

PERSONALITY PATHOLOGY AND BEHAVIORAL THREAT ASSESSMENT

DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

Kristin G. Schneider, Ph.D., CTM
Clinical & Operational Psychologist
Behavioral Science Advisor
DCSA DITMAC BTAC



Disclaimers



This presentation is unclassified.

I have no commercial interests associated with this presentation
nor the material contained within.

The views and opinions expressed are my own and do not necessarily reflect
the views or positions of the United States Government.

The images in this presentation were created with
generative Artificial Intelligence.

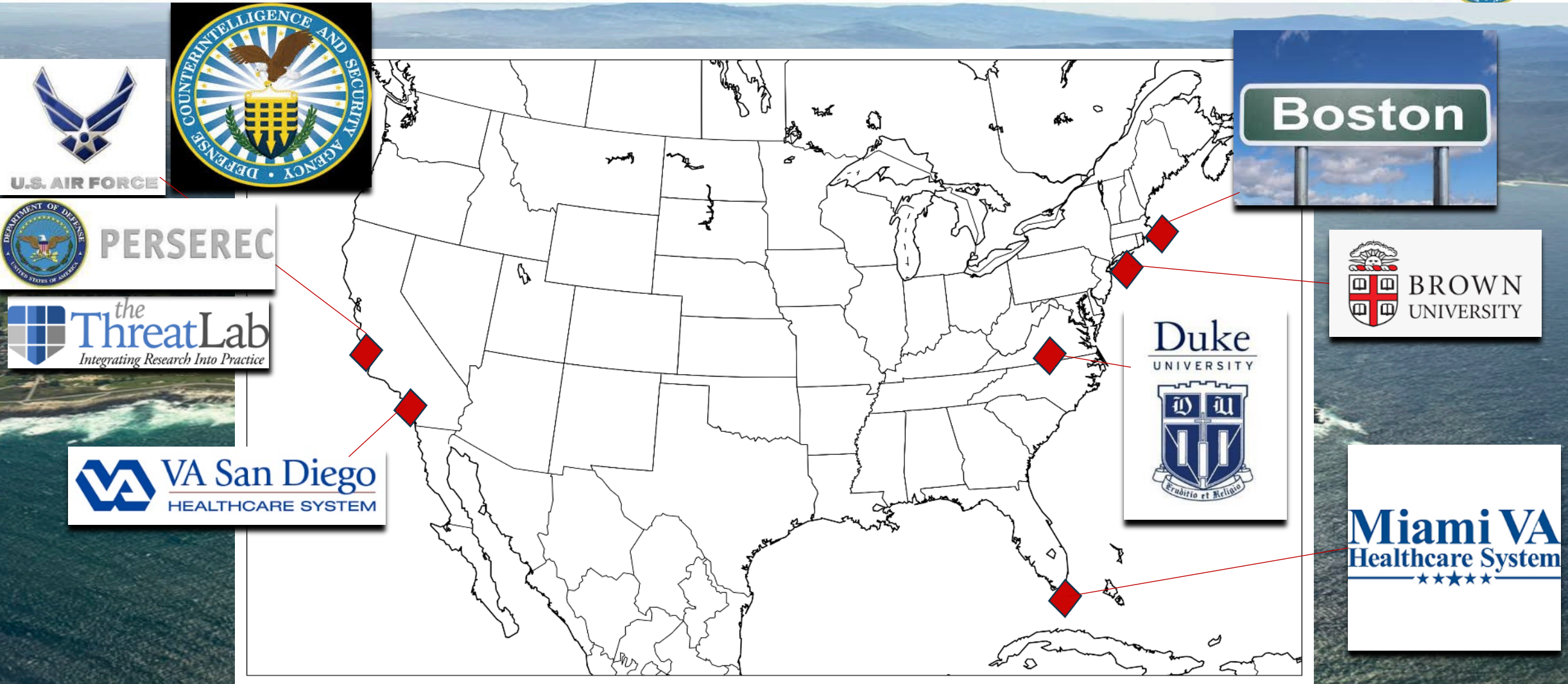


Learning Objectives

Attendees will be able to:

- 1 Recognize specific behavioral patterns associated with personality disorders that may be encountered when conducting a threat assessment.
- 2 Describe the key symptoms of these personality disorders and the ways in which the personality pathology underlying the disorder may impact risk.
- 3 Identify three strategies that insider threat professionals can use to interact effectively with individuals who have a diagnosed personality disorder or who display behavior consistent with a personality disorder.

INTRODUCTION





Personality Pathology Trait Domains (DSM-V-TR)

Negative Affectivity	Detachment	Antagonism	Disinhibition	Psychoticism
Emotional Lability	Withdrawal	Manipulativeness	Irresponsibility	Unusual Beliefs and Experiences
Anxiousness	Intimacy Avoidance	Deceitfulness	Impulsivity	Eccentricity
Separation Insecurity	Anhedonia	Grandiosity	Distractibility	Cognitive and Perceptual Dysregulation
Submissiveness	Depressivity	Attention Seeking	Risk Taking	
Hostility	Restricted Affectivity	Callousness	Rigid Perfectionism (lack of)	
Perseveration	Suspiciousness	Hostility		



Personality Disorder Diagnoses in DSM-V-TR

Cluster A – Odd/Eccentric

Paranoid (PPD)

Schizoid

Schizotypal

Cluster B – Dramatic/Emotional /Erratic

Antisocial (ASPD)

Borderline (BPD)

Histrionic (HPD)

Narcissistic (NPD)

Cluster C – Anxious/Fearful

Avoidant

Dependent

Obsessive-Compulsive
(OCPD)



Personality Disorder Diagnoses in DSM-V-TR

Cluster B – Dramatic/Emotional/Erratic

Antisocial (ASPD)

Borderline (BPD)

Narcissistic (NPD)

Histrionic (HPD)

Personality Disorder Diagnoses in DSM-V-TR



Cluster B – Dramatic/Emotional/Erratic

Antisocial (ASPD)

Borderline (BPD)

Narcissistic (NPD)

Histrionic (HPD)





What is a Personality Disorder?

- A personality disorder is a long-term pattern of behavior and inner experience that differs significantly from the expectations of an individual's culture.
- The pattern begins by late adolescence or early adulthood and **causes distress or problems in functioning**.

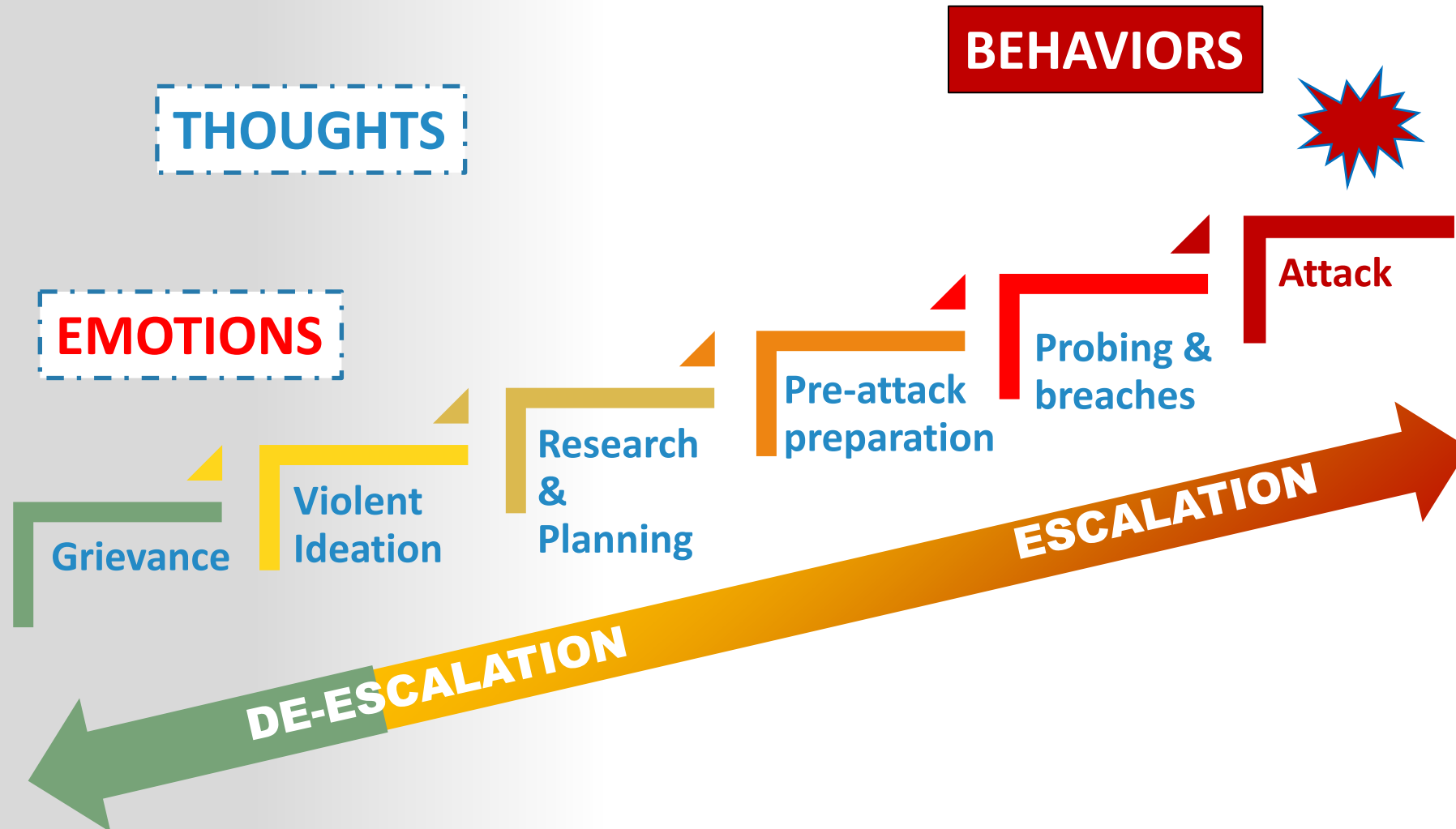
Personality disorders affect at least two areas:

- Ways of thinking about oneself and others
- Ways of responding emotionally
- Ways of relating to other people
- Ways of controlling one's behavior





The Pathway to Violence (Calhoun & Weston, 2003)



Borderline Personality Disorder (BPD)



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:



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.



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:

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



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:

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



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:

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



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:

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



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:

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.).



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:

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



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:

8. Chronic feelings of emptiness.



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:

9. Transient, stress-related paranoid ideation or severe dissociative symptoms.



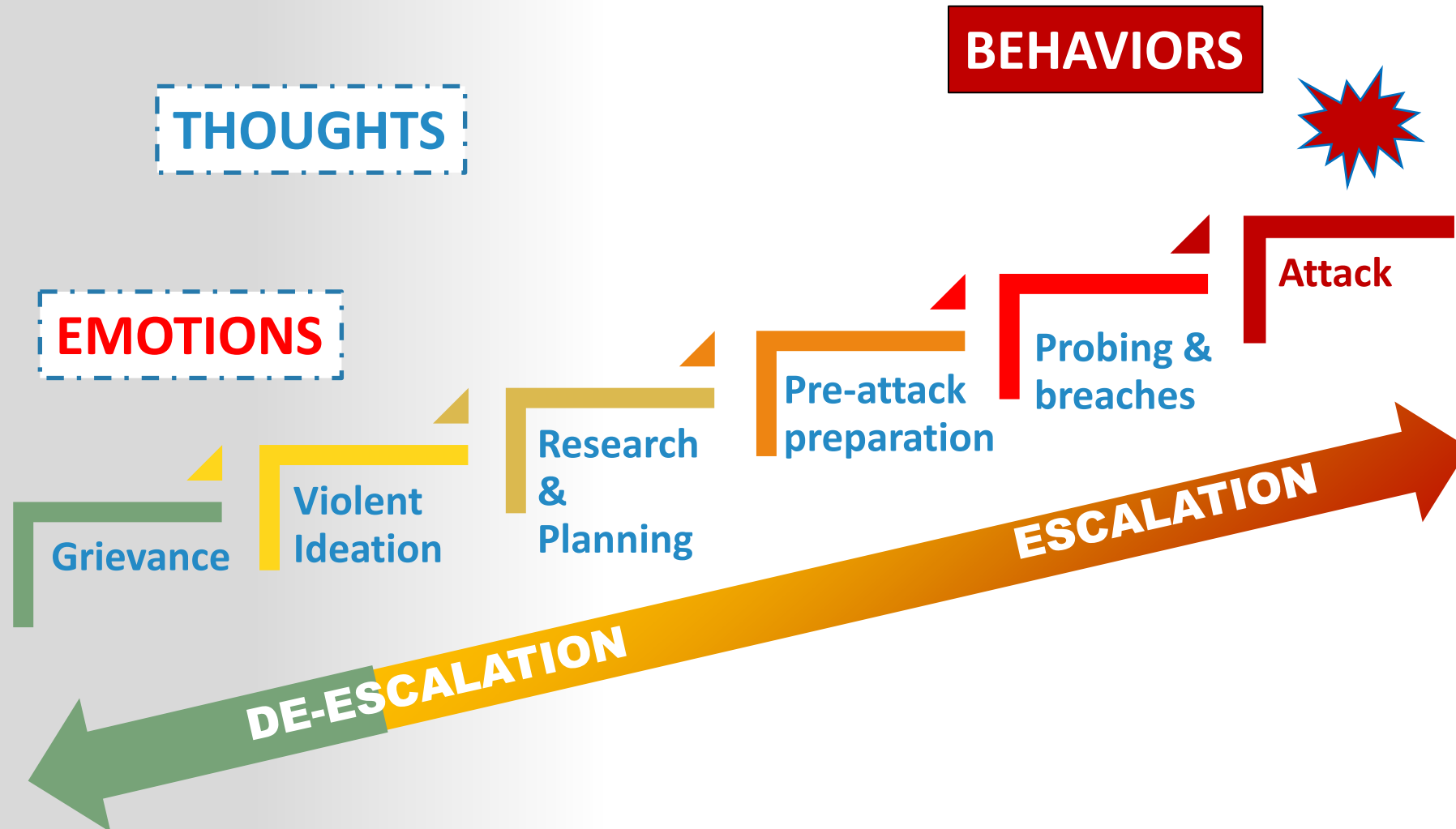
BPD and BTAM: Key Considerations

- Increased Suicide Risk
- Distinguishing Suicidality from Non-Suicidal Self-Injury (NSSI)
- Anger + Impulsivity + Unstable Relationships = A Volatile Combination
- Repeated Trauma: BPD and Complex Post-Traumatic Stress Disorder
- Vulnerability and Emotion Regulation
- Impact on Development of a Grievance?
- Impact on Violent Ideation?
- **Skills Deficit: Emotion Regulation**
- **BTAM SUPER-SKILL: INTERPERSONAL EMOTION REGULATION**





The Pathway to Violence (Calhoun & Weston, 2003)





ANTISOCIAL PERSONALITY DISORDER (ASPD)



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:



Antisocial Personality Disorder

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.



Antisocial Personality Disorder

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:

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





Antisocial Personality Disorder

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:

3. Impulsivity or failure to plan ahead



Antisocial Personality Disorder

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:

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



Antisocial Personality Disorder

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:

5. Reckless disregard for safety of self or others.



Antisocial Personality Disorder

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:

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





Antisocial Personality Disorder

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:

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





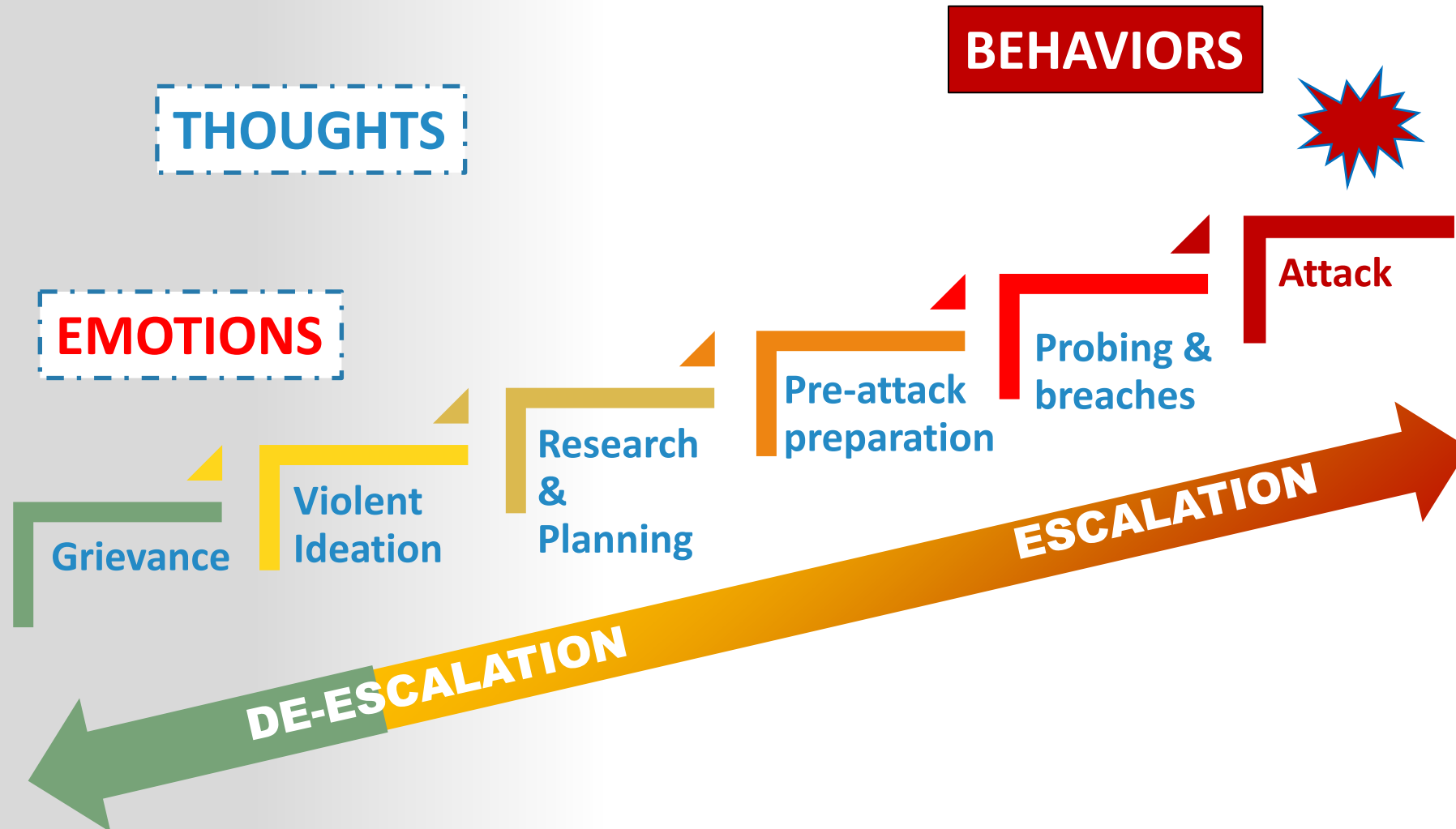
ASPD and BTAM: Key Considerations

- Early Conduct Disorder
- Related Constructs: Psychopathy, Sadism, and Machiavellianism
- Frequent Rule Violation -> Increased LE contact
- Lack of Remorse = Unlikely to Change
- Impact on Development of a Grievance?
- Impact on Violent Ideation?
- Skills Deficit:
 - Impaired empathy/Disregard for social norms and others' rights
 - Poor impulse control
- BTAM SUPER-SKILL: FIRM BOUNDARIES coupled with WARM NEUTRALITY





The Pathway to Violence (Calhoun & Weston, 2003)





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:



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.)



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:

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



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:

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



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:

4. Requires excessive admiration.



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:

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



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:

6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).



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:

7. Lacks empathy: Is unwilling to recognize or identify with the feelings and needs of others.



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:

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



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:

9. Shows arrogant, haughty behaviors or attitudes.



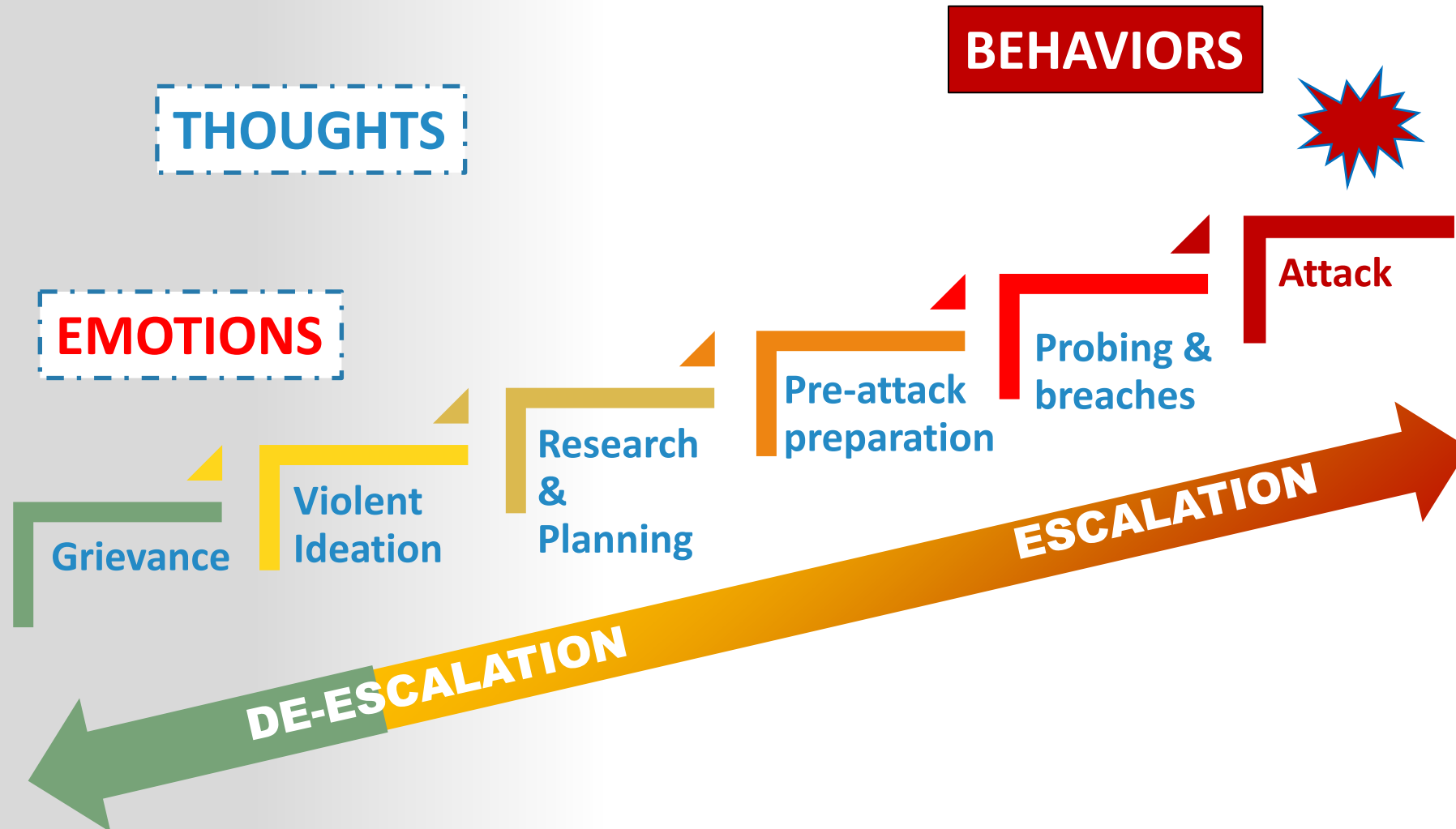
NPD and BTAM: Key Considerations

- Heightened Risk in Response to Narcissistic Injury
- Grandiosity and Entitlement may Elevate Risk
- Aggression may be used to restore perceived dominance or superiority
- May try to exploit the BTAM process (e.g., filing counter-complaints); may try to intimidate or influence assessors.
- Impact on Development of a Grievance?
- Impact on Violent Ideation?
- Skills Deficit: Empathy, Emotion Regulation, Self Awareness
- BTAM SUPER-SKILL: Emphasize logic, consequences, and mutual benefit. Acknowledge real strengths to build rapport but use flattery and direct confrontation with caution.





The Pathway to Violence (Calhoun & Weston, 2003)



Histrionic Personality Disorder (HPD)

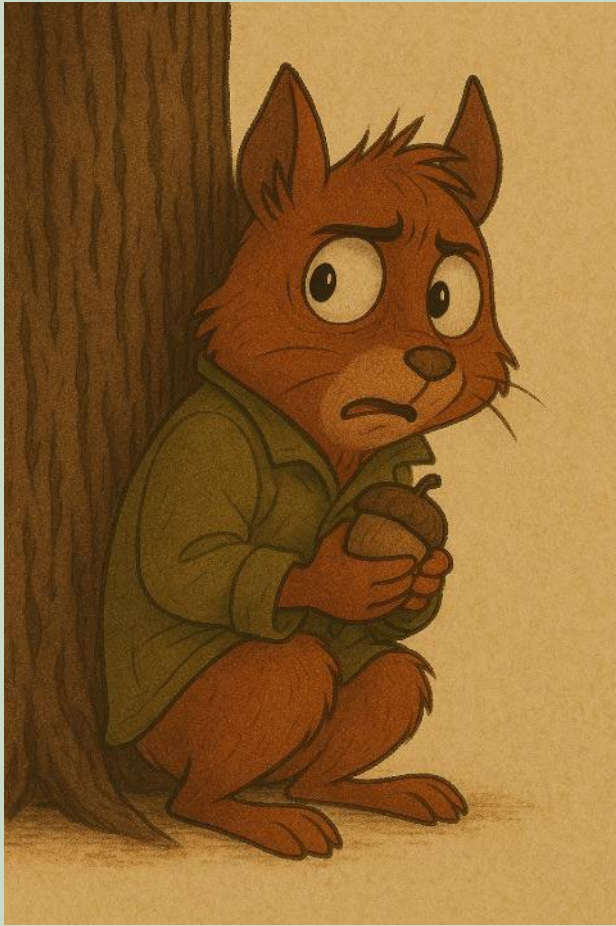


A pervasive pattern of **excessive emotionality** and **attention seeking**, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. 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.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization, theatricality, 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.



Paranoid Personality Disorder (PPD)



A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent,, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her.
2. Is preoccupied with unjustified doubts about the loyalty of trustworthiness of friends or associates.
3. Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her.
4. Reads hidden demeaning or threatening meanings into benign remarks or events.
5. Persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights.)
6. Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.
7. Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.



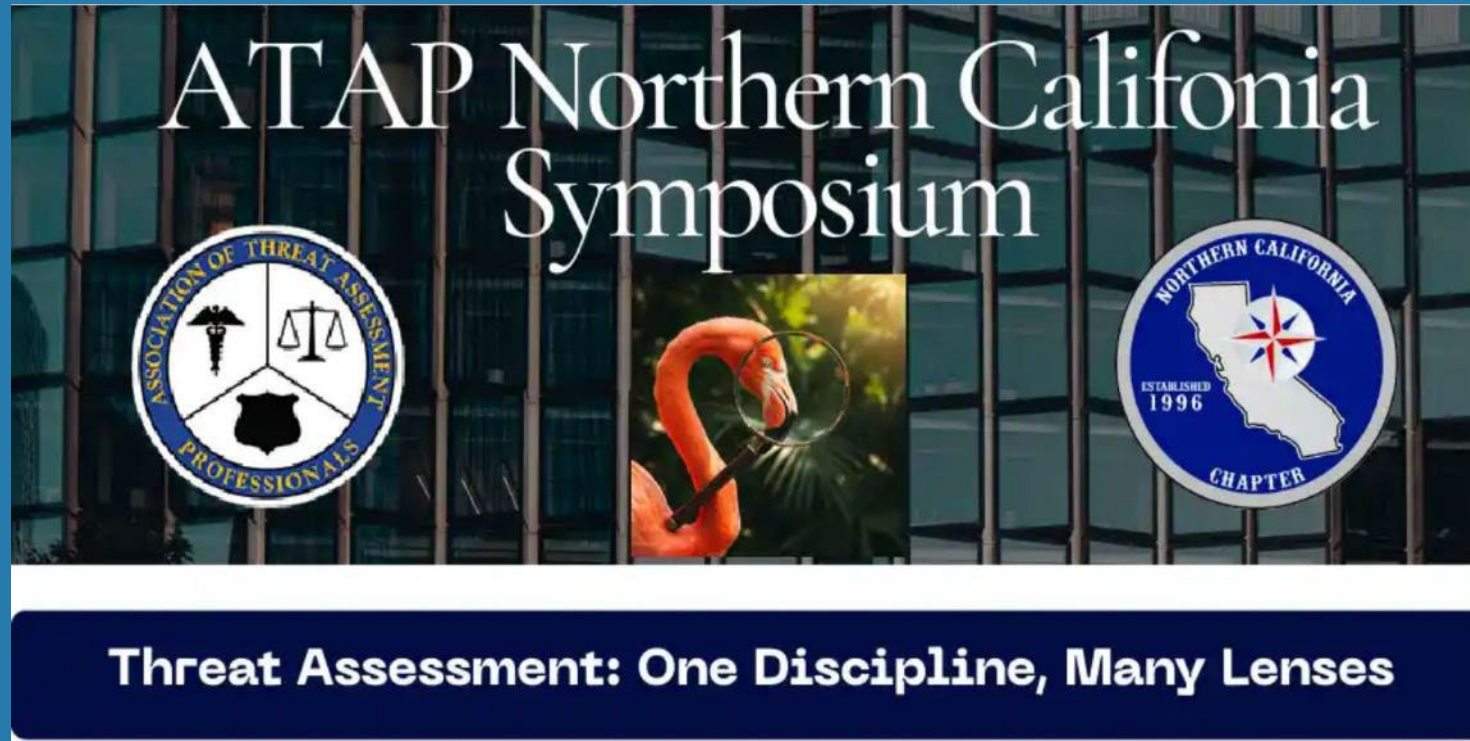
TAKE HOME

- People with mental health conditions, including personality disorders, are more likely to be the victim of a crime than the perpetrator. (Rossa-Roccor, et al., 2020; Marr, et al., 2023.)
- However, the high levels of **IMPULSIVITY**, **lack of EMPATHY/REMORSE**, and **MANIPULATIVENESS or EXPLOITATIVE BEHAVIOR** in some of these disorders increases risk for aggressive and criminal behavior. (Swinson, et al., 2021)
- Recognize behavioral patterns to better understand areas where risk may be impacted and adjust your interaction style to maximize effectiveness in BTAM.





Upcoming Events



08 – 10 SEP 2025
SANTA ROSA, CA

Register at WWW.ATAPWORLDWIDE.ORG



Monthly BTAC Bulletins



Request BTAC Bulletin:
dcsa.quantico.dcsa.list.DITMAC-SME@mail.mil

THANK YOU

dcsa.quantico.dcsa.list.ditmac-sme@mail.mil

Kristin G. Schneider, Ph.D., CTM

Behavioral Threat Analysis Center (BTAC)

DoD Insider Threat Management & Analysis Center (DITMAC)

**DEFENSE
COUNTERINTELLIGENCE
AND SECURITY AGENCY**

