



## SLIDE 1 TITLE SLIDE

# PERSONALITY DISORDERS: Expanded CRIT Content

**Time:** 50 minutes

**Slides:** 12

**Purpose:** This module provides additional instruction on personality disorders. It builds upon the information presented within *CRIT Module 4: Understanding Mental Health Conditions and Mental Illness*. Participants will be introduced to information on personality disorders, the signs and symptoms of personality disorders, and considerations for law enforcement when responding to a person living with a personality disorder.

### Instructor:

A mental health subject matter expert should teach this module with the support of a law enforcement co-trainer. The mental health trainer should have knowledge of the co-occurrence of personality disorders with other mental health conditions, substance use disorders, and intellectual and developmental disabilities.

### Learning Objectives:

Upon completing this module, participants should be able to:

1. Explain what a personality disorder is,
2. Describe antisocial and borderline personality disorders in general terms,
3. List the key behaviors relevant to a law enforcement interaction, and
4. Identify at least two strategies for interacting with someone with a personality disorder.


### Activities:

- Video Activity: “9 Things About Borderline Personality Disorder You Need to Know” (6:07)  
[https://www.youtube.com/watch?v=FQ0IoPN8Yrs&ab\\_channel=Psych2Go](https://www.youtube.com/watch?v=FQ0IoPN8Yrs&ab_channel=Psych2Go)

### Additional Materials:

- None

Module Overview



- Personality
- Personality Disorders
  - Borderline Personality Disorder
  - Antisocial Personality Disorder

## SLIDE 2

### MODULE OVERVIEW

**T N** **Trainer Note:** Use this slide to outline the topics that will be discussed in this module. This module provides a brief introduction to personality disorders and the experiences of people living with these types of conditions. This module also provides suggestions for officer response to people living with personality disorders, including encouraging officers to be sensitive to the challenges some people living with personality disorders may experience and to use de-escalation skills in their interactions. Use the content note to support this discussion.

**Emphasize that it is not the intent of this training to make officers diagnosticians or clinicians.** However, officers often respond to people who exhibit various signs and symptoms associated with mental illness. The information that officers learn about mental illnesses, like personality disorders, can help inform their responses to people who experience mental health crises in the community. It can be helpful to remind participants that people can have more than one condition or co-occurring conditions (e.g., a person may have a mental health condition and a substance use disorder, more than one mental health condition, or an intellectual and developmental disability and a mental health condition and/or substance use disorder).

**C N** **Content Note:** Personality disorders are related to a person's personality development and can negatively impact their thoughts and perceptions. Research highlights that people living with personality disorders, particularly borderline personality disorder, struggle with their sense of self and often experience instability in their interpersonal relationships. These experiences sometimes contribute to crisis situations and may increase the likelihood of an individual coming into contact with emergency services, including law enforcement.



Sources:


Dan Warrender, Heather Bain, Ian Murray, and Catriona Kennedy, 2021, “Perspectives of Crisis Intervention for People Diagnosed with Borderline Personality Disorder: An Integrative Review,” *Journal of Psychiatric and Mental Health Nursing* 28, 208–236.

Rohan Borschmann, Claire Henderson, Joanna Hog, Rachel Phillips, and Paul Moran, 2012, “Crisis Interventions for People with Borderline Personality Disorder,” *Cochrane Database of Systematic Review* 6, CD009353, DOI: [10.1002/14651858.CD009353.pub2](https://doi.org/10.1002/14651858.CD009353.pub2).

Rohan Borschmann, and Paul A. Moran, 2011, “Crisis Management in Borderline Personality Disorder,” *International Journal of Social Psychiatry* 57(1): 18–20.

### What Is Personality?

- A repeated and predictable set of thoughts, feelings, and behaviors
- A person's mental and emotional outlook
- Developed early in life



Q&A

3

BJA

## SLIDE 3 WHAT IS PERSONALITY?



**Trainer Note:** To talk about personality disorders, it is important to first talk about personality. **Cover the information on the slide**, using the content note for reference. **Use the Q&A to prompt a discussion on how we describe someone's personality.**



**Content Note:** Personality refers to the characteristics and behaviors that make up a person's adjustment to life, including major traits, interests, values, abilities, self-concept, and emotional patterns. Our personalities are developed early in life and are thought to be relatively long-term, stable, and not easily changed. Many factors contribute to the development of our personalities, such as genetic factors, parenting practices, relationships with others, traumatic events, and other environmental factors. Our personality affects how we interact with the world around us, influencing how we think, feel, and behave in different settings. It also affects our choices (e.g., career choices), the people we're drawn to for love and friendship, and our capacity to cope in different situations.



**Ask the class what words they would use to describe someone's personality.** *Answers might include descriptors like "shy," "outgoing," "caring," etc.* After several words have been provided, note to participants that the ways we describe someone's personality often provide insight into their patterns of behavior and/or characteristics that help predict or explain their behavior.

### Sources:

American Psychological Association, n.d., "Personality," retrieved November 7, 2023 from <https://www.apa.org/topics/personality/>.



Jasna Munjiza, Dolores Britvic, and Mike J. Crawford, 2019, “Lasting Personality Pathology Following Exposure to Severe Trauma in Adulthood: Retrospective Cohort Study,” *BMC Psychiatry* 19(3), retrieved November 7, 2023 from <https://doi.org/10.1186/s12888-018-1975-5>.


Kendra Cherry, May 1, 2023, “How Personality Impacts Our Daily Lives,” *Verywellmind*, retrieved November 7, 2023 from <https://www.verywellmind.com/what-is-personality-2795416>.

Lumen Learning, n.d., “What is Personality?” Retrieved November 7, 2023 from <https://courses.lumenlearning.com/intropsych/chapter/what-is-personality/>.

Mona Ayoub, and Brent W. Roberts, 2020, “Environmental Conditions and the Development of Personality,” In Virgil Zeigler-Hill, and Todd K. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences* (pp. 1391–1399), Cham, Switzerland: Springer.

### Personality Disorders

- Enduring pattern of behavior, thinking, and feeling that deviates from a person's culture, leads to distress or impairment, is relatively stable over time, and is long-lasting.
- Typically emerge in adolescence or early adulthood.
- Affect at least two of the following:
  - Thinking about oneself, others, and events
  - Emotional responses
  - Relating to others
  - Impulse control



## SLIDE 4

### PERSONALITY DISORDERS



**Trainer Note:** Cover the material on the slide using the content note for reference. Emphasize to participants that it is only when personality traits are inflexible, unhealthy, persist over time, and cause significant distress or impairment that they are considered a personality disorder.



**Content Note:** Personality disorders are mental health disorders characterized by an enduring pattern of behavior, thinking, and feeling that deviates from a person's culture, leads to distress or impairment, is relatively stable over time, and is long-lasting.

Personality disorders often begin in adolescence or early adulthood. However, the *diagnosis* of a personality disorder requires a mental health professional to evaluate long-term patterns of functioning and behavior and the stability of personality traits across different situations. Personality disorders are generally not diagnosed in people under 18 years of age because their personalities are still developing, and personality generally becomes more stable with age.

Although there are many different types of personality disorders, these conditions typically affect at least two of the following areas:

- Thinking about oneself, others, and events
- Emotional responses
- Relating to others
- Impulse control



People living with a personality disorder may not have a stable, clear self-image, and how they see themselves may change depending on the situation. They can also face challenges in developing and maintaining close, stable relationships with others related to their problematic behaviors and beliefs. Some people living with personality disorders may not recognize their thoughts and behaviors as problematic.

Although the precise causes of personality disorders are unknown, certain factors are found to contribute to the development of personality disorders, including:

- Genetic factors
- Adverse childhood experiences and traumatic events (e.g., unstable environment during childhood, verbal abuse, neglect)
- Brain structure and functioning

#### Sources:

American Psychiatric Association, 2022, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)*, Washington, DC: American Psychiatric Association.

American Psychiatric Association, September 2022, "What are Personality Disorders?" Retrieved November 7, 2023 from <https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>.

Carla Sharp, 2022, "Personality Disorders," *New England Journal of Medicine* 387: 916–923.

Cleveland Clinic, April 16, 2022 [Last Reviewed], "Personality Disorders," retrieved November 7, 2023 from <https://my.clevelandclinic.org/health/diseases/9636-personality-disorders-overview>.

Kim Reising, David P. Farrington, Maria M. Ttofi, Alex R. Piquero, and Jeremy W. Coid, 2019, "Childhood Risk Factors for Personality Disorder Symptoms Related to Violence," *Aggression and Violent Behavior* 49: 101315.

Mayo Clinic Staff, 2016, "Personality Disorders," Rochester, MN: Mayo Clinic, retrieved November 7, 2023 from <https://www.mayoclinic.org/diseases-conditions/personality-disorders/symptoms-causes/syc-20354463>.

National Institute of Mental Health, n.d., "Personality Disorders," retrieved April 25, 2023 from <https://www.nimh.nih.gov/health/statistics/personality-disorders>.

National Institute of Mental Health, April 2023 [Last Reviewed], "Borderline Personality Disorder," retrieved November 7, 2023 from <https://www.nimh.nih.gov/health/topics/borderline-personality-disorder>.

## Personality Disorders

- Approximately 9% of U.S. adults are living with a personality disorder
- Impact is persistent, pervasive, and problematic
- Associated with a wide range of difficulties, including co-occurring mental health conditions, substance use, poor physical health, unemployment, and reduced life expectancy



## SLIDE 5 PERSONALITY DISORDERS

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N**

**Trainer Note:** Cover the information on the slide using the content note for reference.

**C  
N**

**Content Note:** The prevalence of personality disorders has been found to vary depending on the specific study and population. Globally, it's estimated that approximately 7.8 percent of the population has a personality disorder and that approximately 9 percent of U.S. adults (individuals 18 years and older) are living with a personality disorder.

The impact of living with a personality disorder is found to be persistent, pervasive, and problematic. That is, once someone develops a personality disorder, their patterns of unhealthy thoughts and behaviors are stable over time and of long duration (**persistent**). These patterns will affect multiple aspects of the person's life, including home, school, work, and social areas (**pervasive**). They can also create significant difficulties for the person and the people around them (**problematic**).

Research shows that personality disorders are associated with a wide range of difficulties, including co-occurring mental health conditions (e.g., depression, anxiety), alcohol and substance use, poor physical health, long-term unemployment, and reduced life expectancy. In short, people living with personality disorders tend to have poorer physical and mental health and poorer interpersonal experiences than those without personality disorders.

Although there are no specific approved medications for personality disorders, a person living with a personality disorder may have co-occurring mental health disorders (e.g., mood, anxiety, and psychotic disorders) that they may take medication to manage the symptoms.





Sources:

- American Psychiatric Association, September 2022, "What are Personality Disorders?" Retrieved November 8, 2023 from <https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>.
- Carla Sharp, 2022, "Personality Disorders," *New England Journal of Medicine* 387: 916–923.
- Catherine Winsper, Ayten Bilgin, Andrew Thompson, Steven Marwaha, Andrew M. Chanen, Swaran P. Singh, Ariel Wang, and Vivek Furtado, 2020, "The Prevalence of Personality Disorders in the Community: A Global Systematic Review and Meta-Analysis," *British Journal of Psychiatry* 216(2): 69–78.
- Mark F. Lenzenweger, Michael C. Lane, Armand W. Loranger, and Ronald C. Kessler, 2007, "DSM-IV Personality Disorders in the National Comorbidity Survey Replication," *Biological Psychiatry* 62(6): 553–564.
- Paul Moran, Helena Romaniuk, Carolyn Coffey, Andrew Chanen, Louisa Degenhardt, Rohan Borschmann, and George C. Patton, 2016, "The Influence of Personality Disorder on the Future Mental Health and Social Adjustment of Young Adults: A Population-Based Longitudinal Cohort Study," *Lancet Psychiatry* 3: 636–645.
- Shae E. Quirk, Michael Berk, Andrew M. Chanen, Heli Koivumaa-Honkanen, Sharon L. Brennan-Olsen, Julie A. Pasco, and Lana J. Williams, 2016, "Population Prevalence of Personality Disorder and Associations with Physical Health Comorbidities and Health Care Service Utilization: A Review," *Personality Disorders: Theory, Research, and Treatment* 7(2): 136–146.

# Personality Disorders

- **Antisocial**
- Avoidant
- **Borderline**
- Dependent
- Histrionic
- Narcissistic
- Obsessive-compulsive
- Paranoid
- Schizoid
- Schizotypal

## SLIDE 6 PERSONALITY DISORDERS

**T N** **Trainer Note:** Briefly mention that there are 10 specific types of personality disorders, which are listed on this slide, and that we will discuss Antisocial Personality Disorder and Borderline Personality Disorder in more depth in this module. **Use the Q&A below to prompt a discussion** about participants' experiences with responding to someone exhibiting characteristics of a personality disorder. Reference the content note below as needed.

**C N** **Content Note:** This list presents 10 different personality disorders.

**Antisocial Personality Disorder** is characterized by a pervasive pattern of disregarding or violating the rights of others. A person with antisocial personality disorder may fail to conform to social norms and laws, demonstrate recklessness for the safety of self or others, act impulsively, engage in deceitfulness, exhibit irritability and aggressiveness, act irresponsibly, and exhibit a lack of remorse or empathy. **Antisocial personality disorder will be discussed in greater detail in this module.**

**Avoidant Personality Disorder** is characterized by a long-standing pattern of feelings of inadequacy, feeling sensitive to negative evaluations from others, and being inhibited in social situations. Although a person with avoidant personality disorder desires acceptance and friendship from others, they may be unwilling to make new friends unless they are certain of being liked, avoid group situations, appear shy and quiet, be concerned about rejection, and feel hurt from slight criticism or disapproval.



**Borderline Personality Disorder** is characterized by a pervasive pattern of impulsivity and instability in mood, interpersonal relationships, and self-image. A person living with borderline personality disorder may participate in self-damaging behaviors (e.g., substance use, reckless driving), engage in recurrent suicidal or self-injurious behavior, be involved in intense and unstable relationships, have difficulty controlling their mood, experience shifting moods, and/or have chronic feelings of emptiness. **Borderline personality disorder will be discussed in greater detail in this module.**

**Dependent Personality Disorder** is characterized by a long-standing need to be taken care of, leading to submissive behavior. People living with dependent personality disorder may have difficulty making decisions without advice and reassurance from others, allow others to take responsibility for major life areas, feel uncomfortable when alone due to a fear of being unable to care for themselves, and be afraid of separation. They may find it difficult to disagree with others and do things independently.

**Histrionic Personality Disorder** is characterized by long-standing patterns of attention-seeking and excessive emotion. A person with histrionic personality disorder may feel uncomfortable when they are not the center of attention; display exaggerated emotions, which may appear shallow; use their physical appearance to bring attention to themselves; and be easily influenced by others.

**Narcissistic Personality Disorder** is characterized by long-standing patterns of grandiose self-importance, a lack of emotional empathy, and a need for admiration. A person with narcissistic personality disorder may have a sense of entitlement, take advantage of others, appear arrogant, exaggerate their talent and accomplishments, and have self-doubts that result in their need to seek admiration from others. They may be preoccupied with fantasies of unlimited success and power, believe they are special and should only associate with high-status people, and be envious of others or believe others are envious of them.

**Obsessive-Compulsive Personality Disorder** is characterized by a pattern of preoccupation with perfectionism, order, and control. A person living with obsessive-compulsive personality disorder may be so preoccupied with rules, organization, and details that the major point of the activity is lost. They may be overly concerned with perfectionism, which interferes with completing a task. They may be rigid in that they do not want to follow others' ideas and are inflexible in their values and morality.

**NOTE: This condition is not the same as obsessive-compulsive disorder (OCD).** A person living with OCD experiences obsessions (i.e., recurrent, persistent, and intrusive thoughts, urges, or images) and compulsions (i.e., repetitive behavior or mental acts



that the person feels driven to perform in response to an obsession) that cause significant distress and interfere with their daily functioning.

**Paranoid Personality Disorder** is characterized by pervasive suspiciousness or distrust of others and interpretation of others' motives as malevolent. A person living with paranoid personality disorder tends to assume that others will harm or deceive them, without evidence to support this assumption, and are reluctant to confide in others. They may be overly concerned with hidden motives and meanings behind people's actions and be easily offended and unforgiving over perceived insults or injuries.

**Schizoid Personality Disorder** is characterized by detachment from social relationships and limited emotional expression in interpersonal settings. A person living with schizoid personality disorder will likely avoid close social contacts, prefer solitary activities, take pleasure in few activities, appear indifferent to others' opinions of them, and appear cold and withdrawn.

**Schizotypal Personality Disorder** is characterized by a pattern of discomfort in close relationships, distorted thinking or perceptions, and odd speech and behavior. A person with schizotypal personality disorder may lack close friends and experience social anxiety due to their suspiciousness of others. They may have odd beliefs and superstitions, and they may engage in magical thinking that is outside of subcultural norms (e.g., they believe they can read others' thoughts or have magical control over others).



Ask participants if they have come into contact with a person exhibiting characteristics of a personality disorder when working. What was the encounter like? What types of emotions or behaviors did they notice?

#### Sources:

American Psychiatric Association, 2022, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)*, Washington, DC: American Psychiatric Association.

American Psychiatric Association, n.d., "What are Personality Disorders?" Retrieved November 7, 2023 from <https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>.



### Personality Disorders Associated with Emergency Service Use



- Borderline Personality Disorder
- Antisocial Personality Disorder



## SLIDE 7 PERSONALITY DISORDERS ASSOCIATED WITH EMERGENCY SERVICE USE



**Trainer Note:** Inform participants that the remainder of the module will focus on two specific personality disorders: borderline personality disorder and antisocial personality disorder. People living with these disorders may often experience a crisis and/or interact with emergency services—including law enforcement—due to the characteristics and behaviors associated with these mental health disorders.

**Borderline Personality Disorder:  
Signs and Symptoms**

- Fear of abandonment
- Intense and unstable relationships
- Unstable self-image
- Impulsive, self-destructive behaviors
- Self-injurious and suicidal behavior
- Chronic feelings of emptiness
- Intense mood and mood swings
- Intense, uncontrollable anger



## SLIDE 8

# BORDERLINE PERSONALITY DISORDER: SIGNS AND SYMPTOMS

**T N** **Trainer Note:** Cover the information on the slide using the content note as a reference. **Emphasize the two points below.** These are particularly relevant for officers' responses to crisis situations involving a person living with borderline personality disorder.

1. Individuals living with borderline personality disorder may experience frequent crises that may lead to a law enforcement response.
2. Individuals living with borderline personality disorder can be challenging to respond to. The nature of the officer's interaction may be affected by the instability, impulsivity, and unpredictability of the individual's emotions and behaviors.

**C N** **Content Note:** Borderline personality disorder (BPD) is a mental health disorder that affects a person's ability to manage their emotions and behavior, impacts how they view themselves and others, and disrupts their interpersonal relationships. People living with BPD experience difficulties managing their emotions, which can negatively impact their relationships and lead to self-destructive behavior. Signs and symptoms of BPD usually begin in early adulthood and are present in a variety of contexts.

Research suggests fewer than 2 percent of U.S. adults are living with BPD, with BPD experienced at a similar rate by both men and women in the general population. BPD has been reported as more common among people who are incarcerated in jails and prisons than in the community, suggesting that BPD symptoms may be linked with behaviors often deemed criminal. Research suggests between 25 and 50 percent of people who are incarcerated in prison are diagnosed with BPD, with women who are incarcerated having higher rates of BPD than men who are incarcerated. BPD is associated with high rates of traumatic experiences, including childhood abuse and neglect.



Individuals living with BPD may:

- Experience an intense fear of abandonment, have difficulty being alone, and engage in impulsive behavior to avoid real or imagined abandonment.
- Have intense and unstable interpersonal relationships and can go from one extreme to the other (e.g., they may switch quickly in their opinions of others from idealizing them to viewing them as not “there” enough).
- Have an unstable view of themselves, viewing themselves as “bad” or feeling they do not exist.
- Engage in impulsive and self-destructive behavior (e.g., substance use, reckless driving, binge eating, overspending, gambling, engaging in unsafe sexual practices).
- Display recurrent suicidal or self-injurious behavior, usually precipitated by rejection or separation.
  - **Any talk of self-harm and suicide should be taken seriously.**
- Experience chronic feelings of emptiness and feeling alone.
- Display intense mood and mood swings, including anger, panic, and despair, which may be an extreme reaction to interpersonal stress.
- Experience difficulty controlling anger.

#### Sources:

- Courtney Conn, Rebecca Warden, Jeffrey Stuewig, Elysha H. Kim, Laura Harty, Mark Hastings, and June P. Tangney, 2010, “Borderline Personality Disorder Among Jail Inmates: How Common and How Distinct?” *Corrections Compendium* 35(4): 6–13.
- Jennifer Chapman, Radia T. Jamil, and Carl Fleisher, June 2, 2023 [Last Update], “Borderline Personality Disorder,” *StatPearls* [Internet], Treasure Island, FL: StatPearls Publishing, retrieved November 7, 2023 from <https://www.ncbi.nlm.nih.gov/books/NBK430883/>.
- Kelly E. Moore, Matthew T. Tull, and Kim L. Gratz, 2017, “Borderline Personality Disorder Symptoms and Criminal Justice System Involvement: The Roles of Emotion-Driven Difficulties Controlling Impulsive Behaviors and Physical Aggression,” *Comprehensive Psychiatry* 76: 26–35.
- Mayo Clinic Staff, December 13, 2022, “Borderline Personality Disorder,” Rochester, MN: Mayo Clinic, retrieved November 7, 2023 from <https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/symptoms-causes/syc-20370237>.



- Nathaniel R. Herr, M. Zachary Rosenthal, Paul J. Geiger, and Karen Erikson, 2013, "Difficulties with Emotion Regulation Mediate the Relationship between Borderline Personality Disorder Symptom Severity and Interpersonal Problems," *Personality and Mental Health* 7(3): 191–202. National Institute of Mental Health, n.d., "Personality Disorders," Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, retrieved November 8, 2023 from [https://www.nimh.nih.gov/health/statistics/personality-disorders#part\\_155478](https://www.nimh.nih.gov/health/statistics/personality-disorders#part_155478).
- Randy A. Sansone, and Lori A. Sansone, 2009, "Borderline Personality and Criminality," *Psychiatry* 6(10): 16–20.





## SLIDE 9

### VIDEO: 9 THINGS ABOUT BORDERLINE PERSONALITY DISORDER YOU NEED TO KNOW



**Video Activity:** Show the video “9 Things About Borderline Personality Disorder You Need to Know” (6:07) that describes symptoms and experiences of people living with BPD: [https://www.youtube.com/watch?v=FQ0IoPN8Yrs&ab\\_channel=Psych2Go](https://www.youtube.com/watch?v=FQ0IoPN8Yrs&ab_channel=Psych2Go).



Ask participants what symptoms of borderline personality disorder they noted from the video. What features of borderline personality disorder are distinct from other personality disorders?



Ask participants what experience they have with a person living with a borderline personality disorder. What did they find challenging, or what worked when interacting with a person exhibiting borderline personality disorder symptoms?

For additional information about Borderline Personality Disorder, see National Institute of Mental Health, April 2023 [Last Reviewed], “Borderline Personality Disorder,” <https://www.nimh.nih.gov/health/topics/borderline-personality-disorder>.

**Antisocial Personality Disorder**

Signs and Symptoms

- Disregard for and violation of the rights of others
- Deceitful behavior
- Impulsivity and aggressive behavior
- Reckless disregard for the safety of self or others
- Irresponsibility
- Little remorse

Q&A

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BJA

## SLIDE 10

### ANTISOCIAL PERSONALITY DISORDER



**Trainer Note:** Cover the information on the slide using the below content as a reference point.



**Content Note:** Law enforcement officers may encounter individuals living with antisocial personality disorder, some of whom may engage in criminal activity.

Around 3 percent of the adult population in Western countries is estimated to be living with antisocial personality disorder. This disorder is more commonly diagnosed in men than women.

The essential feature of antisocial personality disorder is the pervasive disregard for and violation of the rights of others. This pattern of behavior has sometimes been referred to as psychopathy or sociopathy. A person may only be diagnosed with antisocial personality disorder if they are at least 18 years old. However, a person with antisocial personality disorder must have evidence of a conduct disorder before age 15. In children, the behaviors of conduct disorder include aggression toward people and/or animals, destruction of property, deceitfulness, theft, and violation of rules. This pattern of behavior continues into adulthood.

People living with antisocial personality disorder may have a long-standing pattern of deceitful behavior, including repeated lying and conning others for personal pleasure or profit. They may display a superficial charm, act impulsively, experience irritability, engage in aggressive behavior and physical fights, act irresponsibly, and recklessly disregard the safety of themselves and others (e.g., recurrent speeding, substance use). People living with antisocial personality disorder may lack empathy, show little remorse for their actions and their consequences, and blame their victims or minimize the harm stemming from their actions. The traits of antisocial personality disorder are relatively consistent over time.



**Trainer Note:** The point to emphasize here is that although some people who are incarcerated in jails and prisons meet the criteria for antisocial personality disorder, people living with this disorder also have achievements in school, work, and life.



**Ask the group what experiences they have had with people with antisocial personality traits or disorder or with people who, in hindsight, may have had some traits of antisocial personality disorder.**

Sources:

American Psychiatric Association, 2022, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)*, Washington, DC: American Psychiatric Association.

Jana Volkert, Thorsten-Christian Gablonski, and Sven Rabung, 2018, “Prevalence of Personality Disorders in the General Adult Population in Western Countries: Systematic Review and Meta-analysis,” *The British Journal of Psychiatry* 213: 709–715.

### Tips for Responding to People Living with Personality Disorders

- Be prepared for your own reactions.
- Avoid personal agreements or special deals.
- Slow things down; be patient.
- Set clear, consistent limits/boundaries.
- Maintain a calm, nonjudgmental attitude.
- Try to separate facts from feelings, yet validate feelings first.
- Consider reaching out to a person's supporter.
- Take disclosure of suicidal thoughts and actions seriously.

QUICK TIPS

Q&A

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BJA

## SLIDE 11

### TIPS FOR RESPONDING TO PEOPLE LIVING WITH PERSONALITY DISORDERS



**Trainer Note:** Highlight each point on the slide using the information below as a reference point. Also, provide relevant examples or demonstrations on how to use these suggestions so the class participants understand how to respond effectively.



**Content Note:** These are some general strategies that officers may use when communicating with individuals living with personality disorders. Because law enforcement is not expected to always know when they are interacting with someone living with a personality disorder, these are also good strategies for communicating with anyone. They are especially important when it comes to individuals with personality disorders.

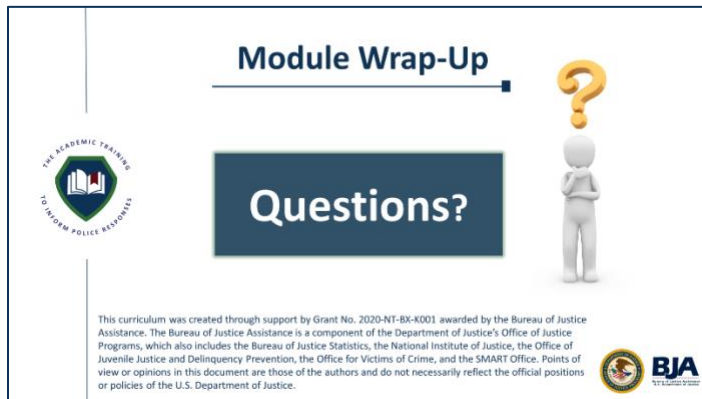
- **Prepare for your reaction:** It is important to note that individuals with personality disorders can sometimes provoke officers and “get under their skin.” It is important for an officer to not take what is said personally and be prepared to manage their own reactions. It is often the personality disorder’s symptoms that are influencing the person’s statements.
- **Avoid personal agreements or special deals:** Although officers may be tempted to make some exceptions or “special deals” when they are complimented as being the “best police officer ever” by someone living with borderline personality disorder or in a charming or ingratiating way by someone living with antisocial personality disorder, it is best to recognize this behavior as an attempt for the individual to get what they want.
- **Slow things down and be patient:** Individuals living with personality disorders often have strong, intense emotions. Slowing the interaction down and taking time often results in the person calming down and being better able to provide information.



- ***Set clear and consistent limits/boundaries***, which are best for everyone. Officers can say “no” to that special request with an empathic attitude to minimize the possibility of escalating the situation. Also, not accepting gifts or favors is a good policy. Even when the gift or favor is rather small, officers do not always know the meaning of it to the other person. Accepting a gift is simply being polite, but to the person giving it, it could mean a lot more. For example, accepting a gift could be interpreted by someone living with borderline personality disorder as an interest in being in a more serious relationship. The offer of gifts or favors may also be attempts at manipulation.
- ***Maintain a calm, nonjudgmental attitude***: Use active listening to validate the person’s emotions and situation. Present a calm presence to help defuse any intensity of emotion the person may be expressing.
- ***Try to separate facts from feelings; yet validate feelings first***: Due to the intense and sometimes up-and-down pace of emotions, the person may present the facts of a situation through their feelings. They may say things such as “I feel like things will never get better,” “I feel like everyone hates me,” and “I feel like a loser.” It is important to validate the feelings and then clarify the facts. This can help the person become calmer for the officer to help resolve the situation. The officer may say, “I can see you feel bad about yourself right now,” “Tell me what happened today,” or “Tell me what happened to you.” This helps direct the person back to what the situation is rather than staying in the emotion.
- ***Consider reaching out to a person’s supporter***: It can be helpful to a person in crisis, including a person living with a personality disorder, to speak to a support person (e.g., family member) or someone they are familiar with.
- ***Take disclosure of suicidal thoughts and actions seriously***: Any sort of disclosure of suicidal thoughts or self-injury should be taken seriously. If officers do not take something seriously (for example, if they think the person is “just seeking attention”), there is a possibility that the person will do something even more serious.



Ask participants what they have found challenging or what works when interacting with people exhibiting antisocial or borderline personality disorder characteristics, meaning when a person may have intense, up-and-down emotions and/or is using manipulation.



**Module Wrap-Up**

**Questions?**

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## SLIDE 12 MODULE WRAP-UP



**Trainer Note:** Use this as an opportunity for participants to ask questions.