Personality Disorders and Intellectual/Developmental Disability

Mental health disorders can cause distress and can interfere with a person’s ability to cope with daily life. People with intellectual/developmental disabilities (IDDs) have mental health disorders just like the general population.

The Diagnostic and Statistical Manual of Mental Disorders, fifth revision (DSM - 5), is the diagnostic guide for mental disorders published by the American Psychiatric Association. According to the DSM - 5, a personality disorder “is 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,
- Is stable over time,
- And leads to stress and impairment.”

Personality disorders are a category of mental health disorders. There these eight main types, and each is described:

- Paranoid personality disorder — “pervasive distrust” of others, including friends, family or partners. Unacceptable thoughts and feelings are blamed on other people.
- Schizoid personality disorder — detached and distant in relation with others. People with schizoid personality disorder are inclined to worry and fantasize excessively.
- Schizotypal personality disorder — odd appearance, behavior, and speech, unusual and irregular thinking similar to that of schizophrenia
- Antisocial personality disorder — lack of concern for the feelings of others, lack of regard for social rules and obligations, frequent irritability and aggressiveness
- Borderline personality disorder — poor or absent sense of self. A person with borderline personality disorder frequently experiences feelings of emptiness and fears of abandonment, outbursts of anger and violence and impulsive behavior. Suicidal threats and acts of self-harm are common.
- Histrionic personality disorder — poor sense of self-worth. Attention and approval of others is important for the person
- Narcissistic personality disorder — extreme feelings of self-importance, a sense of entitlement and a need to be admired
- Avoidant personality disorder — belief that they are socially inept, unappealing, or inferior, and constantly fear being embarrassed, criticized or rejected
- Dependent personality disorder — lack of self-confidence and an excessive need to be looked after
- Obsessive-compulsive personality disorder — excessive preoccupation with details, rules, lists, order, organization or schedules, and excessive perfectionism.
Causes and development

Personality development is part of the developmental process for all people. New research is exploring potential causes for personality disorders, including:

- Genetics - Researchers are beginning to identify some possible genetic factors behind personality disorders, e.g., gene malfunctions or genetic links to behavior.
- Childhood trauma and abuse
- Interpersonal relationships and interactions

Signs and symptoms

Personality disorders cause a person to have difficulty perceiving and relating to situations, other people and themselves. The disorders are characterized by:

- Rigid and unhealthy patterns of thinking and behaving across situations
- Frequent mood swings
- Stormy relationships
- Social isolation
- Angry outbursts
- Suspicion and mistrust of others
- Difficulty making friends
- A need for instant gratification
- Poor impulse control
- Alcohol or substance abuse

Diagnosis

Family practice doctors and other properly credentialed mental health professionals, which in Minnesota include:

- Clinical nurse specialist (CNS)
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Mental health rehabilitative professional
- Psychiatric nurse practitioner (NP)
- Psychiatry or an osteopathic physician
- Tribal certified professionals

are the only professionals who can complete a formal assessment and diagnosis for mental health conditions.
Personality disorders and Intellectual/Developmental Disability (IDD)

When a person has an IDD, they are likely to experience a delayed development. As a result, their personality may be immature or less completely developed for their age. The person may have traits or features of personality disorder. The IDD needs to be considered as part of the cultural expectations and experiences that can lead to the development of a personality disorder.

Risk factors for developing a personality disorders in a person who has IDD can include:

- Reduced opportunity to engage in normal life experiences, community hazards and social learning. Most people with IDD experience a more protective upbringing or have had long-term exposure to segregated environments like institutions or segregated classrooms.
- Fear of failure and negative sense of self resulting from more frequent failure when learning.
- Repeated experiences of stigma (shame) due to the presence of the IDD.
- Increased experience of abuse and trauma compared to general population. Trauma experiences affect personality development.

A thorough biopsychosocial assessment that includes factors relating to IDD is recommended for any mental health disorder. The assessment should consider the difference between a personality disorder and delayed development. Symptoms may appear similar but distinction needs to be clear for an accurate diagnosis.

People with intellectual/developmental disabilities do experience personality disorders. Prevalence rates are difficult to determine due to difficulties in diagnosis. Underdiagnosis is probable due to challenges the person may have with:

- Identifying thoughts and feelings and communicating those experiences
- Reliance on care providers sharing observations of behavior
- Needing to rely on care provider description of behavior.

Diagnosis needs to consider the cultural expectations and experiences of people with IDD, which is often different from the cultural expectations and experience of people without IDD.

Reports from care providers regarding their observations will make diagnosis less complicated. Diagnosis of personality disorder for people with IDD can be complicated if people have difficulty identifying thoughts and feelings, or telling others about them.

The Diagnostic Manual – Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID 2) offers recommended adaptations of the diagnostic criteria contained in the DSM-5 for people who have IDD. The DM-ID 2 recommends diagnosis includes a strong reliance on care provider reports and observation of behavior and take into account the IDD and its impact on personality development.

When care providers are able to contribute to the diagnostic process by providing examples of observed behavior patterns and challenges a person is experiencing, the person completing the diagnosis can make a more accurate diagnosis.
Supports and strategies for people who have IDD and a personality disorder

Treatment strategies for people who have IDD and a personality disorder should focus on helping the person understand their illness. They include developing skills for impulse control and identifying ways to recognize and change negative thinking.

Treatment strategies for personality disorders will often include a combination of the following:

- Individual or group therapy — cognitive behavior therapy (CBT) and dialectic behavior therapy (DBT) tend to be most effective
- Environmental and social modification
- Social skill training
- Regular exercise
- Positive Behavioral Supports
- Psychotropic medication can be helpful for primary presenting symptoms
- Emotional regulation
- Learning stress management strategies/stress tolerance
- Positive identity development

Treatment for personality disorders in people with IDD has not been the subject of much study. However, there is evidence that Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (BDT) are helpful.

CBT can help people to identify the beliefs, feelings and behaviors associated with the personality disorder. In CBT, people develop skills and understand the events that trigger intense responses. These skills help improve the person’s overall well-being. CBT teaches people to monitor thoughts and change thought patterns that lead to problems. There is strong evidence showing the benefit of CBT with people who have IDD if proper adaptation is made.

DBT is a treatment that deals with managing emotions (emotion regulation), coping with distress and having healthy relationships. It works through a combination of:

- Individual psychotherapy
- Skills training groups
- Supervision/case consultation groups

DBT was originally developed by Marsha Linehan for treatment with people diagnosed with borderline personality disorder. DBT has been adapted for use with people who have IDD by Charlton and colleagues.

Similarly, Morasky (2007) has suggested adaptations to interventions for people who have IDD, including modifying speed, number, abstraction and complexity.

The Skills System is an adaptation of Linehan’s model for DBT and focuses on four skills:

- Mindfulness
- Emotional regulation
- Distress tolerance
- Interpersonal effectiveness
It can be taught without the whole DBT program. The Skill System can be used to assist people who have and IDD work on developing skills that will help them build relationships and be more confident with interactions.

**Including personality disorders in a functional behavior assessment and positive behavior supports**

Positive Behavior Support (PBS) involves changing situations and events that people with problem behaviors experience to reduce their occurrence. It supports people to increase social, personal and professional quality in their lives. Research-based strategies and tools that are used to increase the quality of life and decrease problem behavior by changing social interactions and settings that tend to be associated with problematic behavior.

Personality disorders should be considered in a Functional Behavior Assessment (FBA). Personality disorders should be considered as a “setting event,” which is something that increases the likelihood of a behavior occurring. A setting event could directly impact the function of a behavior. A personality disorder should be included in a hypothesis statement if the personality disorder helps explain why the behavior occurs.

**For more information about Personality Disorders**

American Psychological Association – Where personality goes awry

Florida Developmental Disabilities Council Guidelines for Understanding and Serving People with Intellectual Disabilities and Mental, Emotional, and Behavioral Disorders (PDF)

The Direct Support Workers Newsletter October 1, 2014 - Supporting People with Intellectual Disabilities who have Borderline Personality Disorder (PDF)

The British Psychological Society – Psychological therapies and people who have intellectual disabilities (PDF)

The British Journal of Psychiatry Diagnosis of personality disorders in learning disability

NADD Bulletin Volume X Number 3 Article 3 - Making Counseling/Therapy Intellectually Attainable

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