Role of teachers as caregivers for students suffering from Personality Disorders

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UGC-HRDC, University of Kashmir ........................................12.06.2017
Good Teaching as per Shulman

✓ In the classroom of a good teacher, students are visible, engaged, attentive and participating.
✓ Good teaching is passionate, and it induces an emotional response in students.
✓ Good teaching evokes and engages practical and analytical thinking, critical evaluation, constructive mindset and problem-solving skills that can be applied in a variety of settings.
✓ Good teaching positively affects students’ values, commitments, creative ideals and identities.

(David Shulman, President of the Carnegie Foundation for the Advancement of Teaching as cited in Loeb, Rouse, Shorris, 2007)
Empathy is critical to good teaching, especially to teaching emotionally disturbed/behaviorally disordered students. We work with youngsters who perceive their worlds differently than most people do. Teachers who work with these children must have insight and understanding. Empathy provides the ability to know the students’ world in the way that they live it, to interpret that understanding back to the child, and then provide boundaries of reality so that they may function more competently.

(Morgan & Reinhart, 1991, p. 31)
Role of a Teacher as a Caregiver

- In the present day context, teachers have to play an enabling role in the holistic development of the student.
- This involves not only imparting knowledge and skills, but also counseling, developing critical and innovative thinking, engage them in research, consultancy and extension work, preparing instructional materials with the aid of educational and information technologies.
- Modern day teacher has to be a friend, a philosopher, a guide, a counselor, a mentor, and a caregiver too.
Role of a Teacher as a Caregiver

- Teachers as caregivers are in the forefront to be rich and powerful resources for those students who feel frustrated, helpless, and angry.
- As clarified by Deiro (1996), ‘Students value adults who value them. Thus, students who are living in seemingly intolerable situations but have a prosocial adult outside their home environment who cares about them will adjust their behavior to carefully safeguard that relationship’.
- Noddings (1984) articulates that student–teacher relationships provide a rich arena in which students are transformed by an ethic of care.
- Care translates into interventions that are in the best educational, emotional, and psychological interest of the students (Morgan, 1987).
- When students fail to receive care within the classroom, they are often reduced to a ‘case’ or a ‘number’. 
ONE IN FIVE YOUNG ADULTS HAS A PERSONALITY DISORDER

- Dr. Mark Olfson of Columbia University reported in 2008 in the most extensive study of its kind that almost one in five young American adults has a personality disorder that interferes with everyday life.
- Study was based on face-to-face interviews about numerous disorders with more than 5,000 young people aged 19 to 25.
- The study also found that fewer than 25 percent of college-aged Americans with mental problems get treatment.
- It should alert not only students and parents, but also deans, principals and people who run colleges and mental health services about the need to extend access to treatment.
Personality Disorder: prevalence

- Among psychiatric outpatients and inpatients, prevalence rates are higher, estimated at between 30 and 40 per cent, and between 40 and 50 per cent, respectively.
- It is in prison samples that prevalence rates are highest, especially in younger people. One study found 78 per cent of male remand prisoners met the diagnostic criteria for PD.
- Another study found rates as high as 88 per cent among young, male, sentenced offenders.
- Based on existing criteria, research suggests that around 10 per cent of the general public will have PD.
Mental Disorder

- A **mental disorder** or **mental illness** is a psychological or behavioral pattern that is generally associated with **distress or disability**, and which is **not considered part of normal development** or a person's culture.

- Such disorders are defined by a combination of **affective** (i.e., the range, intensity, liability, and appropriateness of emotional response), **behavioral**, **cognitive** (i.e., ways of understanding and interpreting self, other people and events) or **perceptual** components.
Mental Disorders (DSM-IV TR)

**AXIS-I**
Psychological Disorders including mood disorders, schizophrenia, eating disorders and anxiety disorders. (Have a tendency to be cyclical i.e., come and go; they are current acute disorders)

**AXIS-II**
Personality Disorders (Stable rather than cyclical in nature; chronic disorders).

**AXIS-III, AXIS-IV AND AXIS-V**
Types of Psychiatric Disorders

- Organic/Cognitive Disorders
  - Delirium
  - Dementia
- Functional Disorders
  - Psychoses/Schizophrenia (+ve & -ve symptoms)
  - Schizoaffective disorders
- Neuroses
  - Anxiety and Panic Disorders
- Affective Disorders
  - Unipolar–Mania or Depression (Endogenous/Reactive)
  - Bipolar (Waxing and Waning)
  - Dysthymic (Persistent Depressive Disorder)
DSM-IV-TR’s FIVE CRITERIA

- Essential feature of a personality disorder is a long-lasting pattern of thought, feelings and behaviour that is different from most other people in the same culture. Criteria includes:
  1. Personality problems are present in at least two of the following areas; thought, emotions, personal relationship or behaviours.
  2. Patient has experienced personality problems in most parts of his life, including at work, at school or at home.
  3. Personality Problems are upsetting to the patient or frequently cause problems in his relationship with others.
  4. Patient’s personality problems typically begin in teenage years and continue throughout adulthood.
  5. Personality disturbance is not due to drugs or alcohol, nor is it due to the presence of another illness.
### Positive and Negative Personality Traits: Big Five v/s Bad Five

<table>
<thead>
<tr>
<th>BIG FIVE</th>
<th>BAD FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extroversion</strong>: outgoing personality, sociable, enjoys being with other people and usually feels happy</td>
<td><strong>Introversion</strong>: Avoidance of others and mistrust, limited friend circle, prefers loneliness, seclusion</td>
</tr>
<tr>
<td><strong>Conscientiousness</strong>: seeing things through, being organized, focused and goal-oriented</td>
<td><strong>Lack of Self-discipline</strong>: Impulsivity and attention problems</td>
</tr>
<tr>
<td><strong>Agreeableness</strong>: Empathy, prosocial stance, submissive, feel compassion for someone, concerned about others.</td>
<td><strong>Antagonism</strong>: Antisocial attitudes: contempt for social relations, especially need or vulnerability</td>
</tr>
<tr>
<td><strong>Openness to experience</strong>: Being curious about the world and open to new ideas</td>
<td><strong>Rigidity</strong> of thought and lack of curiosity</td>
</tr>
<tr>
<td><strong>Stability</strong>: Emotional regulation, accommodative, coherence of thought and behaviour.</td>
<td><strong>Neuroticism</strong>: Anxiety, emotional instability, tendency to feel bad, frequently feel anxious or sad.</td>
</tr>
</tbody>
</table>

*(Shiner, 2009)*
Peeling Back the Layers of Personality: Adding Insight to Behavior

John Binning, DeGarmo Group

**Layer 4.** An internalized evolving “*narrative of the self*” that integrates the individual with the broader society and provides some degree of unity, purpose, and meaning.

**Layer 3.** A wide range of adaptations developed in specific contexts and circumstances throughout one’s life. The profile of adaptations “*fill in the details*” of the general sketch from Layer 2.

**Layer 2.** Emerges and evolves early in life via various experiences. Profile is stably developed by early adulthood. The Big Five is an example of taxonomy used to describe the *general sketch* of one’s overall style of engaging their world.

**Layer 1.** Evident at birth, one’s *basic temperament* determines early interactions with one’s environment (e.g., calm v. easily agitated, active and happy v. lethargic and fearful), and thus begins the formative process for developing one’s personality.
<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster A (Odd/Eccentric Cluster)</strong></td>
<td></td>
</tr>
<tr>
<td>Paranoid (Can’t trust anybody)</td>
<td>Suspicious of others, self-reliant, prideful.</td>
</tr>
<tr>
<td>Schizoid (Hell with the world)</td>
<td>Inability to form and lack of interest in social relations, Distancing, Loner.</td>
</tr>
<tr>
<td>Schizotypal (Can read minds)</td>
<td>Strange thought patterns, magical thinking, odd perceptions</td>
</tr>
<tr>
<td><strong>Cluster B (Impulsive/Dramatic Cluster)</strong></td>
<td></td>
</tr>
<tr>
<td>Histrionic (Look at Me! charmer!)</td>
<td>Tendency to be overly emotional and dramatic, exhibitionist</td>
</tr>
<tr>
<td>Narcissistic (I’m most important)</td>
<td>Overly self-involved, views self as unique who deserves special attention, Entitled, Defensive.</td>
</tr>
<tr>
<td>Antisocial (Rules are for fools!)</td>
<td>Deceitful, manipulates people, history of conduct problems in childhood, Deceptive.</td>
</tr>
<tr>
<td>Borderline (pervasive instability in moods, interpersonal relationships, self-image, and behavior)</td>
<td>Moody, fears abandonment, feels empty, self-mutilates or attempts suicide, Victim, Angry.</td>
</tr>
</tbody>
</table>
## Cluster C (Anxious/Fearful Cluster)

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant (Too Shy to Function)</td>
<td>Very sensitive to interpersonal rejection, effacing.</td>
</tr>
<tr>
<td>Dependent (Take Care of Me)</td>
<td>Has difficulty being alone, doesn’t like to end relations, People-pleasing.</td>
</tr>
<tr>
<td>Obsessive–Compulsive (Don't Break the Rules!)</td>
<td>Excessive concerns with details, orderliness and rules, difficulty relaxing and having fun</td>
</tr>
</tbody>
</table>
Parking Lot of the Personality Disordered

1. PARANOID - Cornered again!!
2. NARCISSIST - Largest car; prominent hood ornament
3. DEPENDENT - Needs other cars to feel sheltered
4. PASSIVE-AGGRESSIVE - Angles car to take 2 spaces
5. BORDERLINE - Rams into other cars
6. ANTISOCIAL - Blocks car of ex-lover
7. HISTRIONIC - Parks in center of lot for dramatic effect
8. OBSESSIVE - Perfect alignment in parking space
9. AVOIDANT - Hides in corner to maintain closeness to other cars
10. SCHIZOID - Can't tolerate other cars
11. SCHIZOTYPAL - Interstellar parking
What causes personality disorder?

- Personality disorders are caused by a combination of biological (including genetic), psychological and social factors like family circumstances and trauma.
- Twin/Adoption studies looking at healthy personalities have found that 40 and 50 per cent of variation between participants is explained by genetic inheritance.
- Other studies have found that personality problems tend to group in families; for example, antisocial behaviour and substance abuse will tend to co-occur in one family.
- Inevitably, experiences within the family may also sow the seed of personality disorder, for example, childhood neglect and abuse are linked with PD.
Passive-Aggressive Behaviour

- Resent responsibility and show it through their behaviors, rather than by openly expressing their feelings
- Acting sullen
- Often claiming forgetfulness
- Being inefficient on purpose
- Blaming others
- Complaining
- Feeling resentment
- Having a fear of authority
- Having unexpressed anger or hostility
- Procrastinating
- Resisting other people's suggestions
Sadistic Personality Disorder

- It appeared in an appendix of DSM-III-R. The later versions of the DSM (DSM-IV, DSM-IV-TR and DSM-5) did not include it.
- Sadism involves **gaining pleasure from seeing others undergo discomfort or pain**.
- Individuals possessing sadistic personalities tend to display recurrent aggression and cruel behavior.
- Sadism can also include the use of emotional cruelty, purposefully manipulating others through the use of fear, and a preoccupation with violence.
- Theodore Millon claimed there were four subtypes of sadism, which he termed Enforcing sadism, Explosive sadism, Spineless sadism, and Tyrannical sadism.
Paranoid Personality Disorder

It is characterized by at least three of the following:

- excessive sensitivity to setbacks and rebuffs;
- tendency to bear grudges persistently, i.e. refusal to forgive insults and injuries or slights;
- suspiciousness and a pervasive tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous;
- a combative and tenacious sense of personal rights out of keeping with the actual situation;
- recurrent suspicions, without justification, regarding sexual fidelity of spouse or sexual partner;
- tendency to experience excessive self-importance, manifest in a persistent self-referential attitude;
- preoccupation with unsubstantiated "conspiratorial" explanations of events both immediate to the patient and in the world at large.
Schizoid Personality Disorder

- Appears aloof and detached
- Prefer being alone and usually choose solitary activities
- Avoids social activities that involve emotional intimacy
- Value independence and have few close friendships
- Feel confused about how to respond to normal social cues and generally have little to say
- Feel unable to experience pleasure
- Come off as dull, indifferent or emotionally cold
- Feel unmotivated and tend to underperform at school or work
- Consistently play the role of a follower rather than a leader
1. Qillat-e-Ta’am: To eat less.
2. Qillat-e-Kalaam: To speak less.
3. Qillat-e-Manaam: To sleep less.
4. Qillat-e-Ikhtilaat Ma’al Anaam: To associate less with people.
Schizotypal Personality Disorder

- Odd behavior or appearance, Odd beliefs, fantasies, or preoccupations, Odd speech
- Believe that they can read minds or that they have special powers such as a ‘sixth sense’
- Flat emotions or inappropriate emotional responses
- "Magical thinking" — believing you can influence people and events with your thoughts
- Does not want or enjoy close relationships, even with family members. No close friends, indifferent to others.
- Perceptual alterations, such as those affecting touch
- Discomfort in social situations
- Inappropriate displays of feelings
Histrionic Personality Disorder

- Exhibitionist behavior – acting or looking overly seductive.
- Constant seeking of reassurance or approval.
- Excessive dramatics with exaggerated displays of emotions, such as hugging someone they have just met or crying uncontrollably during a sad movie.
- Excessive sensitivity to criticism or disapproval.
- Proud of own personality, unwillingness to change and any change is viewed as a threat.
- Somatic symptoms, and using these symptoms as a means of garnering attention.
- A need to be the center of attention, constantly seeking approval.
- Low tolerance for frustration or delayed gratification.
- Quickly changing emotions, which may seem shallow to others.
- Tendency to believe that relationships are more intimate than they actually are.
- Making rash decisions, blaming failure or disappointment on others.
Narcissistic Personality Disorder

- Believing that you're better than others
- Fantasizing about power, success and attractiveness
- Exaggerating your achievements or talents
- Expecting constant praise and admiration
- Believing that you're special and acting accordingly
- Failing to recognize other people's emotions and feelings
- Expecting others to go along with your ideas and plans
- Taking advantage of others
- Expressing disdain for those you feel are inferior
- Being jealous of others
- Believing that others are jealous of you
- Trouble keeping healthy relationships
- Setting unrealistic goals
- Being easily hurt and rejected
- Having a fragile self-esteem
- Appearing as tough-minded or unemotional
Antisocial Personality Disorder

- Disregard for right and wrong
- Persistent lying or deceit
- Using charm or wit to manipulate others
- Recurring difficulties with the law
- Repeatedly violating the rights of others
- Child abuse or neglect
- Intimidation of others
- Aggressive or violent behavior
- Lack of remorse about harming others
- Impulsive behavior
- Agitation
- Poor or abusive relationships
- Irresponsible work behavior
Borderline Personality Disorder

- Impulsiveness with money, substance abuse, sexual relationships, binge eating, or shoplifting
- Risky behavior, such as risky driving, gambling sprees or illegal drug use
- Strong emotions that wax and wane frequently
- Intense but short episodes of anxiety or depression
- Frequent displays of inappropriate anger, sometimes escalating into physical confrontations
- Difficulty controlling emotions or impulses
- Repeated crises and acts of self-injury, such as wrist cutting or overdosing, Suicidal tendencies
- Fear or intolerance of being alone
- Fear of being abandoned
- Feelings of emptiness and boredom
Avoidant personality disorder
• Hypersensitivity to criticism or rejection
• Feeling inadequate
• Social isolation
• Extreme shyness in social situations
• Timidity

Dependent personality disorder
• Excessive dependence on others
• Submissiveness toward others
• A desire to be taken care of
• Tolerance of poor or abusive treatment
• Urgent need to start a new relationship when one has ended
Obsessive Compulsive PD

- Preoccupation with orderliness and rules
- Extreme perfectionism
- Desire to be in control of situations
- Inability to discard broken or worthless objects
- Inflexibility
- Obsessions are thoughts that recur and persist despite efforts to ignore or confront them
- Perform compulsive rituals because they inexplicably feel they have to
- Sufferers may spend hours performing such compulsions every day
**Medical Interventions**

- **Antidepressants.** Antidepressants may be useful if you have a depressed mood, anger, impulsivity, irritability or hopelessness, which may be associated with personality disorders.

- **Mood stabilizers.** As their name suggests, mood stabilizers can help even out mood swings or reduce irritability, impulsivity and aggression.

- **Antipsychotic medications.** Also called neuroleptics, these may be helpful if your symptoms include losing touch with reality (psychosis) or in some cases if you have anxiety or anger problems.

- **Anti-anxiety medications.** These may help if you have anxiety, agitation or insomnia. But in some cases, they can increase impulsive behavior, so they're avoided in certain types of personality disorders.
Psychotherapy (talk therapy):

Aim to help a person identify and change troubling emotions, thoughts, and behavior; develop coping mechanisms and counter strategies using:

- Cognitive behavioural therapy (CBT),
- Cognitive analytic therapy (CAT),
- Dialectical behaviour therapy (DBT),
- Psychoanalytic therapy/Psychodynamic therapy
- Mentalization and Supportive therapy
- Art Therapies (Art, Music, Dance)
- Group Therapy/Therapeutic community treatment.

There is a paucity of high-quality randomized controlled trials looking at the effectiveness of these different treatments.
Role of teacher as a Caregiver

- Know the warning signs of personality disorders
- Seek the help of school counselors or psychologists to determine if testing or assessments are needed for the student.
- Implement preventive techniques with students, including social skills training
- Educate students on personality disorders
- Crisis counseling for students following a traumatic event
- Classroom management skills training for teachers.
- Allow your students to discuss troubleshooting events at school or in the community
- Encourage students to verbally describe their emotions
Role of teacher as a Caregiver

- **Emphasize the positive**: a diagnosis of personality disorder doesn’t stop someone being likeable, intelligent, highly motivated or creative.
- Make the most of their **strengths and abilities**.
- **Good information is crucial.** If your student would find it helpful, you could be involved in discussions with his mental health professionals, when they are explaining diagnoses and treatment approaches to them. You could act as their advocate and speak up and support them, making sure they get the answers they need from professional services.
Role of teacher as a Caregiver

- They may need your encouragement to change their behaviour. For instance, alcohol, drugs or staying in an abusive relationship can only add to their problems.
- But try not to stop them from doing things just because you think they may be unhelpful. Unless it’s something dangerous, it may be better to let them experience the consequences of their actions, so that they can learn from them.
- Remember that it can be very hard to change, so try not to expect too much too soon.
Role of teacher as a Caregiver

- Telling them they are ‘immature’ or ‘inadequate’, or ‘attention-seeking’ or ‘making bad choices’ may sometimes feel justified, but it’s usually more helpful to focus on their good points and things that have gone well for them.

- If their behaviour is difficult for you, let them know how it makes you feel, and ask them to think about how they would feel if they were treated in a similar way.

- If you treat them as if they are unable to cope, they will not learn how to make their own decisions or do things for themselves.
Role of teacher as a Caregiver

- Encourage them to reflect on their experiences and learn from them, rather than saying ‘I told you so’.
- If you think they are at risk of self-harm or are feeling suicidal, don’t be afraid to ask about this. Sharing these feelings may help them to find other ways of coping.
- Try to help identify situations that bring out the best or worst in them and follow up on this. For example, even if they are uncomfortable being close to people or in company, they may be much more relaxed and lose their inhibitions when they are discussing a subject that really interests them. So encouraging them to join a particular society, club or class may be a way they can learn to enjoy company.
PDQ-4 Instructions
Personality Questionnaire

The purpose of this personality questionnaire is for you to describe the kind of person you are. When answering the questions, think about how you have tended to feel, think, and act over the past several years.

Please answer either True or False to each item.

T (True) means that the statement is generally true for you.

F (False) means that the statement is generally false for you.

Even if you are not entirely sure about the answer, indicate “T” or “F” for every question.

For example, for the question:
I tend to be stubborn. T F

If, in fact you have been stubborn over the past several years, you would answer True by circling T on the score sheet.

If, this was Not True at all for you, you would answer circling F on the score sheet.

There are no correct answers. You make take as much time as you wish. Use the Excel spreadsheet to record your responses.

PLEASE DO NOT WRITE ON THIS BOOKLET!

1. I avoid working with others who may criticize me.
2. I can’t make decisions without the advice, or reassurance, of others.
3. I often get lost in details and lose sight of the “big picture.”
4. I need to be the center of attention.
5. I have accomplished far more than others give me credit.
6. I’ll go to extremes to prevent those whom I love from ever leaving me.
7. Others have complained that I do not keep up with my work or commitments.
8. I’ve been in trouble with the law several times (or would have been if I had been caught).
9. Spending time with family or friends just doesn’t interest me.
10. I get special messages from things happening around me.
11. I know that people will take advantage of me, or try to cheat me, if I let them.
12. Sometimes I get upset.
13. I make friends with people only when I am sure they like me.
15. I prefer that other people assume responsibility for me.
16. I waste time trying to make things too perfect.
17. I am “sexier” than most people.
18. I often find myself thinking about how great a person I am, or will be.
19. I either love someone or hate them, with nothing in between.
20. I get into a lot of physical fights.
21. I feel that others don’t understand or appreciate me.
22. I would rather do things by myself than with other people.
23. I have the ability to know that some things will happen before they actually do.
24. I often wonder whether the people I know can really be trusted.
25. Occasionally I talk about people behind their backs.
26. I am inhibited in my intimate relationships because I am afraid of being ridiculed.
27. I fear losing the support of others if I disagree with them.
28. I have many shortcomings.
29. I put my work ahead of being with my family or friends or having fun.
30. I show my emotions easily.
31. Only certain special people can really appreciate and understand me.
32. I often wonder who I really am.
33. I have difficulty paying bills because I don’t stay at any one job for very long.
34. Sex just doesn’t interest me.
35. Others consider me moody and “hot tempered.”
36. I can often sense, or feel things, that others can’t.
37. Others will use what I tell them against me.
38. There are some people I don’t like.
39. I am more sensitive to criticism or rejection than most people.
40. I find it difficult to start something if I have to do it by myself.
41. I have a higher sense of morality than other people.
42. I am my own worst critic.
43. I use my “looks” to get the attention that I need.
44. I very much need other people to take notice or compliment me.
45. I have tried to hurt or kill myself.
46. I do a lot of things without considering the consequences.
47. There are few activities that I have any interest.
48. People often have difficulty understanding what I say.
49. I object to supervisors telling me how I should do my job.
50. I keep alert to figure out the real meaning of what people are saying.
51. I have never told a lie.
52. I am afraid to meet new people because I feel inadequate.
53. I want people to like me so much that I volunteer to do things that I’d rather not do.
54. I have accumulated lots of things that I don’t need but I can’t bear to throw out.
55. Even though I talk a lot, people say that I have trouble getting to the point.
56. I worry a lot.
57. I expect other people to do favors for me even though I do not usually do favors for them.
58. I am a very moody person.
59. Lying comes easily to me and I often do it.
60. I am not interested in having close friends.
61. I am often on guard against being taken advantage of.
62. I never forget, or forgive, those who do me wrong.
63. I resent those who have more “luck” than I.
64. A nuclear war may not be such a bad idea.
65. When alone, I feel helpless and unable to care for myself.
66. If others can't do things correctly, I would prefer to do them myself.
67. I have a flair for the dramatic.
68. Some people think that I take advantage of others.
69. I feel that my life is dull and meaningless.
70. I am critical of others.
71. I don't care what others have to say about me.
72. I have difficulties relating to others in a one-to-one situation.
73. People have often complained that I did not realize that they were upset.
74. By looking at me, people might think that I'm pretty odd, eccentric or weird.
75. I enjoy doing risky things.
76. I have lied a lot on this questionnaire.
77. I complain a lot about my hardships.
78. I have difficulty controlling my anger or temper.
79. Some people are jealous of me.
80. I am easily influenced by others.
81. I see myself as thrifty, but others see me as being cheap.
82. When a close relationship ends, I need to get involved with someone else immediately.
83. I suffer from low self-esteem.
84. I am a pessimist.
85. I waste no time in getting back at people who insult me.
86. Being around other people makes me nervous.
87. In new situations, I fear being embarrassed.
88. I am terrified of being left to care for myself.
89. People complain that I'm "stubborn as a mule."
90. I take relationships more seriously than do those who I'm involved.
91. I can be nasty with someone one minute, then find myself apologizing to them the next minute.
92. Others consider me to be stuck up.
93. When stressed, things happen, like I get paranoid or just "black out."
94. I don't care if others get hurt so long as I get what I want.
95. I keep my distance from others.
96. I often wonder whether my wife (husband, girlfriend or boyfriend) has been unfaithful to me.
97. I often feel guilty.

Please check off those items that apply in questions 98 and 99.
98. I have done things on impulse that could have gotten me into trouble.
99. When I was a kid (before age 15), I was somewhat of a juvenile delinquent, doing some of the things below.
For further reading:

National Institute for Mental Health in England

Personality disorder: No longer a diagnosis of exclusion

Policy implementation guidance for the development of services for people with personality disorder
WELCOME TO THE WEBSITE OF
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CLICK BELOW TO
HAVE A GLIMPSE OF SOME OF MY ACADEMIC ACTIVITIES

DETAILS OF RESEARCH PAPERS PRESENTED AT VARIOUS CONFERENCES:

1. Presented a scientific paper entitled "Need for continuing education in Hospital and Clinical Pharmacy", at 49th Indian Pharmaceutical Congress held at Thiruvananthapuram from 18th Dec to 21st Dec., 1997.

2. Presented following four research papers at 50th IPC and 17th Asian Congress of Pharmaceutical Sciences held at Mumbai from 10th to 13th December, 1998. These research papers have been published in the books of Abstracts.
   i) Cardiovascular effects of aqueous extract of fruits of Emblica officinalis.

MAIN ACHIEVEMENTS:

Completed Master's Degree in Pharmacology from Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore, in 1999 with DISTINCTION and doctorate in Pharmacology from the University of Kashmir.

Served as Drug Control Officer in the Drug and Food Control Organization, J&K for a period of about three years.

Presently working as Senior Assistant Professor in the Dept. of Pharmaceutical Sciences, The University of Kashmir.


Served as Member, IEC, SKIMS, Soura, Srinagar

Co-authored paper entitled, "Development of an indicator-based tool for the assessment of medicines management practices of a tertiary care hospital" adjudged

http://ishaqgeer.googlepages.com
THANK YOU FOR YOUR KIND ATTENTION