

**Personality Disorders**

Code: 102541  
ECTS Credits: 6

| Degree             | Type | Year | Semester |
|--------------------|------|------|----------|
| 2502443 Psychology | OT   | 4    | 1        |

**Contact**

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**Use of Languages**

Principal working language: catalan (cat)  
Some groups entirely in English: No  
Some groups entirely in Catalan: Yes  
Some groups entirely in Spanish: No

**Teachers**

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**Prerequisites**

There is no specifically established prerequisite for this subject, but it is highly recommended that the student takes the Adult Psychopathology course (and ideally Childhood Psychopathology also). In this way the student has a complete vision of psychopathology (both states of mental disorder as well as personality organizations), a much deeper one than that offered in the course Psychopathology of the Vital Cycle (second year).

**Objectives and Contextualisation**

This subject is one of the optional courses included in the training that leads to the Mention of Adult Clinical Psychology, located academically in the fourth year of the Degree of Psychology.

Personality disorders, in all its degrees and wide variety, constitute a huge part of the daily work of the clinical psychologist. Personality is the matrix of vulnerability (and/or protection) towards psychopathology; that is, how we become sick depends on how we are. Therefore, one can not understand a mental disorder and design a psychological treatment separately from the personal "make up" of the individual. As studied in the first course, individual differences in subjective feelings and behavior reflect the interaction between genetic-biological temperament and the idiosyncratic environmental experience. In this subject, which specializes in the clinical manifestations of personality, the student becomes familiar with and learns (1) to identify the exaggerations and pathologies of personality, (2) how they distort the way individuals interact with the environment, (3) how certain forms of pathology are generated from this vulnerability matrix and the main theories that explain it, (4) how to explore and evaluate these impairments, (5) how all this affects the psychological treatment, and (6) the basic principles to treat these problems.

One of the important features of this subject is that it intends to outline a broad view of the complexity of factors that contribute to cause personality abnormalities (evolutionary, genetic, biological, relational, learning processes, socio-cultural ...), which allows the student to articulate much of the knowledge previously acquired throughout the degree in multiple subjects. This objective also allows the student to live the need to know several frameworks of reference if we want to understand the complexity of the phenomenon of the

disordered personality, thus combining contributions made by different models in Psychology (for example, cognitive, behavioral, psychodynamic, systemic).

Therefore, the general goal of this subject is that the student knows in an integrated way the clinical presentation of personality disorders, their assessment and . More precisely, the specific goal of this subject are:

1. To integrate knowledge previously acquired to understand the relationship between normal and abnormal personality as well as between personality and mental disorder.
2. To know the clinical presentation, diagnostic formulation and main etiological hypotheses of personality disorders from an integrative perspective.
3. To familiarize students with the basic principles of psychological treatment in personality disorders.

## Competences

- Actively listen to be able to obtain and synthesise relevant information and understand the content.
- Analyse and interpret the results of the evaluation.
- Apply knowledge, skills and acquired values critically, reflexively and creatively.
- Apply techniques to collect and produce information about the functioning of individuals, groups and organisations in context.
- Evaluate, contrast and take decision on the choice of adequate methods and instruments for each situation and evaluation context.
- Formulate hypotheses about the demands and needs of the recipients.
- Identify and recognise the different methods for assessment and diagnosis in the different areas applied to psychology.
- Maintain a favourable attitude towards the permanent updating through critical evaluation of scientific documentation, taking into account its origin, situating it in an epistemological framework and identifying and contrasting its contributions in relation to the available disciplinary knowledge.
- Obtain and organise relevant information for the service requested.
- Plan the evaluation of programmes of intervention.
- Recognise the determinants and risk factors for health and also the interaction between people and their physical and social environment.

## Learning Outcomes

1. Analyse the content of clinical interviews related case studies in the field of clinical psychology with adults.
2. Analyse the quality of the information collected.
3. Analyse the risk factors affecting practical clinical cases.
4. Apply assessment techniques for each type of problem and level of complexity.
5. Apply assessment techniques.
6. Apply communication skills.
7. Apply knowledge, skills and acquired values critically, reflexively and creatively.
8. Criticize the validity of the results obtained in relation to measures of control and reliability of the test application conditions.
9. Differentiate the various methods and tools and their usefulness.
10. Distinguish different approaches to assessment and diagnosis and classify them according to the application context.
11. Maintain a favourable attitude towards the permanent updating through critical evaluation of scientific documentation, taking into account its origin, situating it in an epistemological framework and identifying and contrasting its contributions in relation to the available disciplinary knowledge.
12. Make a clinical case using the assessment results.
13. Plan post-treatment evaluation.
14. Plan the evaluation to be carried out during the intervention.
15. Recognise the key elements of narrative discourse or the results of a standardized assessment.

16. Recognise the main etiological influences of clinical problems and disorders in adults.
17. Recognise the stages of clinical assessment.
18. Relate theoretical contents (individual differences, psychological problems, symptoms) with the results of clinical assessment instruments.
19. Summarise the essential information to facilitate the process of formulating a case and differential diagnosis.

## Content

BLOCK A - Key concepts and classifications in the field of Personality Disorders.

Topic 1. Abnormal personality: historical, conceptual and epistemological aspects.

Topic 2. Forms of description and understanding of personality disorders (TP).

BLOCK B - Description of Personality Disorders according to categorical classifications.

For each personality disorder (Themes 3 to 5) the following topics will be covered:

- a) Psychology and clinical manifestations.
- b) Diagnosis, course, epidemiology, differential diagnosis and comorbidity.
- c) Clinical assessment.
- d) Etiological hypotheses.

Topic 3. Personalities of the psychotic spectrum (paranoidism, schizoid, schizotypic).

Topic 4. Dramatic-emotional personalities (histrionism, narcissism, antisocial, psychopathy, borderline).

Topic 5. Anxious personalities (dependent, obsessive, avoidant).

BLOCK C - Therapeutic principles in Personality Disorders.

Topic 6. Treatment of personality disorders from an integrative perspective.

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## Methodology

The teaching methodology of the subject is designed so that the student can identify the psychological problems that we call "personality disorders", as well as the causative factors and the main principles of assessment and treatment. To this end, the conceptual integration of previous learnings will be greatly prompted. A very active and participatory attitude will be promoted in the classroom, mimicking the processes of discussion of cases in the clinical world.

The teaching methodology of this subject can be divided into three blocks:

Block 1. Directed teaching. It is structured in two activities of obligatory attendance:

1. The first one consists of a series of **master classes** with the support of multimedia technologies carried out in large groups. The goal is that the student becomes able to learn the main theoretical concepts and present him/her with an analysis of the diverse (and often competitive) views about personality disorders. The duration of this activity will be two hours for all students in a module.
2. The second activity consists of **clinical seminars** that will be carried out in small groups under the principle of problema-based learning. In these seminars, clinical cases will be used to work on a) the process of problem identification, b) diagnostic discussion, and c) case formulation, similar to what would be done in real clinical sessions in the professional context. In this way, the student can proactively use the theoretical concepts that

have been worked in the master classes. This activity will be conducted with only one quarter of the students of a module.

Bloc 2. Supervised activity. This activity aims to consolidate the theoretical and practical contents of the course and can be creatively designed. Generically, it proposes getting the subject closer to reality by encouraging **experiential learning**. This is achieved by 'digging' into one's biography in search of an example illustrating any of the problems addressed in the subject, either experienced in one's own skin or in close others (relative, friend, acquaintance). Ideally, the student should know very well the case so that he/she can provide specific details (always preserving anonymity and disguising real identity). Alternatively, although less ideal, the student can work on other types of psychobiographic materials (e.g., a clinical case of the subject "External Practice", an interview made to a distant acquaintance, a literary or cinematographic character...). The task is to create a case with which other colleagues can practice the identification of symptoms, differential diagnosis, the elaboration of etiological hypotheses, case formulation, the design of the psychological assessment and the therapeutic design. Models will be offered for how to elaborate these cases and their solution. The ultimate goal is to create a base of high-quality cases (the best one of each promotion) so that they can be used for pedagogical purposes in future promotions. This activity constitutes the 3rd learning evidence.

## Activities

| Title   | Hours | ECTS | Learning Outcomes  |
|---|-------|------|--|
| Type: Directed  |       |      |  |
| Clinical seminars   | 12    | 0.48 | 1, 3, 2, 7, 6, 4, 5, 8, 12, 11, 13, 14, 15, 17, 16, 18, 19 |
| Master classes with ICT support                             | 24    | 0.96 | 3, 7, 6, 10, 9, 17, 16, 18                                 |
| Type: Supervised  |       |      |  |
| Creation of a clinical case                                 | 13.5  | 0.54 | 1, 3, 2, 7, 6, 10, 12, 14, 15, 16, 18, 19                  |
| Type: Autonomous  |       |      |  |
| Autonomous study  | 58.5  | 2.34 | 3, 7, 10, 12, 11, 15, 17, 16                               |
| Reading texts   | 35    | 1.4  | 3, 7, 10, 9, 11, 16  |
| Search for documentation in journals, books or the internet | 4     | 0.16 | 1, 7, 11, 18   |

## Assessment

The evaluation guidelines for the 2019-20 academic year of the Faculty of Psychology can be found at:

<https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.html>

### General Philosophy

The evaluation of the subject contains three individual learning evidences: two multiple-choice written tests (evidences 1, 2) and the elaboration of a clinical case by small groups of students (autonomous activity).

### Description of the Evidences of Learning

These are aimed at capturing the ability of the student to apply the concepts and theories worked on the master classes as well as the competences developed in the clinical seminars and the knowledge gained through the autonomous study:

- Evidence 1 (EV1): Written multiple-choice test. It will evaluate the subject matter included in Topics 1 to 4 (including the readings corresponding to these topics appearing in the bibliography, not only the content strictly presented in the classroom). Weight of the total score: 35%. Score from 0 to 10. It will be held on week # 10 (11<sup>th</sup> November). It is individual and face-to-face.

- Evidence 2 (EV2): Written multiple-choice test. It will predominantly evaluate the subject matter of Topics 5 to 6 (including the readings corresponding to these topics, not only the content strictly presented in the classroom). Given that it is a continuous assessment, and therefore learning is cumulative, it can also integrate questions related to the previous topics (1 to 4; for example, in order to be able to make a differential diagnosis of the problems dealt with in topics 5 to 6 it will be necessary to have learnt the psychological problems already treated topics 1 to 4). Weight of the total score: 50%. Score from 0 to 10. It will be held week # 18 (21<sup>st</sup> January). It is individual and face-to-face.

- Evidence 3 (EV3) consists in the elaboration of a case based on the experiences of a member of a group of students. Alternatively, although less desirable, it can be inspired by literature, film, series or other sources of interest (see Block B). The case should illustrate a problem addressed in the subject and have the form of a self-grading exercise. Weight of the total score: 15%. Score from 0 to 10. The deadline will be extended until 13<sup>th</sup> January. It is carried out in groups of 4 to 5 people and worked autonomously.

### Evaluation System

The overall score will result from the following formula:

EV1 EV2 EV3 Total

Weight 35% 50% 15% 100%

#### *Definition of passing the subject:*

Students will pass the subject if they obtain a score of 5 in the continuous assessment, with a minimum of 5 points in the average of three Evidences (on a scale of 0 to 10). In case of not reaching this requirement, the maximum score that can be obtained is 4.9 points and the subject has not been passed.

#### *Re-evaluation system:*

Students can concur to the re-evaluation if they 1) do not meet the criteria established to pass the course, 2) have performed evidences of learning with a weight equal to or greater than 2/3 of the total score (that is, they have done at least EV1 and EV2 or EV2 and EV3), and 3) they have obtained at least an average score of the three EVs between 3.5 and 4.9 points (in a scale of 0 to 10). It will be held on the week # 19. It is individual and face-to-face. The re-evaluation consists of a single multiple-choice test that covers all the subject matter.

The score obtained in the re-evaluation test will not substitute the previous score. It will be weighted by 0.25 as long as the student passes the exam (i.e., equal or greater than 5) and will be added to the score perviously obtained. Therefore, the maximum score that can be obtained in the re-evaluation is 7.5.

### Contents of the Evidences of Learning

Please see below the bibliography that must be studied to prepare EV 1 and 2 (see full references in the Bibliography section):

Test: Evidence 1

Material evaluated in the tests additional to the content presented in the classes

|  |  |
|--|--|
| Topic 1. Concepts  | Chapter 1 - Current concepts (Caballo handbook)<br>Chapter 2 - Models (Roca handbook )   |
| Topic 2. Descriptions  | Chapter 7 - Categorization and diagnosis ( Roca handbook )   |
| <i>BLOCK B</i>   | <i>Note: All other chapters belong to the handbook of V. Caballo</i>   |
| Topic 3. Psychotic PDs   | Chapter 2 - Paranoid<br>Chapter 3 - Eschizoide<br>Chapter 4 - Schizotypic  |
| Topic 4. Emotional PDs   | Chapter 5 - Antisocial<br>Chapter 6 - Borderline<br>Chapter 7 - Histrionic<br>Chapter 8 - Narcissist   |
| Test: Evidence 2   |  |
| Topic 5. Anxious PDs   | Chapter 9 - Avoidant<br>Chapter 10 - Dependent<br>Chapter 11 - Obsessive-compulsive  |
| Matters of block B that are not covered in the master classes and require autonomous study | Chapter 12 - TP Not specified<br>Chapter 13 - TP Relegated and forgotten<br>Chapter 15 - Evaluation of PDs<br>Chapter 16 - Clinical Formulation of PDs |
| <i>BLOCK C</i>   |  |
| Topic 6. Treatments  | A specific bibliography will be uploaded in September  |

## Assessment Activities

| Title                               | Weighting | Hours | ECTS | Learning Outcomes   |
|-------------------------------------|-----------|-------|------|---|
| EV1. Test 1 (topics 1,2,3,4)        | 35%       | 1     | 0.04 | 1, 3, 2, 7, 4, 10, 11, 15, 16, 18                         |
| EV2. Test 2.                        | 50%       | 2     | 0.08 | 1, 3, 2, 7, 6, 4, 5, 8, 10, 9, 12, 11, 15, 17, 16, 18, 19 |
| EV3. Development of a clinical case | 15%       | 0     | 0    | 1, 3, 2, 7, 12, 13, 14, 16, 19                            |

## Bibliography

Academic handbooks - Basic bibliography:

Caballo, V. (Coord.). (2004). *Manual de Trastornos de la Personalidad: Descripción, Evaluación, y Tratamiento*. Madrid: Síntesis.

Roca, M. (Coord.) (2004). *Trastornos de la Personalidad*. Barcelona: Ars Médica.

Millon, T. (1998). *Trastornos de la Personalidad. Más allá del DSM-IV*. Barcelona: Masson.

Complementary (handbooks):

Belloch, A. (2002). *Trastornos de personalidad*. Madrid: Síntesis.

Belloch, A., Fernández-Álvarez, H. (Coord.) (2010). *Tratado de Trastornos de la Personalidad*. Madrid: Síntesis.

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Costa, P.T., Widiger, T.A. (1994). *Personality Disorders and the Five-Factor Model of Personality*. Washington, DC: American Psychological Association.

Gabbard, G.O. (2000). *Psiquiatría Psicodinámica en la Práctica Clínica. (3ªEd)*. Buenos Aires: Editorial Médica Panamericana.

Gunderson, J.G., Gabbard, G.O. (2002). *Psicoterapia en los Trastornos de la Personalidad*. Barcelona: Editorial Ars Médica.

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Kernberg, O. (1984). *Trastornos Graves de La Personalidad: Estrategias Psicoterapéuticas (1987, Edit. Manual Moderno, México, D.F., México)*.

Lenzenweger, M.F., & Clarkin, J.F. (2005). *Major Theories of Personality Disorder (2<sup>nd</sup> Ed.)* New York: Guilford Press.

Linehan, M.M. (2003). *Manual de tratamiento de los trastornos de personalidad límite*. Barcelona: Paidós.

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Othmer, E., Othmer, S.C. (1996). *DSM-VI: La Entrevista Clínica. Tomo I: Fundamentos*. Barcelona: Masson.

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Organización Mundial de la Salud (1992). *CIE-10. Trastornos mentales y del comportamiento. Descripciones clínicas y pautas para el diagnóstico*. Madrid: Meditor.

Perris, C., McGorry, P.D. (1996) (Eds.). *Psicoterapia cognitiva para los trastornos psicóticos y de personalidad*. Manual teórico práctico. Desclée de Brouwer.

Schneider, K. (1968). *Las Personalidades Psicopáticas*. Madrid: Morata S.A.

Valdés, M. (2002). *Trastornos de Personalidad. A: Vallejo, J. (ed.): Introducción a la Psicopatología y la Psiquiatría (5ªed)*. Barcelona: Masson-Salvat.

Valdés, M. (1995). *Personalidad obsesiva. A: Vallejo, J. (ed.): Estados Obsesivos*. Barcelona: Masson.

Widiger, T. (Ed.) (2012). *The Oxford Handbook of Personality Disorders*. New York: Oxford University Press.

Widiger, T.A., Costa, P.T. (Eds.). (2012). *Personality Disorders and the Five-Factor Model of Personality, Third Edition*. American Psychological Association.

Reviews and articles of interest

Andersen AM, Bienvenu OJ. (2011). Personality and psychopathology. *Int Rev Psychiatry*, 23(3):234-47.

Depue RA, Fu Y. (2011). Neurogenetic and experiential processes underlying major personality traits: implications for modelling personality disorders. *Int Rev Psychiatry*, 23(3):258-81.

Gabbard, G.O. (2005) *Mente, cerebro y trastornos de personalidad*, *Am J Psychiatry*, 162: 648 - 655.

Gumley, A. (2011). Metacognition, affect regulation and symptom expression: a transdiagnostic perspective. *Psychiatry Research*, 30, 72-8.

Herpertz, S.C., Bertsch, K. (2014). The social-cognitive basis of personality disorders. *Current Opinion in Psychiatry*, 27(1):73-7.

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Simonsen, S., Bateman, A., Bohus, M., Dalewijk, H.J., Dore (2019). European guidelines for personality disorders: past, present and future. *Borderline Personality Disorder and Emotion Dysregulation*, 6, UNSP 9.

Trull TJ, Widiger TA. (2013). Dimensional models of personality: the five-factor model and the DSM-5. *Dialogues Clin Neurosci*;15(2):135-46.

Zachar, P. Krueger, R.F., Kendler, K.S. (2016). Personality Disorder in DSM-5: An Oral History. *Psychological Medicine*, 46, 1-10. doi:10.1017/S0033291715001543.

Specific Complementary Bibliography on the Evaluation of Personality Disorders

Cloninger, C.R., Przybeck, T.R., Svrakic, D.M., Wetzel, R.D. (1994). *The Temperament and Character Inventory (TCI): A Guide to its Development and Use*. Missouri: Center for Psychobiology of Personality.

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#### Specific Complementary Bibliography on Treatments of Personality Disorders

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Safran, J.D., Segal, Z.V. (1990). *Cognitive Therapy: An Interpersonal Process Perspective*. New York: Basic Books.

Interesting web links:

Revistes especialitzades:

<http://www.apa.org/pubs/journals/per/>

<http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/jnnpd.htm>

[www.apa.org](http://www.apa.org) - American Psychological Association