

## QUICK GUIDE

**Personality disorders** are long-standing patterns of thinking, feeling, and relating to others that can affect work, relationships, and daily life.

**Cluster A** — odd or eccentric

**Cluster B** — dramatic, emotional, or erratic

**Cluster C** — anxious or fearful

### Treatment principles

- Psychotherapy is the main treatment
- Medications target symptoms such as anxiety, mood swings, irritability, or perceptual symptoms
- Improvement is possible with consistent care, structure, and support

**This brochure is for education only.**

Diagnosis and treatment should be individualized by a licensed mental health professional.

## UNDERSTANDING PERSONALITY DISORDERS

These conditions usually begin by adolescence or early adulthood and are often recognized over time because patterns stay consistent across many situations.

### Common goals of care

- Improve relationships and communication
- Increase emotional regulation and coping skills
- Reduce anxiety, impulsivity, and distress
- Strengthen healthy routines and boundaries

### Non-medication approaches may include:

cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), supportive therapy, psychodynamic therapy, group therapy, social skills training, and exposure-based approaches when appropriate.

### Resources

#### NAMI

[nami.org](http://nami.org)

#### SAMHSA

[samhsa.gov](http://samhsa.gov)

#### American Psychiatric Association

[psychiatry.org](http://psychiatry.org)

#### 988 Suicide & Crisis Lifeline

988



# PERSONALITY DISORDERS

A patient-friendly guide to the three personality disorder clusters and common treatment options.

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## CLUSTER A | ODD / ECCENTRIC

**Includes:** Paranoid personality disorder, Schizoid personality disorder, Schizotypal personality disorder

### Common features

- Social detachment or discomfort with closeness
- Suspiciousness or mistrust
- Unusual beliefs, perceptions, or communication style

### Nonpharmacologic treatment

- Supportive psychotherapy
- CBT when helpful for anxiety or distorted thinking
- Social skills training and structured routines

### Pharmacologic options

- No medication cures the disorder itself
- Low-dose antipsychotics may help cognitive-perceptual symptoms in selected patients
- SSRIs may help co-occurring anxiety or depression



## CLUSTER B | DRAMATIC / EMOTIONAL / ERRATIC

**Includes:** Antisocial personality disorder, Borderline personality disorder, Histrionic personality disorder, Narcissistic personality disorder

### Common features

- Impulsivity or risk-taking
- Intense or rapidly shifting emotions
- Interpersonal conflict or unstable relationships
- Need for attention, admiration, or control

### Nonpharmacologic treatment

- DBT is a key treatment for borderline personality disorder
- CBT and trauma-informed therapy when appropriate
- Psychodynamic therapy and group-based skills work

### Pharmacologic options

- SSRIs for depression, anxiety, or irritability
- Mood stabilizers such as lithium or valproate for affective instability in selected cases
- Atypical antipsychotics may help impulsivity, aggression, or severe mood symptoms



## CLUSTER C | ANXIOUS / FEARFUL

**Includes:** Avoidant personality disorder, Dependent personality disorder, Obsessive-compulsive personality disorder (OCPD)

### Common features

- Anxiety, fearfulness, or excessive worry
- Need for reassurance or difficulty with independence
- Perfectionism, rigidity, or need for control

### Nonpharmacologic treatment

- CBT is commonly used
- Exposure-based work for avoidant traits when appropriate
- Supportive or insight-oriented therapy

### Pharmacologic options

- SSRIs are often first-line for prominent anxiety symptoms
- SNRIs may also be considered
- Short-term anxiolytics are used cautiously because of dependence risk