Global Assessment of Functioning

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health illness. So not include impairment in functioning due to physical (or environmental) limitations.

Code	(Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)
100-91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90 - 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 - 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70 - 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 - 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 - 41	Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 - 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).
30 - 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupations) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).
20 - 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 - 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death
0	Inadequate information

Estimated Highest Score in Past Year ___________
Current ___________
Transfer To ______________________ ___________
Transfer To ______________________ ___________
Discharge ___________

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Common Medications: Adult Mental Disorders

Anti-psychotics Trade Name:	*Generic Name:*
Abilify	*Aripiprazle*
Clozaril	*Clozapine*
Geodon	*Ziprasidone*
Haldol	*Haloperidol*
Moban	*Molindone*
Navane	*Thiothixene*
Orap (Tourette's)	*Pimozide*
Permitil	*Fluphenazine*
Prolixin	*Fluphenazine*
Risperdal	*Risperidone*
Serentil	*Mesoridazine*
Seroquel	*Quetiapine*
Stelazine	*Trifluperazine*
Taractan	*Chlorprothixene*
Thorazine	*Chlorpromazine*
Trilafon	*Perphenazine*
Vesprin	*Trifluopromazine*
Zyprexa	*Olanzapine*

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Anti-manic **Trade Name:**	***Generic Name:***
Cibalith-S	*Lithium citrate*
Depakote	*Valproic acid, divalproex sodium*
Eskalith	*Lithium carbonate*
Lamictal	*Lamotrigine*
Lithane	*Lithium carbonate*
Lithobid	*Lithium carbonate*
Neurontin	*Gabapentin*
Tegretol	*Carbamazepin*
Topamax	*Topiramate*
Antidepressants **Trade Name:**	***Generic Name:***
Adapin	*Doxepin*
Anafranil	*Clomipramine*
Asendin	*Amozapine*
Aventyl	*Nortriptyline*
Celexa (SSRI)	*Citalopram*
Cymbalta (SSNI)	*Duloxetine*
Desyrel	*Ttrazodone*
Effexor (SSNI)	*Venlafaxine*

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Antidepressants Trade Name:	***Generic Name:***
Elavil	*Amitriptyline*
Lexapro (SSRI)	*Escitalpram*
Ludiomil	*Maprotiline*
Luvox (SSRI)	*Fluvoxamine*
Marplan (MAOI)	*Isocarboxazid*
Nardil (MAOI)	*Phenelzine*
Norpramin	*Desipramine*
Pamelor	*Nortriptyline*
Parnate (MAOI)	*Tranylcypromine*
Paxil (SSRI)	*Paroxetine*
Pertofrane	*Desipramine*
Prozac (SSRI)	*Fluoxetine*
Remeron	*Mirtazapine*
Serzone	*Nefazodone*
Sinequan	*Doxepin*
Surmontil	*Trimipramine*
Tofranil	*Imipramine*
Vivactil	*Protriptyline*
Wellbutrin	*Bupropion*
Zoloft (SSRI)	*Sertraline*

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Anti-anxiety **Trade Name:** (All of these except for BuSpar are benzodiazepines)	***Generic Name:***
Ativan	*Lorazepam*
Azene	*Clorazepate*
BuSpar	*Buspirone*
Centrax	*Prazepam*
Librax, Libritabs, Librium	*Chlordiazepoxide*
Klonopin	*Clonazepam*
Paxipam	*Halazepam*
Serax	*Oxazepam*
Tranxene	*Clorazepate*
Valium	*Diazepam*
Xanax	*Alprazolam*
Sedative/Hypnotic **Trade Name:**	***Generic Name***
Ambien	*Zolpidem*
Halcion	*Triazolam*
Lunesta	*Eszopiclone*
Restoril	*Temazepam*
Sonata	*Zaleplon*

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Axis I Cognitive Disorders

I. DELIRIUM

- Due to a General Medical Condition
- Substance-Induced Delirium
- Due to Multiple Etiologies
- Not Otherwise Specified

II. DEMENTIA

- Of the Alzheimer's Type
- Vascular Dementia
- Due to Other General Medical Conditions
- Substance-Induced Persisting Dementia
- Due to Multiple Etiologies
- Not Otherwise Specified

III. AMNESIAC DISORDERS

- Due to a General Medical Condition
- Substance-Induced Persisting Amnesiac Disorder
- Not Otherwise Specified

IV. OTHER CAUSES OF COGNITIVE SYMPTOMS

- Age-Related Cognitive Decline
- Dissociative Disorders
- Pseudodementia
- Malingering
- Factitious Disorder With Predominantly Psychological Signs & Symptoms

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Axis I Schizophrenia and Other Psychotic Disorders

I. SCHIZOPHRENIA

- Paranoid Type
- Disorganized Type
- Catatonic Type
- Undifferentiated Type
- Residual Type

II. SCHIZOPHRENIA-LIKE DISORDERS

- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder

III. DISORDERS WITH DELUSIONS

- Delusional Disorder
- Shared Psychotic Disorder

IV. OTHER PSYCHOTIC DISORDERS

- Psychotic Disorders Due to a General Medical Condition
- Substance-Induced Psychotic Disorders
- Psychotic Disorder Not Otherwise Specified

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Axis I Mood Disorders

Depressive Disorders:

I. <u>MAJOR DEPRESSIVE DISORDER</u>:
feels depressed or cannot enjoy life, with five or more of the following, reported or observed nearly every day, lasting two weeks:

- depressed mood
- markedly decreased interests or pleasure
- marked loss or gain of weight or appetite is markedly decreased or increased
- excessive sleep or reduced sleep
- psychomotor activity is speeded up or slowed down
- tiredness or loss of energy
- feels worthless or inappropriately guilty
- indecisive
- trouble thinking or concentrating
- repeated thoughts of death or suicide
- impaired work, social or personal functioning (mild, moderate, or severe)
- single or recurrent

II. <u>DYSTHYMIC DISORDER:</u>
chronic depression without thoughts of death or suicide, for a period of two years, as reported or observed for most days:

- depressed mood
- increased or decreased sleep
- fatigue or low energy
- poor self-image
- reduced concentration or indecisiveness
- hopeless feelings
- these symptoms never absent for more than two months

III. <u>DEPRESSIVE DISORDER NOT OTHERWISE SPECIFIED:</u>
not meeting full criteria for specific diagnosis

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Bipolar Disorders:

I. BIPOLAR DISORDER I:
cyclic depressed mood that includes at least one manic episode.

- mania:
  - grandiosity or exaggerated self-esteem
  - reduced need for sleep
  - increased talkativeness
  - flight of ideas or racing thoughts
  - easy distractibility
  - speeded-up psychomotor activity
  - increased goal-directed activity
  - poor judgment
  - psychotic features
  - hospitalizations due to severity
  - impairs life functioning
  - mild, moderate, or severe
- occurrence of spontaneous depressions, manias, and hypomanias
- may have normal mood lasting up to two months
- changes in polarity from depressed to manic
- single
- most recent manic, hypomanic, depressed, mixed or unspecified
- manic symptoms

II. BIPOLAR DISORDER II:
recurrent major depressive episodes interspersed with hypomanic eposides:

- no psychosis
- spontaneous mood episodes
- at least one manic and one depressive episode meeting criteria for mania (above) and major depressive episode (above)
- distress or impaired life functioning
- less disability/discomfort--no hospitalizations

III. CYCLOTHYMIC DISORDER:
chronic elation or depression lasting two years, not fitting full manic or depressive criteria:

- many periods of hypomanic symptoms
- many periods of low mood
- may be free of mood swings for up to two months

IV. BIPOLAR DISORDER NOT OTHERWISE SPECIFIED

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Other Mood Disorders

- Mood Disorder Due to a General Medical Condition
- Substance-Induced Mood Disorder
- Mood Disorder Not Otherwise Specified

Other Causes of Manic and Depressive Symptoms

- Schizoaffective Disorder
- Cognitive Disorders with Depressed Mood
- Adjustment Disorder with Depressed Mood
- Personality Disorders
- Bereavement
- Other Disorders Including Schizophrenia, Eating Disorders, Somatization Disorder, Sexual and Gender Identity Disorders, Anxiety Disorders

Specifiers:

- With Atypical Features
- With Melancholic Features
- With Catatonic Features
- With Postpartum Features
- With or Without Full Interepisode Recovery
- With Rapid Cycling
- With Seasonal Pattern

Secondary Considerations: depression can look like / be mistaken for lack of motivation; dysthymia can look like / be mistaken for being a negative or pessimistic person; diminished ability to think/concentrate, and indecisiveness impacts work; fatigue and chronic sleep problems impact daily functioning; supportive validation and encouragement to follow through with therapy and medication treatment are most helpful.

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Axis I Anxiety Disorders

I. PANIC DISORDER (with or without Agoraphobia):
feelings of terror that strike suddenly, repeatedly and unexpectedly, with intense anxiety experienced between episodes:

- include heart pounding
- palms sweaty
- weakness
- faint or dizzy feelings
- numbness
- chilling or flushing
- chest pain or smothering sensations
- a sense of unreality, doom or loss of control
- fear of heart attack, losing one's mind, or dying
- restricting activities based on where attacks occurred
- avoiding situations that may make them feel helpless

II. AGORAPHOBIA (without history of Panic Disorder):
fear of experiencing panic-like symptoms (including any of the above) that could embarrass or incapacitate, but not meeting full criteria for Panic Disorder (uncommon)

III. SPECIFIC PHOBIA:
intense, irrational fears of certain things or situations:

- dogs, closed-in places, highways, heights, water
- escalators, tunnels, driving, flying, injuries
- fear recognized as excessive/unreasonable
- phobic situation is avoided, or
- phobic situation is endured only with extreme anxiety or distress.

IV. SOCIAL PHOBIA:
intense fear of possible scrutiny by others in a social situation:

- belief that others are very competent socially/they are not
- small mistakes or blushing painfully embarrassing
- fear of public speaking
- general fear of social situations
- extreme anxiety in anticipating a social situation
- avoidance of social situations
- ability to be completely at ease except for particular situations
- anticipatory dread of particular situations
- awareness that feelings are irrational
- when events are confronted, intensely uncomfortable feelings, followed by worry about how they were judged or observed.

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V. OBSESSIVE-COMPULSIVE DISORDER:

recurrent, persistent thoughts, beliefs, or ideas that dominate a person's thought content and/or acts (either physical or mental) performed repeatedly:

- believes thoughts, images, impulses are unrealistic
- may try to resist, disregard, neutralize thoughts
- need to repeat acts in response to obsessive thoughts and/or with strict rules
- anxiety/dread reduced by acts or fears
- behaviors are unrealistic, unrelated to, or excessive re feared events
- realizes repeated acts are inappropriate/not useful
- contamination fears (excessive handwashing/cleaning)
- doubts leading to excessive checking
- simple to quite elaborate compulsive rituals
- severe distress and time for rituals interfere with routine at home, work, or social functioning

VI. POSTTRAUMATIC STRESS DISORDER:

develops after a severe trauma, may repeatedly relive the trauma:

- depression
- severe anxiety
- periods of lost time or dissociation
- flashbacks, nightmares
- physiological arousal, such as exaggerated startle response
- feelings of guilt or personal responsibility
- avoidance of reminders/triggers
- numbing of emotions
- insomnia from fear of sleeping due to nightmares
- excessive vigilance
- poor concentration
- angry outbursts or irritability

VII. ACUTE STRESS DISORDER:

Posttraumatic stress symptoms for 1 month or less, following exposure to traumatic event experienced, witnessed, or was confronted with actual or threatened death or serious injury or threat to physical integrity of self or others:

- intense fear, helplessness, or horror
- re-experiencing the event in some way
- numbing of responsiveness
- hyperarousal or severe anxiety
- numbing or detachment
- detached, 'in a daze'
- derealization—detached from self
- depersonalization—unreality of one's perceptions
- amnesia for important aspects of events

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- marked distress
- symptoms interfere with daily functioning
- avoidance of activities/people/reminders of event

VIII. GENERALIZED ANXIETY DISORDER:

chronic and exaggerated worry and tension, without provocation:

- anticipating disaster
- excessive worrying about health, money, family or work
- inability to relax or redirect their thoughts and concerns
- difficulty sleeping
- fatigue
- trouble concentrating
- restlessness
- irritability
- feeling keyed up or tense
- muscle tension
- significant distress or impairment in life functioning.

IX. Anxiety Disorders Due to a General Medica Condition

X. Substance-Induced Anxiety Disorders

XI. Anxiety Disorder Not Otherwise Specified

XII. Other Causes of Anxiety Symptoms

- Major Depressive Disorder

- Somatization Disorder

- Sexual dysfunction

- May be in almost any Axis I Mental Disorder

SECONDARY CONSIDERATIONS:

panic, phobia and trauma survivors' symptoms can seriously impact ability to deal with daily functioning, including work performance; irrational or exaggerated fears will not resolve with confrontation; challenging catastrophizing may be helpful depending upon severity and duration of symptoms. Encouraging treatment follow-through, including medication compliance, support, and recognition of past strengths is the most helpful behavior for caseworkers.

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Axis I Somatoform Disorders

I. Somatoform Disorders

- Somatoform Disorder
- Undifferentiated Somatoform Disorder
- Conversion Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder
- Somatoform Disorder Not Otherwise Specified

II. Other Causes of Somatic Symptoms

- General Medical Condition
- Mood Disorder
- Substance Use
- Factitious Disorder
- Malingering

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Axis I Factitious Disorder

I. MANUFACTURED SYMPTOMS

- Factitious Disorder
- Malingering

II. SYMPTOMS THAT MAY LOOK MANUFACTURED

- Conversion Disorder
- Somatization Disorder

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Axis I Dissociative Disorders

I. DISSOCIATIVE AMNESIA

II. DISSOCIATIVE FUGUE

III. DISSOCIATIVE IDENTITY DISORDER

IV. DEPERSONALIZATION DISORDER

V. DISSOCIATIVE DISORDER NOT OTHERWISE SPECIFIED

VI. OTHER CAUSES OF SEVERE MEMORY LOSS

- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Substance-Induced Disorders
- Somatization Disorder
- Sleepwalking Disorder
- Malingering

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Axis I Sexual and Gender Identity Disorders

I. SEXUAL DYSFUNCTIONS: LOW SEXUAL DESIRE DISORDERS

- Hypoactive Sexual Desire Disorder
- Sexual Aversion Disorder

II. SEXUAL DYSFUNCTIONS: SEXUAL AROUSAL DISORDERS

- Female Sexual Arousal Disorder
- Male Erectile Disorder

III. ORGASMIC DISORDERS

- Female Orgasmic Disorder
- Male Orgasmic Disorder
- Premature Ejaculation

IV. SEXUAL PAIN DISORDERS

- Dyspareunia
- Vaginismus

V. SECONDARY AND OTHER SEXUAL DYSFUNCTIONS

- Sexual Dysfunction Due to a General Medical Condition
- Substance-Induced Sexual Dysfunction
- Sexual Dysfunction Not Otherwise Specified
- Nonsexual Mental Disorder, especially Somatization
- Disorder, Major Depressive Disorder, and Schizophrenia

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VI. PARAPHILIAS

- Exhibitionism
- Fetishism
- Frotteurism
- Pedophilia
- Sexual Masochism
- Sexual Sadism
- Transvestic Fetishism
- Voyeurism
- Paraphilia Not Otherwise Specified

VII. GENDER IDENTITY DISORDERS

- Gender Identity Disorders
- Gender Identity Disorder Not Otherwise Specified

VIII. OTHER

- Sexual Disorder Not Otherwise Specified

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Axis I Eating Disorders

I. PRIMARY EATING DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorder Not Otherwise Specified

II. OTHER CAUSES OF ABNORMAL WEIGHT AND APPETITE

- Mood Disorders
- Schizophrenia and Other Psychotic Disorders
- Somatization Disorder
- Psychological Factor Affecting Medical Condition of Simple Obesity

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Axis I Sleeping Disorders

I. DYSSOMNIAS: Sleeping Too Little (Insomnia)

- Related to Another Mental Disorder Such as Major Depressive Episodes Manic Episodes, or Anxiety Disorders
- Due to a General Medical Condition
- Substance-Induced
- Breathing-Related
- Primary

II. DYSSOMNIAS: Sleeping Too Much (Hypersomnia)

- Related to Another Mental Disorder
- Due to a General Medical Condition
- Substance-Induced
- Breathing-Related
- Primary

III. SLEEPING AT THE WRONG TIMES

- Narcolepsy
- Circadian Rhythm Sleep Disorder

IV. OTHER DYSSOMNIAS

- Not Otherwise Specified

V. PARASOMNIAS

- Nightmare Disorder
- Sleep Terror Disorder
- Sleepwalking Disorder
- Not Otherwise Specified

Axis I Impulse-Control Disorders

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Not Elsewhere Classified

I. IMPULSE-CONTROL DISORDERS

- Intermittent Explosive Disorder
- Kleptomania
- Pyromania
- Pathological Gambling
- Trichotillomania
- Impulse-Control Disorder Not Otherwise Specified

II. OTHER CAUSES OF IMPULSIVE BEHAVIOR

- Paraphilia
- Substance-Related Disorders
- Bipolar I Disorder
- Schizophrenia
- Antisocial Personality Disorder

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Axis I Adjustment Disorder

I. With Depressed Mood

II. With Anxiety

III. With Mixed Emotional Features

IV. With Disturbance of Conduct

V. With Mixed Disturbance of Emotions and Conduct

VI. Unspecified

VII. Specified

- Acute
- Chronic

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Axis II Personality Disorders

"Cluster A" General Traits

Withdrawn, cold, suspicious, or irrational

I. PARANOID PERSONALITY DISORDER:

Pervasive distrust and suspicion of others, interpreting motives to be malevolent:

- suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
- preoccupied with unjustified doubts about loyalty or trustworthiness of friends or associates
- reluctant to confide in others because of unwarranted fear that information with be maliciously used against him or her
- reads hidden demeaning or threatening meanings into benign remarks or events
- persistently bears grudges (unforgiving of insults, injuries, or slights)
- perceives attacks on his or her character or reputation not apparent to others
- quick to react angrily or to counterattack
- recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.

Descriptive: suspicious and quick to take offense; few confidants; may read hidden meaning into innocent remarks

Secondary Considerations: Rarely presents for treatment and drops out often; meds not helpful due to noncompliance and suspicion regarding their purpose, unless acutely harmful to self or others—then short term anti-anxiety/ possibly antipsychotic meds may be useful; needs honest, concrete approach that is client-centered; delusional beliefs cannot be challenged or argued away, focus on support and straightforward conversation (watch jokes or subtlety); avoid requests for releases of information unless critical

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II. <u>Schizoid Personality Disorder</u>:

Pervasive pattern of detachment from social relationships and restricted range of expression of emotions in interpersonal settings

- neither desires nor enjoys close relationships, including a family
- almost always chooses solitary activities
- has little, if any, interest in sexual experiences with another person
- takes pleasure in few activities
- lacks close friends or confidants other than first-degree relatives
- appears indifferent to praise or criticism of others
- shows emotional coldness, detachment, or flattened affectivity.

<u>Descriptive</u>: cares little for social relationships, has restricted emotional range; seems indifferent to criticism or praise; tends to be solitary; avoids close (including sexual) relationships

Secondary Considerations: Need to respect boundaries, go slow with rapport; be aware they see little reason for social interaction and if placed in groups, will be silent; unlikely to seek treatment unless highly distressed; will interact for help primarily for short term, pressing needs.

III. <u>Schizotypal Personality Disorder:</u>

Pervasive pattern of social and interpersonal deficits marked by acute discomfort with and reduced capacity for close relationships, including cognitive or perceptual distortions and eccentricities of behavior:

- ideas of reference (not delusional)
- odd beliefs or magical thinking that influences behavior and is inconsistent with cultural norms (superstition, telepathy, clairvoyance, bizarre fantasies or preoccupations)
- unusual perceptual experiences, odd thinking and speech (vague, circumstantial, metaphorical, overelaborate, or stereotypical)
- suspicious or paranoid ideation
- inappropriate or constricted affect
- odd, eccentric or peculiar behavior or appearance
- lack of close friends or confidants other than first degree relatives
- excessive social anxiety that does not diminish with familiarity and tending to be associated with paranoid fears rather than negative self-judgment

<u>Descriptive</u>: appear peculiar or strange to others because interpersonal relationships are so difficult; lack close friends; uncomfortable in social situations; may show suspiciousness, unusual perceptions or thinking, eccentric speech, and inappropriate affect

Secondary Considerations: Since reality is distorted (similar to Paranoid Personality Disorder), confrontation is not helpful; warm, supportive approach particularly when displaying extreme social anxiety; when under acute life stresses, expect mistrust and suspicion.

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"Cluster B" General Traits:

Dramatic, emotional, attention-seeking; moods labile and often shallow; intense interpersonal conflicts

I. <u>ANTISOCIAL PERSONALITY DISORDER</u>:
longstanding patterns of disregard for other people's rights

- failure to conform to social norms
- deceitfulness, lying, using others
- impulsivity, not planning ahead
- irritability and aggression, frequent fights/assaults, reckless disregard for safety of self-others
- consistent irresponsibility in work, financial obligations
- pervasive lack of remorse, indifference, rationalization
- problems with authority.

<u>Descriptive</u>: Irresponsible, often criminal behavior, beginning in childhood or early adolescence, with truancy, running away, cruelty, fighting, destructiveness, lying, and theft; as adults, may also default on debts or otherwise show irresponsibility; act recklessly or impulsively; and, show no remorse for behavoir

Secondary Considerations: Little motivation for voluntary change, pressure comes from legal or significant others; threats/confrontation decrease cooperation, increase resistance. Strengthen focus on life issues/goals by appealing to self-interest. Conflicts with authority and risk to others are predictable, related to severity and chronicity.

II. <u>BORDERLINE PERSONALITY DISORDER</u>
pattern of labile, chronically unstable interpersonal relationships, based on self-image and early social interchanges, present in a variety of settings and longstanding in nature; Often displays fluctuating intense emotions, shallow yet highly reactive, more accurately described as Emotional Intensity Disorder (Blum); impulsive behaviors present along with:

- frantic efforts to avoid real or imagined abandonment
- unstable and intense relationships alternating between idealization and devaluation
- identity disturbance in self-image or sense of self
- self-damaging impulsivity in areas such as spending, sex, substance abuse, reckless driving, binge eating, recurrent suicidal behavior, gestures, threats, or self-mutilation
- affective instability with marked reactivity of mood lasting several hours to, only rarely several days
- chronic feelings of emptiness,
- inappropriate intense anger
- difficulty controlling anger manifested in frequent displays of anger
- temper outbursts, constant anger

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<u>Descriptive</u>: impulsivity with recurrent suicide threats or attempts; affectively unstable, showing intense, inappropriate anger; feel empty or bored; frantically try to avoid abandonment; uncertain about who they are; lack the ability to maintain stable interpersonal relationships

Secondary Considerations: Benefits from structured skill affect management groups; expect ongoing lengthy treatment, including day/partial hospitalization, during extreme difficulties in daily/life functioning, depending upon severity/chronicity; interpersonal instability impacts employment stability; need for acute meds when severely depressed, for brief reactive psychosis, to stabilize thinking or aid anger management; responds to support, structure, and clarity

III. <u>HISTRIONIC PERSONALITY DISORDER:</u>
pervasive pattern of excessive emotionality and attention-seeking

- uncomfortable in situations where not the center of attention
- inappropriately sexually seductive or provocative behavior
- uses appearance to draw attention
- rapidly shifting and shallow expression of emotions
- impressionistic speech, self-dramatization, theatricality, exaggerated emotions
- suggestible, considers relationships more intimate than they are.

<u>Descriptive</u>: Overly emotional, vague, and attention-seeking; need constant reassurance about attractiveness; may be self-centered and sexually seductive

Secondary Considerations: Primarily motivated by situational stress, quick to come for help and prone to exaggerate symptoms, circumstances, problems; a matter-of-fact, realistic, supportive approach with clear limits concrete direction. Suicidal behavior/threats though common, need to be evaluated, not ignored. If medications are used for affective/mood disorders, there is increased risk of abusing meds for self-destructive or otherwise harmful behavior.

IV. <u>NARCISSISTIC PERSONALITY DISORDER:</u>
pervasive pattern of grandiosity (fantasy or behavior), need for admiration, lack of empathy

- grandiose sense of self-importance
- exaggerating achievements and talents
- sees self as superior, special, unique
- preoccupied with idealistic fantasies
- requires excessive admiration
- sense of entitlement for special treatment
- unreasonable expectations of automatic compliance with expectations, exploitative of others, lacks empathy, envious, arrogant, haughty

<u>Descriptive</u>: self-important and often preoccupied with envy, fantasies of success, or ruminations about the uniqueness of their own problems; sense of entitlement and lack of empathy may cause them to take advantage of others; vigorously reject criticism; need constant attention and admiration

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Secondary Considerations: Poor motivation for change, likely frequent hospitalizations for severe episodes of impulsive or self-destructive behavior; needs clear structure, limits regarding entitlement behaviors.

"Cluster C" General Traits:

Anxious and tense, often over-controlled

I. <u>AVOIDANT PERSONALITY DISORDER:</u>

Longstanding and complex pattern of feelings of inadequacy, extreme sensitivity to what others think about them, and social inhibition

- avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection
- unwilling to be involved with people unless certain of being liked
- restrained in intimate relationships due to fear of shame or ridicule
- preoccupied with being criticized or rejected in social situations
- inhibited in new interpersonal situations
- sees self as socially inept, personally unappealing, or inferior
- unusually reluctant to take personal risks or engage in new activities for fear of embarrassment.

<u>Descriptive</u>: timid, easily wounded by criticism so that they hesitate to be involved with others; fear the embarrassment of showing emotion or saying things that seem foolish; may have no close friends; exaggerate the risks of undertaking pursuits outside their usual routines

Secondary Considerations: May withhold vital information due to discomfort in interview; likely to display poor self esteem and negative view of options/ability; familiar, support through predictable experiences, limiting risks and social involvement rather than trying new areas, new skills.

II. <u>DEPENDENT PERSONALITY DISORDER:</u>

Longstanding need to be taken care of and a pervasive fear of being abandoned or separated from important individuals in his or her life, leading to clinging or needy behavior

- difficulty making everyday decisions without excessive advice and reassurance
- needs others to assume responsibility for most major areas of life
- difficulty expressing disagreement for fear of loss of support or approval
- difficulty initiating projects or doing things on own (due to lack of self-confidence in judgment and abilities rather than lack of motivation or energy)
- goes to excessive lengths to obtain nurturance and support
- uncomfortable or helpless, when alone due to exaggerated fears of inability to care for self
- urgently seeks another relationship as a source of care and support when a close relationship ends
- unrealistically preoccupied with fears of being left to take care of self.

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Descriptive: need approval of others so much they have trouble making independent decisions or starting projects; may agree with others when they know others are wrong; fear abandonment, feel helpless when alone, miserable when relationships end; easily hurt by criticism; will volunteer for unpleasant tasks to gain favor

Secondary Considerations: Often outwardly compliant but passive in follow-through; strong need for constant reassurance and support; often has physical or somatic complaints; with acute life stresses, depression and anxiety ; short-term, solution-focused contact to reduce dependency; 'cheerleading' for self-confidence and assertiveness; risk of abuse of sedatives or overdose with drugs; antidepressants and antianxiety medications may be used for acute life stresses triggering abandonment or challenging limits to independent functioning.

III. OBSESSIVE-COMPULSIVE DISORDER:

Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency,

- preoccupation with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- perfectionism that interferes with task completion
- excessively devoted to work and productivity excluding leisure and friendships
- overconscientious, scrupulous, and inflexible re morality, ethics, or values
- unable to discard worn-out or worthless objects even when have no sentimental value
- reluctant to delegate tasks or work with others unless they submit to exactly his or her way of doing things
- adopts a miserly spending style toward self and others (money hoarded for future catastrophes)
- shows rigidity and stubbornness

Descriptive: perfectionism and rigidity; often workaholics; tend to be indecisive, excessively scrupulous, and preoccupied with detail; insist others do things their way; have trouble expressing affection; tend to lack generosity, resist throwing away useless objects

Secondary Considerations: Most live normal lives, needing help when overwhelming life issues challenge their behavior and way of thinking--may include technological or other work changes to which they cannot adjust; respond best to help with current difficulties and increased coping skills; too rigid and unable to adapt to others' ways of doing things for group involvement

Personality Disorder Not Otherwise Specified

Other Causes of Long-Standing Character Disturbance

- Personality Disorder Due to a Medical Condition

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- Axis I Disorders, Such as Dysthymic Disorder, Major Depressive Disorder, Schizophrenia, and Dementias, Cluster A and Cluster C Traits showing while clinically depressed

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