ADHD and The Personality Disorders:

Untangling and Understanding
When It Is One or The Other or Both

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What is Attention Deficit Hyperactivity Disorder (ADHD)?

I. Inattention

- Poor attention span on boring stimuli
- Hyperfocus on interesting stimuli
- Drawn to thrill seeking/stimulating activities
- Distracted very easily
- Hard to follow directions
- Forgetfulness
- Incomplete projects or activities
- Procrastination
What is ADHD?

II. Impulsivity

- Hyperverbal
- Very emotional/Low frustration tolerance
- Decisions
- Impatient
- Impulse Control Habits
- Interrupts
What is ADHD?

III. Hyperactivity

- On the go, Always in motion
- Hard time sitting through long classes/sessions
- Restlessness, Constantly fidgeting
- Mentally racing, Multiple thoughts at once
Executive Functions

• Attention

• Action

• Organization

• Time Management

• Prioritization

• Working Memory

• Retrieving Information

• Emotional Regulation

• “Stick-to-it-tive-ness”/Consistent Effort
ADHD Facts

• 4-8% of prevalence (most likely higher)

• Affects all genders, races, ethnic backgrounds, socioeconomic levels

• Manifests in different ways for different people in different developmental stages

• Can you outgrow ADHD?

• ADHD Spectrum rather than categorical

• 50%-60% have a learning disability
The ADHD Brain

- An under aroused brain (low dopamine)
- An uninhibited brain (low GABA)
- Motor coordination differences (cerebellum differences)
- Frontal lobe takes longer to mature
- Frontal lobe size differences
- 30% less chronological age in executive functions
- **GENETICS:** The apple does not fall far from the tree.
- DRD4 Gene (Risk taking, reward seeking)
Is ADHD an illness?

• Does not suggest brain damage or defects

• ADHD is not a mental illness

• Simply a way the brain is wired

• Context specific

• Kenyan tribe: Nomads with DRD4 gene better nourished and healthier than their non-nomadic counterparts
Is ADHD an illness?

• Goal is to create the optimal environment for the ADHD brain

• Not every strategy works for every ADHD person every time, even within an individual

• Effortful at first to figure out but worth it over time

• ADHD affects virtually every life domain

• Interaction Model
Why ADHD and Personality Disorders?

- ADHD rarely travels alone
- ADHD can get misdiagnosed as a personality disorder
- Personality Disorders can get misdiagnosed as ADHD
- Someone can have both and only one is diagnosed/recognized

- Even if ADHD is diagnosed, often not seen as clinically significant in treatment of personality disorders
- Clinicians often do not get adequate training on both ADHD and the personality disorders
- Both are challenging conditions for patients, family members, clinicians
- Not much research
Workshop Outline

• Review DSM-V Criteria of Cluster B (Borderline, Antisocial, Narcissistic, Histrionic) and Cluster C (Avoidant, Dependent, Obsessive-Compulsive) Personality Disorders (individually)

• Review symptoms and differential diagnosis between that personality disorder and ADHD (case examples)

• Review research on comorbidity between ADHD and each Personality Disorder (if available)

• Discuss how having ADHD can predispose someone to developing that specific personality disorder
Workshop Outline

• Clinical profile when someone has both ADHD and each personality disorder

• Treatment considerations when someone has both ADHD and personality disorders

• Case Studies

• Questions/Answers/Discussion
Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment.

2. A pattern of unstable and intense interpersonal relationship characterized by alternating between extremes of idealization and devaluation.

3. Identity disturbance: markedly and persistently unstable self-image or sense of self

4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
Borderline Personality Disorder

5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

7. Chronic feelings of emptiness

8. Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights)

9. Transient, stress-related paranoid ideation or severe dissociative symptoms
Research:
ADHD and Borderline Personality Disorder

- Prevalence statistics

- Theories

- How ADHD can predispose someone to developing BPD
Clinical Profile: ADHD and Borderline Personality Disorder

- Symptom severity and profile
- Suicidal ideation and behavior
- Case example: “Jane”
Treatment: ADHD and Borderline Personality Disorder

- Dialectical Behavior Therapy (DBT)
- Cognitive-Behavioral Therapy (CBT)
- Executive Functioning Training/Coaching
- Psychotherapy (Transference/Countertransference)
- Couples Therapy
- Medications
- Developing a crisis plan
Antisocial Personality Disorder

A) A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following

1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.

2. Deceitfulness, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure.

3. Impulsivity or failure to plan ahead.

4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
Antisocial Personality Disorder

5. Reckless disregard for safety of self or others

6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations

7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another.

B. The individual is at least age 18 years

C. There is evidence of conduct disorder with onset before age 15 years

D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.
Research:
ADHD and Antisocial Personality Disorder

• Prevalence statistics

• Theories

• How ADHD can predispose someone to developing APD
Clinical Profile: ADHD and Antisocial Personality Disorder

- Symptom severity and profile
- Criminality
- Case example: “Frank”
Treatment: ADHD and Antisocial Personality Disorder

- Dialectical Behavior Therapy (DBT)
- Cognitive-Behavioral Therapy (CBT)
- Clear plan of consequences
- Executive Functioning Training/Coaching
- Psychotherapy
- Medications
Narcissistic Personality Disorder

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self importance (e.g. exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)

2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.

3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
Narcissistic Personality Disorder

4. Requires excessive admiration

5. Has a sense of entitlement (i.e. unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations)

6. Is interpersonally exploitative

7. Lacks empathy

8. Is often envious of others or believes that others are envious of him or her.

9. Shows arrogant, haughty behaviors or attitudes.
ADHD and Narcissistic Personality Disorder

• Research?

• Theories

• How ADHD can predispose someone to developing NPD
Clinical Profile:
ADHD and Narcissistic Personality Disorder

• Symptom severity and profile

• Relationship Problems

• Difficulty in treatment

• Case example: “Donald”
Treatment: ADHD and Narcissistic Personality Disorder

- Assess Patient motivation
- Dialectical Behavior Therapy (DBT)
- Executive Functioning Training/Coaching
- Psychotherapy (Need to break through narcissism)
- Patient Transference
- Therapist Countertransference
Histrionic Personality Disorder

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Is uncomfortable in situations in which he or she is not the center of attention.

2. Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior.

3. Displays rapidly shifting and shallow expression of emotions.

4. Consistently uses physical appearance to draw attention to self.
Histrionic Personality Disorder

5. Has a style of speech that is excessively impressionistic and lacking in detail

6. Shows self-dramatization, theatrically, and exaggerated expression of emotion

7. Is suggestible (i.e. easily influenced by others or circumstances)

8. Considers relationships to be more intimate than they actually are.
ADHD and Histrionic Personality Disorder

• Research?

• Theories

• How ADHD can predispose someone to developing HPD
Clinical Profile: ADHD and Histrionic Personality Disorder

• Symptom severity and profile

• Relationship Problems

• Case example: “Nico”
Treatment: ADHD and Histrionic Personality Disorder

- Dialectical Behavior Therapy (DBT)
- Executive Functioning Training/Coaching
- Psychotherapy
- Authentic Communication (shedding the caricature)
- Therapist Modeling/Relational Model
- Assertiveness Skills
- Healthy outlet for histrionic style
Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.

2. Is unwilling to get involved with people unless certain of being liked.

3. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.

4. Is preoccupied with being criticized or rejected in social situations.
Avoidant Personality Disorder

5. Is inhibited in new interpersonal situations because of feelings of inadequacy.

6. Views self as socially inept, personally unappealing, or inferior to others.

7. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.
ADHD and Avoidant Personality Disorder

• Research?

• Theories

• How ADHD can predispose someone to developing APD
Clinical Profile:
ADHD and Avoidant Personality Disorder

- Symptom severity and profile
- Anxiety
- Case example: “Lucia”
Treatment: ADHD and Avoidant Personality Disorder

- Anxiety Management
- Stress Management
- Exposure and Response Prevention Therapy
- Executive Functioning Training/Coaching
- Psychotherapy
- Engagement in therapy (missed sessions etc)
Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others.

2. Needs others to assume responsibility.

3. Has difficulty expressing disagreement with others because of fear of loss of support or approval.

4. Has difficulty initiating projects or doing things on his or her own (because of lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).
Dependent Personality Disorder

5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant.

6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself.

7. Urgently seeks another relationship as a source of care and support when a close relationship ends.

8. Is unrealistically preoccupied with fears of being left to take care of himself or herself.
ADHD and Dependent Personality Disorder

• Research?

• Theories

• How ADHD can predispose someone to developing DPD
Clinical Profile:
ADHD and Dependent Personality Disorder

• Symptom severity and profile

• Relationship Problems

• Therapist needs to set clear boundaries

• Case example: “Marco”
Treatment: ADHD and Dependent Personality Disorder

- Executive Functioning Training/Coaching
- Psychotherapy
- Accountability
- Anxiety Management
Obsessive-Compulsive Personality Disorder (OCPD)

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.

2. Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met).

3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity).

4. Is over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification).
Obsessive-Compulsive Personality Disorder (OCPD)

5. Is unable to discard worn-out or worthless objects even when they have no sentimental value.

6. Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things.

7. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes.

8. Shows rigidity and stubbornness.
ADHD and OCPD

• Research?

• Theories

• How ADHD can predispose someone to developing OCPD
Clinical Profile: ADHD and OCPD

- Symptom severity and profile
- Relationship/Work Problems
- Difficulty in treatment
- Case example: “Shane”
Treatment:
ADHD and OCPD

- Conquer Perfectionism
- Executive Functioning Training/Coaching
- Psychotherapy (Need to break through narcissism)
- Prevent drop-out
- Acceptance and Commitment Therapy (Values)
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Untangling and Understanding When It Is One or The Other or Both

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