failed marriages. These signs point to a diagnosis of Antisocial Personality Disorder.

Case Study 5 – Obsessive-Compulsive Personality Disorder

The individual in Case Study 5 displays traits consistent with Obsessive-Compulsive Personality Disorder. They have an overwhelming need for order, perfection, and control over both their mental state and interpersonal interactions. The client focuses excessively on work-related tasks, to the point of delaying projects while carefully planning each detail. Their pursuit of perfection leads to a lack of balance in their life, as work takes precedence over personal time or relaxation. They exhibit inflexibility in how tasks should be performed, often asserting that there is a “right” way to do things. The client also displays a tendency toward stinginess, unwilling to spend money on leisure activities like vacations or dining out. Overall, these behaviors suggest Obsessive-Compulsive Personality Disorder.

Case Study 6 – Narcissistic Personality Disorder

The client in Case Study 6 presents with symptoms of Narcissistic Personality Disorder, characterized by an inflated sense of self-importance and a need for admiration. The individual believes their contributions are groundbreaking and expects others to recognize their brilliance. They feel slighted when they do not receive the attention they feel they deserve, as evidenced by their disappointment when their appearance was not praised. The client also fantasizes about

power and success and feels entitled to special treatment, as seen in their belief that the board should consider their suggestions and that their time should be accommodated. Arrogance and belittling others, including dismissing the intelligence of colleagues, further align with this diagnosis.

Case Study 7 – Histrionic Personality Disorder

In Case Study 7, the client displays symptoms of Histrionic Personality Disorder, marked by exaggerated emotional expression and a strong need for attention. The individual engages in dramatic behavior, such as crying, discussing personal romantic issues, and even making passive threats of suicide to attract attention. Their emotions appear superficial, shifting rapidly between states of happiness and despair without a clear cause. The client seems overly suggestible, seeking validation from the therapist and altering their appearance based on feedback. They also misinterpret relationships, believing them to be closer than they truly are, such as feeling a deep connection to the therapist after only one session. These behaviors are consistent with a diagnosis of Histrionic Personality Disorder.

Case Study 8 – Dependent Personality Disorder

The individual in Case Study 8 shows signs of Dependent Personality Disorder, which is characterized by a strong need for care and excessive dependence on others. This person relies heavily on their husband for decision-making, even in daily matters, and fears disapproval from others, especially their family. They express difficulty acting independently, such as relying on their husband for transportation and fearing being lost. The client also places their husband's needs above their own, even when it negatively impacts their well-being, and expresses feelings

of helplessness when left alone. These patterns indicate a diagnosis of Dependent Personality Disorder.

Case Study 9 – Borderline Personality Disorder

The individual in Case Study 9 demonstrates symptoms consistent with Borderline Personality Disorder, including emotional instability and impulsivity in relationships and behavior. They make frantic efforts to avoid abandonment, as seen in their desire to move in with a new acquaintance after only a brief interaction. The client displays impulsive actions, such as breaking windows and injuring themselves in fits of anger. They also exhibit intense emotional reactions, such as rage directed at doctors and a chronic sense of emptiness. These patterns of behavior meet the criteria for Borderline Personality Disorder.

Case Study 10 – Antisocial Personality Disorder

The client in Case Study 10 also exhibits behaviors consistent with Antisocial Personality Disorder, marked by a disregard for the law and the rights of others. The individual has engaged in multiple criminal activities, including theft and assault, and has shown deceitful tendencies by denying their involvement. Impulsive behavior, such as prioritizing personal desires over the situation at hand, is also evident. The client demonstrates a lack of remorse for their actions, instead blaming others for their circumstances. These patterns align with a diagnosis of Antisocial Personality Disorder.

Case Study 11 – Schizoid Personality Disorder

The individual in Case Study 11 presents with Schizoid Personality Disorder, characterized by detachment from social relationships and a limited emotional expression. The

client prefers solitary activities, such as fishing and shell collecting, and maintains very few social connections, even with family members. They demonstrate indifference to praise or loss, including a lack of emotional response to job-related changes. These signs of social withdrawal and emotional flatness meet the criteria for Schizoid Personality Disorder.

Part 2: Practice Informed Research – Borderline Personality Disorder

One evidence-based treatment approach for Borderline Personality Disorder (BPD) is **Dialectical Behavior Therapy (DBT)**. Developed by Marsha Linehan, DBT is a structured, skills-based cognitive-behavioral intervention that addresses the emotional dysregulation and impulsivity commonly seen in individuals with BPD. A recent study by Steil et al. (2018) assessed the effectiveness of DBT in a community setting, highlighting both its strengths and limitations.

The intervention design included weekly individual therapy sessions, skills training groups, phone coaching, and a therapist consultation team, following the standard DBT model. The study found significant reductions in self-harming behaviors, emotional dysregulation, and interpersonal difficulties over the 12-month period. Participants reported improved emotional resilience and greater distress tolerance. Notably, the inclusion of mindfulness and emotional regulation modules helped clients develop insight and more adaptive coping strategies.

However, limitations of the study include a small sample size and the lack of a randomized control group, which restricts generalizability. Additionally, DBT's time and resource-intensive nature may limit accessibility in under-resourced settings. Clinicians must also receive specialized training to effectively implement DBT, posing barriers for widespread adoption.

This research informs my future clinical decision-making by underscoring the importance of providing structured, skills-based therapy for clients with BPD. It also reinforces the need for collaborative, long-term support and therapist self-care due to the intensity of working with this population. From an ethical perspective, the study highlights the necessity of balancing fidelity to the treatment model with flexibility to meet client needs, ensuring culturally responsive and trauma-informed care.

Reference:

Steil, R., Dittmann, C., Müller-Engelmann, M., Dyer, A. S., & Maasch, A. M. (2018). Dialectical behavior therapy for posttraumatic stress disorder related to childhood sexual abuse: A pilot study in an outpatient treatment setting. *European Journal of Psychotraumatology*, 9(1), 1423832 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5774406/pdf/zept-9-1423832.pdf>