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Kristin Dehrkoop
Minnesota State University Mankato

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An Overview of Avoidant Personality Disorder

Kristin Dehrkoop, LSW
 Department of Social Work
 Minnesota State University, Mankato
 Minnesota Sex Offender Program



Research Question

Avoidant Personality Disorder presents very similarly to other disorders in the Diagnostic and Statistical Manual (DSM-IV). What separates Avoidant Personality Disorder (APD) to other disorders that present similarly?

Methodology

This study involved a systematic review of the current literature on avoidant personality disorder including presenting symptoms, differential diagnosis, etiology, prevalence, and effective treatment interventions.

Journal articles were obtained through electronic databases using search engines including: EBSOhost, Social Service Abstracts, Proquest, Psychology Journals, PsychArticles, and PsychInfo. Key terms included: avoidant personality disorder, personality disorders, cluster c, prevalence, treatment interventions, etiology, social phobia, and avoidance. Books were obtained from Minnesota State University-Mankato Library. As themes developed from the literature recommendations were made to Minnesota Sex Offender Program in the form of a handbook on avoidant personality disorder.

Themes

Avoidant Personality Disorder is defined in the *American Psychiatric Association Diagnostic and Statistical Manual, Fourth Edition (2000)* as a “pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation” in which a person displays four of the following characteristics:

1. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval or rejection
2. Unwilling to get socially involved unless certain of being liked
3. Restrained in intimate relationships because of fear of being shamed or ridiculed
4. Preoccupied with being criticized or rejected in social situations
5. Inhibited in novel situations because of feelings of inadequacy
6. Views self as inept, unappealing, or inferior to others
7. Unusually reluctant to take personal risks or engage in new activities because they may prove to be embarrassing (American Psychiatric Association, 2000, p. 721).

Presentation of Avoidant Personality Disorder in Adults

- Social Inhibition*
- Feelings of Inadequacy*
- Hypersensitivity to negative evaluation*
- Impaired vocational or school activities*
- Individual is quiet or shy*
- Unwillingness to engage in new activities*
- Individual appears withdrawn*
- Avoids close relationships*
- Involved with individuals only if certain she or she will be liked*
- Pre-occupation with being criticized*

Differential Diagnosis

Avoidant Personality Disorder

- * Individuals withdraw from relationships
- * Fear of social contact, intimacy, and commitment
- * Fear of criticism, rejection, etc.
- * Characterized by dysfunctional relationships
- * Effects individuals well-being and the happiness is troubling to others

Social Phobia

- * Individuals withdraw from interpersonal activities
- * Symptoms symbolize fears associated with interpersonal relationships (i.e., eating in public, blushing, using the public restroom, and speaking in public, etc.).
- * Individual does not need same kind of uncritical acceptance as person with APD
- * Not as sensitive to perceived criticism
- * Usually individual suffers distress while others are able to escape it

	Avoidant Personality	Dependent Personality Disorder
Primary Difference:	Avoidance is related to fear of humiliation or rejection	Individuals have a desire for being cared for
	Avoidant Personality	Schizoid Personality Disorder
Primary Difference:	Have desire for human relationships and feel loneliness	Content and even prefer social isolation
	Avoidant Personality	Paranoid Personality Disorder
Primary Difference:	Reluctance to confide in others due to fear of embarrassment or being found inadequate	Reluctance to confide in others due to fear of other malicious intent

Effective Treatment Interventions

- Cognitive Behavioral Therapy
- Systematic Desensitization
- Social Skills Training in conjunction with exposure techniques
- Behavior Therapy may include: social skills training, role playing, journaling, group exposure or relaxation (Kantor, 2010).
- There is no compelling literature recommending medication as a primary form of treatment for APD.

Implications for Social Work Practice

- ✓ Clients with APD often present as guarded, disengaged and suspicious, because of their extreme fears of negative evaluation and hypersensitivity to criticism (Sperry, 2006).
- ✓ Clients may test the new therapist to see if they are safe and trustworthy. Examples of testing are: changing appointments, cancelling appointments at the last minute, arriving late to a session, and failing to complete assigned homework (Sperry, 2006).
- ✓ Research recommends for the therapist to anticipate these types of behaviors and to take an empathic and accepting stance toward these behaviors to avoid early terminations from the client (Sperry, 2006).

Limitations

- There is limited amount of research that has been conducted on avoidant personality disorder. While researchers have made strides to understand the condition, further research is needed on therapeutic and medical treatment interventions.
- Biological and psychosocial factors have been found to be associated with APD. These associations are not unique to the psychopathology spectrum. Further research is needed to clarify the specific factors that lead to social anxiety and avoidance.
- Literature was not found on APD within a correctional setting, demonstrating any relationship with sexual offending or mental illness.

References

References are available from the author upon request.

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