A Layperson’s Guide
to Understanding
and Responding to
Mental Illness
Course Outline

Class 1: Introduction

Class 2: The Brain and Mental Illness

Class 3: Mental Illness Categories: Thought and Mood Disorders

Class 4: Mental Illness Categories: Anxiety and Personality Disorders

Class 5: The Panel

Class 6: Crisis and The A·L·A·R·M· System Part I

Class 7: The A·L·A·R·M· System Part II

Class 8: Resources and Interacting with Mobile Crisis and Law Enforcement
I. Anxiety Disorders:
   • DSM-IV vs. DSM-V anxiety categories
   • Specific Disorders
   • Phobias: a fun look
   • PTSD: a closer look

II. Personality Disorders
   • In general
   • Clusters
   • Borderline, Narcissistic and Antisocial Disorders
Anxiety Disorders
# Anxiety Disorders: DSM-IV vs. DSM-V

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety Disorders</strong></td>
<td><strong>Anxiety Disorders</strong></td>
</tr>
<tr>
<td>• Generalized Anxiety Disorder</td>
<td><em>Separation Anxiety Disorder</em> • <em>Selective Mutism</em> • <em>Specific Phobia</em> • <strong>Social Phobia</strong> • <em>Panic Disorder</em> • <em>Agoraphobia</em> • <em>Generalized Anxiety Disorder</em></td>
</tr>
<tr>
<td>• Panic Disorder</td>
<td></td>
</tr>
<tr>
<td>• Obsessive/Compulsive Disorder</td>
<td><strong>Obsessive/Compulsive Disorders</strong></td>
</tr>
<tr>
<td>• Post Traumatic Stress Disorder</td>
<td>• <em>Obsessive/Compulsive Disorder</em> • <em>Body Dysmorphic Disorder</em> • <em>Hoarding Disorder</em> • <em>Trichotillomania</em> • <em>Excoriation Disorder</em></td>
</tr>
<tr>
<td>• Phobic Disorder</td>
<td><strong>Trauma and Stress-Related Disorders</strong></td>
</tr>
<tr>
<td></td>
<td>• <em>Reactive Attachment Disorder</em> • <em>PTSD</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Disinhibited Social Engagement Disorder</em> • <em>Acute Stress Disorder</em> • <em>Adjustment Disorder</em></td>
</tr>
</tbody>
</table>
Anxiety disorders differ from normal feelings of nervousness or anxiousness because they involve excessive fear or anxiety. They are malfunctioning human reactions.

- Anxiety Disorders are the most common of mental disorders
- affect nearly 30 percent of adults
- anxiety disorders are treatable and a number of effective treatments are available.
- often go hand-in-hand with major depression
- Along with depression they are sometimes “secondary symptoms” with disorders like schizophrenia and some personality disorders
Anxiety Disorders: *reactions*

**Anxiety Disorders**

Anxiety Disorders are *reactions* to something: family, relationships, work, school, public places, even things unknown (e.g. waking up each day with an overwhelming dread that something terrible was going to happen) or Specific Phobias.

**Obsessive/Compulsive Disorders**

Obsessive/Compulsive Disorders are characterized by *invasive thoughts* often accompanied by a *repetitive behavior*. They can be separate and are often behavioral ways of dealing with some anxiety or stress.

**Trauma and Stress-Related Disorders**

*Overwhelming stress or reactions* to some trauma or life situation are characteristic of trauma-based disorders. The reactions or stress are *usually disabling* to the individual.
# Anxiety Disorders: *reactions*

<table>
<thead>
<tr>
<th>Anxiety attacks</th>
<th>vs.</th>
<th>Panic attacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>attacks or states of anxiety often with no apparent trigger</td>
<td></td>
<td>much more intense but shorter anxiety attacks also often with no apparent trigger</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obsessive/Compulsive Disorder</th>
<th>vs.</th>
<th>Obsessive/Compulsive Personality Disorder*</th>
</tr>
</thead>
<tbody>
<tr>
<td>unbidden, repetitive thoughts or beliefs that are usually connected to some ritualistic behavior</td>
<td></td>
<td>profound perfectionistic behaviors; preoccupation with orderliness, details, often are scrupulous and inflexible</td>
</tr>
<tr>
<td>usually not damaging to relationships</td>
<td></td>
<td>always damaging to relationships</td>
</tr>
<tr>
<td>all about <em>reactions</em></td>
<td></td>
<td>all about <em>relating</em></td>
</tr>
</tbody>
</table>

* “What is the Difference Between Obsessive Compulsive Disorder and Obsessive Compulsive Personality Disorder?”; PsychCentral.com
Phobic Disorders: *a fun look*

**Phobic Disorder**

Attacks, reactions or states of fear or panic usually associated with some thing or situation that can range from the not unusual (click fear of heights or click flying) to the very unusual (click fear of peanut butter sticking to the roof of one’s mouth) “You’ll see!” click click click What makes it a disorder is not the thing feared but how it *disables* one’s life.
Anxiety Disorders: specific phobias

An edited list of some of the most common phobias:*

- **Arachnophobia**: fear of spiders (48% women and 12% men).
- **Ophidiophobia**: fear of snakes. People avoid certain cities because they have more snakes.
- **Acrophobia**: fear of heights. 5% of the general population suffer from this phobia.
- **Agoraphobia**: fear of open or crowded spaces. People with this fear often won't leave home.
- **Cynophobia**: fear of dogs. This includes everything from small Poodles to Great Danes.
- **Astraphobia**: fear of thunder/lightning AKA Brontophobia.
- **Claustrophobia**: fear of small spaces like elevators, small rooms and other enclosed spaces.
- **Mysophobia**: fear of germs. It is also rightly termed as germophobia.

*“Phobias – The Ultimate List of Phobias and Fears”; The Top 100 List; https://www.fearof.net/*
Anxiety Disorders: *specific phobias*

An edited list of some of the most common phobias (cont.)

- **Aerophobia**: fear of flying. 25 million Americans share a fear of flying.
- **Trypophobia**: fear of holes is an unusual but pretty common phobia.
- **Carcinophobia**: fear of cancer. People with this develop extreme diets.
- **Thanatophobia**: fear of death. Even talking about death can be hard.
- **Glossophobia**: fear of public speaking. Not being able to do speeches.
- **Monophobia**: fear of being alone. Even while eating and/or sleeping.
- **Atychiphobia**: fear of failure. It is the single greatest barrier to success.
- **Enochlophobia**: fear of crowds is closely related to Ochlophobia and Demophobia
- **Trypanophobia**: fear of needles.

*Xenophobia* – fear or dislike (hatred?) of foreigners
Anxiety Disorders: *specific phobias*

The Top Five Rare and Weird Phobias:¹

- *Arachibutyrophobia*: fear of peanut butter sticking to the roof of your mouth
- *Nomophobia*: fear of being without your mobile phone
- *Arithmophobia*: fear of numbers
- *Plutophobia*: fear of money
- *Xanthophobia*: fear of the color yellow

A few more²...

- *Ablutophobia*: fear of bathing
- *Arithmophobia*: fear of math
- *Globophobia*: fear of balloons
- *Omphalophobia*: fear of Umbilicus (Belly Buttons)
- *Alektorophobia*: fear of chickens

¹ “21 Weird and Rare Phobias You’ve Probably Never Heard Of”; https://www.therecoveryvillage.com/mental-health/phobias/related/weird-phobias/
Anxiety Disorders summary

• it’s all about reactions and the disabling effect of those reactions

• anxiety and panic attacks can resemble same symptoms as heart attacks

• Anxiety Disorders are typically easily treated and respond well to medication

• the difference between healthy anxiety and an anxiety disorder is degree, triggers (often none) and duration

• as with all disorders, the symptoms of the Anxiety Disorders are real and often intense and not the result of emotional or character weakness
PTSD: a closer look
PTSD: a closer look

- PTSD is stress, anxiety and/or emotional reactions that are “burned” into the brain’s circuitry.

- Formerly “battle exhaustion”, “combat fatigue” and “shell shock”; formerly only men at war; now any person, any age.

- Trauma can be experienced or witnessed.

- First symptoms show up months to years after trauma.

- PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems.

- IF IT’S A TRAUMA TO THEM IT’S A TRAUMA!
PTSD: a closer look

PET images indicating higher mGluR5 receptor availability in an individual with PTSD vs. a healthy comparison participant. NeuroscienceNews.com image is adapted from the Yale news release.
PTSD: *symptoms*

PTSD symptoms are generally grouped into four categories

1. **Intrusive memories**: flashbacks, nightmares; unwanted memories, “trigger events”

2. **Avoidance**: staying away from people, places or activities that might trigger memories; not thinking or talking about it.

3. **Negative changes in thinking or mood**: memory problems; negative thinking; hopelessness; feeling detached, emotionally numb and other depressive symptoms

4. **Changes in physical and emotional reactions**: easily startled; hypervigilance; self-destructive behaviors; trouble sleeping and concentrating; irritability and aggressive behavior; overwhelming guilt or shame

**Note:** *For a person to be diagnosed with PTSD, however, symptoms must last for more than a month and must cause significant distress or problems in the individual’s daily functioning.*

* www.mayoclinic.org
Personality Disorders
Personality Disorders: relating

In general...

- It’s all about **maladaptive human interactions**: the key word is **MALADAPTIVE**
- **Maladaptive patterns** of behavior, thinking and feeling
- Most PD’s are characterized by extreme or total **lack of boundaries**
- Patterns of behavior that are **inflexible and pervasive** across most life situations
- Most PD’s exhibit “**all-or-nothing**”, “either/or”, or “all-good-or-all-bad” **thinking**
- Most PD’s exhibit partial or total lack of insight about their behavior; they have “**no clue**” even in the face of objective evidence
- PD’s have a clear cause in both genetics/heredity (predisposition) and upbringing (environment); i.e. **nature AND nurture**
- There are **three** groupings or **Clusters** of Personality Disorders labeled A, B and C
Personality Disorders \textit{clusters*}

Cluster A: \textit{eccentric, odd}

\textbf{Schizoid Personality Disorder}
- \textit{“hermits”, few, if any, social relationships}

\textbf{Schizotypal Personality Disorder}
- \textit{eccentrics, conspiracy theorists,}
- \textit{can hear voices,}
- \textit{ideas of reference,}
- \textit{uncomfortable with close relationships}

\textbf{Paranoid Personality Disorder}
- \textit{persuasive distrust of others,}
- \textit{hold grudges for a long time,}
- \textit{are easily slighted}
Personality Disorders *clusters*

Cluster B: *erratic, dramatic*

Borderline Personality Disorder
Narcissistic Personality Disorder
Antisocial Personality Disorder

Histrionic Personality Disorder*

- discomfort when not the center of attention**,
- inappropriate sexually seductive or provocative behavior
- rapidly shifting and shallow expression of emotions
- continual use of physical appearance to draw attention
- speech that is excessively impressionistic and lacking in detail
- self-dramatization, theatricality and exaggerated expression of emotion
- suggestible (easily influenced by persons or situations)
- Relationships are considered more intimate than they actually are

* mentalhealth.com  ** five of these are required for diagnosis

It's ALL about DRAMA!
Personality Disorders *clusters*

**Cluster C: fearful, anxious**

**Avoidant Personality Disorder**
- fear of rejection, no self-esteem,
- avoid contact with others

**Dependent Personality Disorder**
- excessive need for others help and approval,
- terrified of confrontation,
- at risk of staying in abusive relationships

**Obsessive/Compulsive Personality Disorder**
- controlling need for order,
- extreme need for perfectionism,
- obsess over cleanliness and rules,
- very rigid
Borderline Personality Disorder

- The most outstanding characteristic of BPD is “emotional hemophilia”
- BPD, probably more than the other PD’s, is noted for “either/or”, “all good or all bad,” or “all or nothing” types of thinking (“satan incarnate”)
- BPD is typified by lack of a sense of self; no center or core self and therefore can have a disabling fear of real or imagined abandonment
- Individuals with BPD often have self-injurious behaviors and frequent suicidal ideation
- Individuals with BPD often will be involved in risky behaviors and addictions: gambling, chemical abuse, sexual behaviors and more
- More than the other PD’s, individual with BPD do not have or recognize boundaries
- In extreme cases, individuals with BPD may experience psychotic symptoms
- Interactions (“games”) may include “triangulating” and “splitting”
Narcissistic Personality Disorder

- The single most outstanding characteristic of NPD is the pervasive behavior and **inflexible belief that “It’s ALL about ME!”**
- NPD is characterized by an **inflated sense of self importance** that requires and craves attention and admiration and over-sensitive to the slightest criticism
- NPD individuals have a strong sense of **entitlement**
- NPD individuals are very **grandiose** about their talents, skills, looks, relationships and more:
  - “I am better at this or that than anyone”
  - “I am smarter than even the experts”
  - “Look at me, look at me!”
- NPD individuals have a very **tough time showing empathy or remorse**. “Sorry” is rarely used, believed or even found in NPD vocabulary
- And, as is painfully obvious, NPD individuals have **poor, unfulfilling relationships** (i.e. no one can ever measure up)
Narcissistic Personality Disorder

From the website Quora Digest (quora.com):

**Do narcissists know they are different?**
Most of my clients who qualified for a diagnosis of Narcissistic Personality Disorder entered therapy without realizing that narcissism was their problem…
The exception is the last five years, where news about narcissism is all over the internet. Now the majority of narcissistic individuals who contact me for sessions are men whose wives tell them that they are narcissists. They are entering therapy with me in order to avoid a divorce.

**Ben:** *(Crying)* I am heartbroken and angry. My girlfriend just dumped me! She went away for a weekend with her family. I got furious and jealous. How dare she choose them over me! So I got drunk and left a long rambling voicemail in which I said a lot of nasty things I didn’t mean just to hurt her. I said, “You are an ugly fat pig and no man will ever want you. You are lucky I don’t throw you out of bed or put a paper bag over your face so I can stand to have sex with you.” How could she really think I meant all that? She is beautiful. Now she has blocked me after telling me we are over..

* Quora.com; Elinor Greenberg; “Do Narcissists Know They Are Different?”
Antisocial Personality Disorder

- The single most outstanding characteristic of ASPD is the attitude that the **rules don’t apply to me** and so they **easily break the law**
- ASPD shows a total **disregard for others, lack remorse or feel empathy** while at the same time can be extremely charming (Ted B, BTK)
- ASPD is typified by **compulsive lying**
- ASPD has **no conscience** *
- ASPD individuals are **impulsive and reckless** (amygdala)
- **lack hindsight, insight and foresight**
- **Psychopathy and Sociopathy** are subsets of Antisocial Personality Disorder

*Note: Conscience is not simply knowing right from wrong. More importantly, it is, in addition, knowing what to do and not to do. Persons with ASPD usually know what’s right or wrong – they just don’t care*
Personality Disorders: relating

And just FYI…

What is the difference between a Psychopath and a Sociopath?

*What they have in common:*

- considered by most to be on the *extreme* end of the intensity continuum of Antisocial Personality Disorder
- abiding pattern of disregard for others; criminal behavior
- both have biological and environmental factors in development
- share most of the signs of Antisocial Personality Disorder
- both tend to get milder in older age and are considered by some to be treatable
Personality Disorders: *relating*

What is the difference between a **Psychopath** and a **Sociopath**?

**How they differ:**

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>vs.</th>
<th>Personality Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychopath</td>
<td></td>
<td>Sociopath</td>
</tr>
<tr>
<td>• chiefly genetic, inherited condition; “born”; (note the amygdala)</td>
<td>• chiefly environmental causes (trauma and/or abuse); “made”</td>
<td></td>
</tr>
<tr>
<td>• no conscience, empathy or remorse</td>
<td>• some conscience, empathy and remorse</td>
<td></td>
</tr>
<tr>
<td>• cool, calculating, meticulous planners</td>
<td>• impulsive; lack control of emotions, erratic behavior</td>
<td></td>
</tr>
<tr>
<td>• “mirror” emotions; superficial charm</td>
<td>• capable of emotion</td>
<td></td>
</tr>
<tr>
<td>• white collar crimes (Ponzi schemes)</td>
<td>• crimes of opportunity and emotion</td>
<td></td>
</tr>
<tr>
<td>• violence is rare but is planned and “efficient – serial killers”</td>
<td>• more aggressive and violent, especially impulsive</td>
<td></td>
</tr>
<tr>
<td>• Bundy, BTK, Madoff</td>
<td>• Diane Downs, Billy McFarland</td>
<td></td>
</tr>
</tbody>
</table>
### Personality Disorders: comorbidity

**Interesting research…**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Any Personality Disorder</th>
<th>Borderline Personality Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Anxiety Disorder</td>
<td>52.4%</td>
<td>✓ 60.5%</td>
</tr>
<tr>
<td>Any Mood Disorder</td>
<td>24.1%</td>
<td>✓ 34.3%</td>
</tr>
<tr>
<td>Any Impulse Control Dis.</td>
<td>23.2%</td>
<td>✓ 49.0%</td>
</tr>
<tr>
<td>Any Substance Abuse Dis.</td>
<td>22.6%</td>
<td>✓ 38.2%</td>
</tr>
<tr>
<td>Any Disorder</td>
<td>67.0</td>
<td>✓ 84.5%</td>
</tr>
</tbody>
</table>

Personality Disorders: **summary**

- you will **feel** these disorders of other people **in your gut**: “there’s something wrong here” (i.e. in relating)

- classic sign: everyone else sees or senses the problem; **they have no clue**

- the most obvious signs are seen when these individuals are interacting

- As is true of all mental illnesses, a diagnosis of a Personality Disorder **requires** not just one or even two symptoms be present but **many symptoms and for a significant length of time**. (e.g. a person may have narcissistic traits but **not the disorder**)

**NOTE: OBJECTIVITY is crucial!**
Coming attractions...

- Mental Health Panel

*This Photo by Unknown Author is licensed under CC BY*
Remember: the only dumb question... 
...is the one you don’t ask
T. Victor Lloyd
513-709-1478
tvlloyd01@hotmail.com