

DSM-IV and DSM-5 Criteria for the Personality Disorders

General Criteria for a Personality Disorder	General Criteria for a Personality Disorder
DSM-IV	DSM-5 Criteria - Revised June 2011
<p>A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:</p> <ol style="list-style-type: none"> 1. Cognition (i.e., ways of perceiving and interpreting self, other people and events) 2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response) 3. Interpersonal functioning 4. Impulse control <p>B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.</p> <p>C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.</p> <p>E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.</p> <p>F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).</p>	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.</p> <p>B. One or more pathological personality trait domains or trait facets.</p> <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p>

This [post 2020 election] psyop had its roots dug in lots more than 4yr ago: dsm-4. Psychiatrists and psychologists have no idea what they're talking about. It was a pseudo-science started to have a basis to medicate and otherwise classify people for nefarious reasons. And to strike a pose and make a dollar, of course.

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Antisocial Personality Disorder	Antisocial Personality Disorder
DSM-IV Criteria	DSM-5 Criteria - Revised April 2012
<p>A. There is 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: having hurt, mistreated, or stolen from another.</p> <ol style="list-style-type: none"> 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 repeated 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. 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. 	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose antisocial personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ol style="list-style-type: none"> 1. Impairments in self functioning (a or b): <ol style="list-style-type: none"> a. Identity: Ego-centrism; self-esteem derived from personal gain, power, or pleasure. b. Self-direction: Goal-setting based on personal gratification; absence of prosocial internal standards associated with failure to conform to lawful or culturally normative ethical behavior. <p style="text-align: center;">AND</p> 2. Impairments in interpersonal functioning (a or b): <ol style="list-style-type: none"> a. Empathy: Lack of concern for feelings, needs, or suffering of others; lack of remorse after hurting or mistreating another. b. Intimacy: Incapacity for mutually intimate relationships, as exploitation is a primary means of relating to others, including by deceit and coercion; use of dominance or intimidation to control others.

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<p>B. The individual is at least age 18 years.</p> <p>C. There is evidence of Conduct Disorder with onset before age 15 years.</p> <p>D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.</p>	<p>B. Pathological personality traits in the following domains:</p> <ol style="list-style-type: none">1. Antagonism, characterized by:<ol style="list-style-type: none">a. Manipulativeness: Frequent use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends.b. Deceitfulness: Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events.c. Callousness: Lack of concern for feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others; aggression; sadism.d. Hostility: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior.2. Disinhibition, characterized by:<ol style="list-style-type: none">a. Irresponsibility: Disregard for – and failure to honor – financial and other obligations or commitments; lack of respect for – and lack of follow through on – agreements and promises.b. Impulsivity: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans.c. Risk taking: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard for consequences; boredom proneness and thoughtless initiation of activities to
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	<p>counter boredom; lack of concern for one's limitations and denial of the reality of personal danger</p> <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p> <p>F. The individual is at least age 18 years.</p>
Avoidant Personality Disorder	Avoidant Personality Disorder
DSM-IV Criteria	DSM-5 Criteria - Revised June 2011
<p>A. 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:</p>	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose avoidant personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ol style="list-style-type: none"> 1. Impairments in self functioning (a or b): <ol style="list-style-type: none"> a. Identity: Low self-esteem associated with self-appraisal socially inept, personally unappealing, or inferior; excessive feelings of shame or inadequacy.

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<ol style="list-style-type: none">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.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.	<ol style="list-style-type: none">b. Self-direction: Unrealistic standards for behavior associated with reluctance to pursue goals, take personal risks, or engage in new activities involving interpersonal contact. <p style="text-align: center;">AND</p> <ol style="list-style-type: none">2. Impairments in interpersonal functioning (a or b):<ol style="list-style-type: none">a. Empathy: Preoccupation with, and sensitivity to, criticism or rejection, associated with distorted inference of others' perspectives as negative.b. Intimacy: Reluctance to get involved with people unless being certain of being liked; diminished mutuality within intimate relationships because of fear of being shamed or ridiculed. <p>B. Pathological personality traits in the following domains:</p> <ol style="list-style-type: none">1. Detachment, characterized by:<ol style="list-style-type: none">a. Withdrawal: Reticece in social situations; avoidance of social contacts and activity; lack of initiation of social contact.b. Intimacy avoidance: Avoidance of close or romantic relationships, interpersonal attachments, and intimate sexual relationships.c. Anhedonia: Lack of enjoyment from, engagement in, or energy for life's experiences; deficits in the capacity to feel pleasure or take interest in things.
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	<p>2. Negative Affectivity, characterized by:</p> <ul style="list-style-type: none"> a. Anxiousness: Intense feelings of nervousness, tenseness, or panic, often in reaction to social situations; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of embarrassment. <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p>
Borderline Personality Disorder	Borderline Personality Disorder
DSM-IV Criteria	DSM-5 Criteria - Revised June 2011
<p>A. 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</p>	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ul style="list-style-type: none"> 1. Impairments in self functioning (a or b): <ul style="list-style-type: none"> a. Identity: Markedly impoverished, poorly developed, or

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<p>(or more) of the following:</p> <ol style="list-style-type: none">1. Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.2. A pattern of unstable and intense interpersonal relationships 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). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.5. 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.	<p>unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.</p> <p>b. Self-direction: Instability in goals, aspirations, values, or career plans.</p> <p>AND</p> <p>2. Impairments in interpersonal functioning (a or b):</p> <ol style="list-style-type: none">a. Empathy: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.b. Intimacy: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal. <p>B. Pathological personality traits in the following domains:</p> <ol style="list-style-type: none">1. Negative Affectivity, characterized by:<ol style="list-style-type: none">a. Emotional liability: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.b. Anxiousness: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.c. Separation insecurity: Fears of rejection by – and/or
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	<p>separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy.</p> <p>d. Depressivity: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behavior.</p> <p>2. Disinhibition, characterized by:</p> <p>a. Impulsivity: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behavior under emotional distress.</p> <p>b. Risk taking: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger.</p> <p>3. Antagonism, characterized by:</p> <p>a. Hostility: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.</p> <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head</p>
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	trauma).
Narcissistic Personality Disorder	Narcissistic Personality Disorder
DSM-IV Criteria	DSM-5 Criteria - Revised June 2011
<p>A. 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:</p> <ol style="list-style-type: none"> 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). 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, i.e., takes advantage of others to achieve his or her own ends. 7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others. 	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose narcissistic personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ol style="list-style-type: none"> 1. Impairments in self functioning (a or b): <ol style="list-style-type: none"> a. Identity: Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes; emotional regulation mirrors fluctuations in self-esteem. b. Self-direction: Goal-setting is based on gaining approval from others; personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations. <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 2. Impairments in interpersonal functioning (a or b): <ol style="list-style-type: none"> a. Empathy: Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others. b. Intimacy: Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others’ experiences and predominance of a need for personal gain <p>B. Pathological personality traits in the following domain:</p> <ol style="list-style-type: none"> 1. Antagonism, characterized by: <ol style="list-style-type: none"> a. Grandiosity: Feelings of entitlement, either overt or covert;

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<p>8. Is often envious of others or believes that others are envious of him or her.</p> <p>9. Shows arrogant, haughty behaviors or attitudes.</p>	<p>self-centeredness; firmly holding to the belief that one is better than others; condescending toward others.</p> <p>b. Attention seeking: Excessive attempts to attract and be the focus of the attention of others; admiration seeking.</p> <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p>
<p>Obsessive-Compulsive Personality Disorder</p>	<p>Obsessive-Compulsive Personality Disorder</p>
<p>DSM-IV Criteria</p>	<p>DSM-5 Criteria - Revised June 2011</p>
<p>A. 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</p>	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose obsessive-compulsive personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ol style="list-style-type: none"> 1. Impairments in self functioning (a or b): <ol style="list-style-type: none"> a. Identity: Sense of self derived predominantly from work or productivity; constricted experience and expression of

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<p>following:</p> <ol style="list-style-type: none">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 overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification).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.	<p>strong emotions.</p> <ol style="list-style-type: none">b. Self-direction: Difficulty completing tasks and realizing goals associated with rigid and unreasonably high and inflexible internal standards of behavior; overly conscientious and moralistic attitudes. <p>AND</p> <ol style="list-style-type: none">2. Impairments in Interpersonal functioning (a or b):<ol style="list-style-type: none">a. Empathy: Difficulty understanding and appreciating the ideas, feelings, or behaviors of others.b. Intimacy: Relationships seen as secondary to work and productivity; rigidity and stubbornness negatively affect relationships with others. <p>B. Pathological personality traits in the following domains:</p> <ol style="list-style-type: none">1. Compulsivity, characterized by:<ol style="list-style-type: none">a. Rigid perfectionism: Rigid insistence on everything being flawless, perfect, without errors or faults, including one's own and others' performance; sacrificing of timeliness to ensure correctness in every detail; believing that there is only one right way to do things; difficulty changing ideas and/or viewpoint; preoccupation with details, organization, and order.2. Negative Affectivity, characterized by:<ol style="list-style-type: none">a. Perseveration: Persistence at tasks long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures. <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative</p>
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	<p>for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p>
Schizotypal Personality Disorder	Schizotypal Personality Disorder
DSM-IV Criteria	DSM-5 Criteria - Revised June 2011
<p>A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:</p> <ol style="list-style-type: none"> 1. Ideas of reference (excluding delusions of reference). 2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations). 3. Unusual perceptual experiences, including bodily illusions. 4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped). 5. Suspiciousness or paranoid ideation. 6. Inappropriate or constricted affect. 	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose schizotypal personality disorder, the following criteria must be met:</p> <p>A. Significant impairments in personality functioning manifest by:</p> <ol style="list-style-type: none"> 1. Impairments in self functioning: <ol style="list-style-type: none"> a. Identity: Confused boundaries between self and others; distorted self-concept; emotional expression often not congruent with context or internal experience. b. Self-direction: Unrealistic or incoherent goals; no clear set of internal standards. 2. Impairments in interpersonal functioning: <ol style="list-style-type: none"> a. Empathy: Pronounced difficulty understanding impact of own behaviors on others; frequent misinterpretations of others' motivations and behaviors. b. Intimacy: Marked impairments in developing close relationships, associated with mistrust and anxiety. <p>B. Pathological personality traits in the following domains:</p> <ol style="list-style-type: none"> 1. Psychoticism, characterized by:

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<p>7. Behavior or appearance that is odd, eccentric, or peculiar.</p> <p>8. Lack of close friends or confidants other than first-degree relatives.</p> <p>9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.</p> <p>10. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder.</p> <p>Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Schizotypal Personality Disorder (Premorbid)"</p>	<p>a. Eccentricity: Odd, unusual, or bizarre behavior or appearance; saying unusual or inappropriate things.</p> <p>b. Cognitive and perceptual dysregulation: Odd or unusual thought processes; vague, circumstantial, metaphorical, over-elaborate, or stereotyped thought or speech; odd sensations in various sensory modalities.</p> <p>c. Unusual beliefs and experiences: Thought content and views of reality that are viewed by others as bizarre or idiosyncratic; unusual experiences of reality.</p> <p>2. Detachment, characterized by:</p> <p>a. Restricted affectivity: Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference or coldness.</p> <p>b. Withdrawal: Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.</p> <p>3. Negative Affectivity, characterized by:</p> <p>a. Suspiciousness: Expectations of – and heightened sensitivity to – signs of interpersonal ill-intent or harm; doubts about loyalty and fidelity of others; feelings of persecution.</p> <p>C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.</p> <p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct</p>
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	physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).
Personality Disorder NOS	Personality Disorder Trait Specified
DSM-IV Criteria	DSM-5 Criteria - Revised June 2011
<ul style="list-style-type: none"> • This category is for disorders of personality functioning that do not meet criteria for any specific Personality Disorder. <ul style="list-style-type: none"> • An example is the presence of features of more than one specific Personality Disorder that do not meet the full criteria for any one Personality Disorder (“mixed personality”), but that together cause clinically significant distress or impairment in one or more important areas of functioning (e.g., social or occupational). • This category can also be used when the clinician judges that a specific Personality Disorder that is not included in the Classification is appropriate. • Examples include depressive personality disorder and passive-aggressive personality disorder (see Appendix B in DSM-IVTR for suggested research criteria). 	<p>The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:</p> <p>A. Significant impairments (i.e., mild impairment or greater) in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.</p> <p>B. One or more pathological personality trait domains OR specific trait facets within domains, considering ALL of the following domains.</p> <ol style="list-style-type: none"> 1. Negative Affectivity 2. Detachment 3. Antagonism 4. Disinhibition vs. Compulsivity 5. Psychoticism <p>NOTE: Trait domain or one or more trait facets MUST be rated as “mildly descriptive or greater. If trait domain is rated as “mildly descriptive” then one or more of the associated trait facets MUST be rated as “moderately descriptive” or greater.</p> <p>C. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.</p>

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	<p>D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.</p> <p>E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).</p>
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