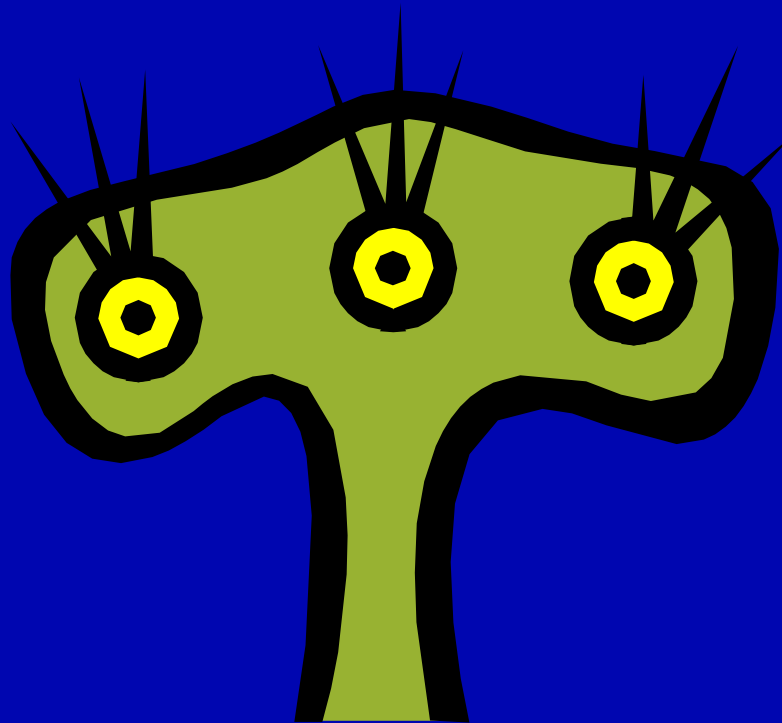


Chapter 20

Personality Disorders



Introduction

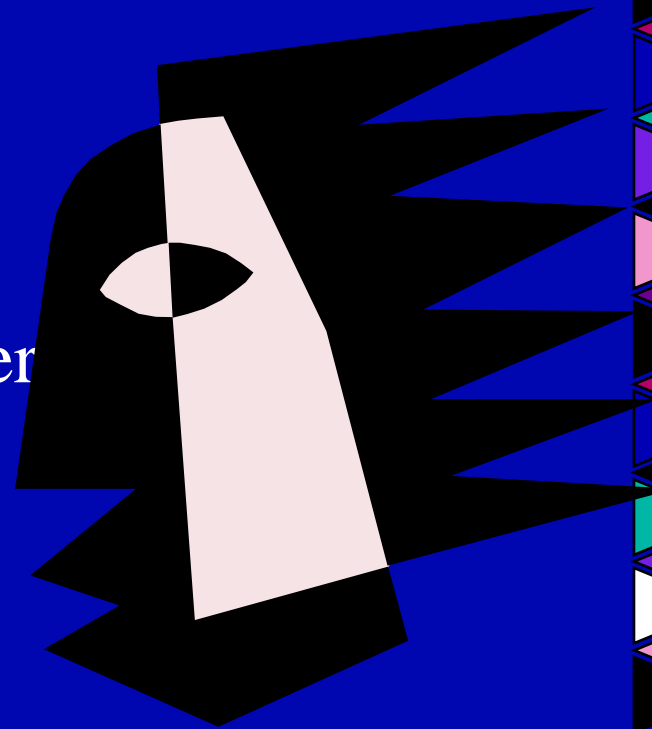
- Personality traits are enduring patterns of:
 - Perceiving
 - Relating to
 - Thinking about the environment and oneself.
- Personality disorders occur when these traits become
 - Inflexible
 - Maladaptive
 - The cause of significant functional impairment or subjective distress

Introduction (*cont.*)

- People with personality disorders are not often treated in acute care settings, for which personality disorder is their primary psychiatric disorder.
- May be problematic when hospitalized or in a clinic situation if challenged
- Nurses are likely to frequently encounter clients with these personality characteristics in all healthcare settings.

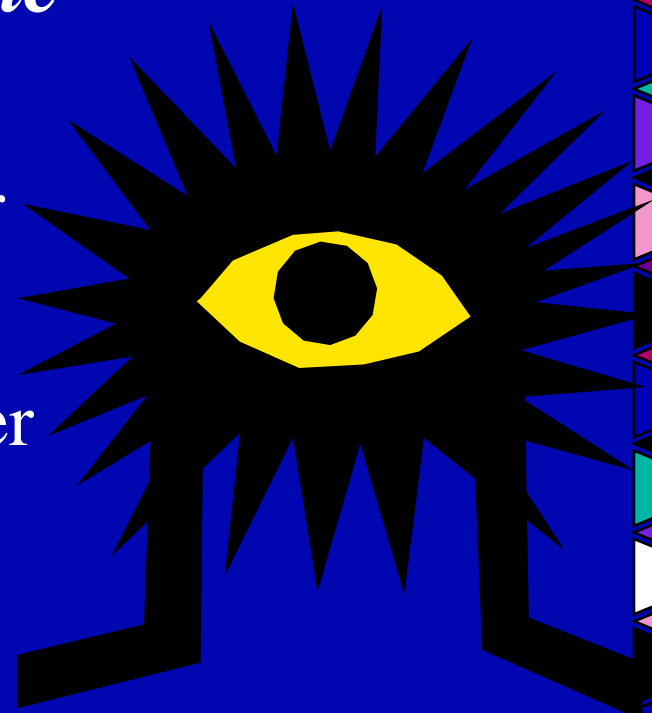
Personality Disorders

- **Cluster A:** Behaviors that are described as *odd* or *eccentric*
 - Paranoid personality disorder
 - Schizoid personality disorder
 - Schizotypal personality disorder



Personality Disorders (*cont.*)

- **Cluster B:** Behaviors that are described as *dramatic, emotional, or erratic*
 - Antisocial personality disorder
 - Borderline personality disorder
 - Histrionic personality disorder
 - Narcissistic personality disorder



Personality Disorders (*cont.*)

- **Cluster C:** Behaviors that are described as *anxious* or *fearful*
 - Avoidant personality disorder
 - Dependent personality disorder
 - Obsessive-compulsive personality disorder



Types of Personality Disorders (Cluster A)

- **Paranoid**

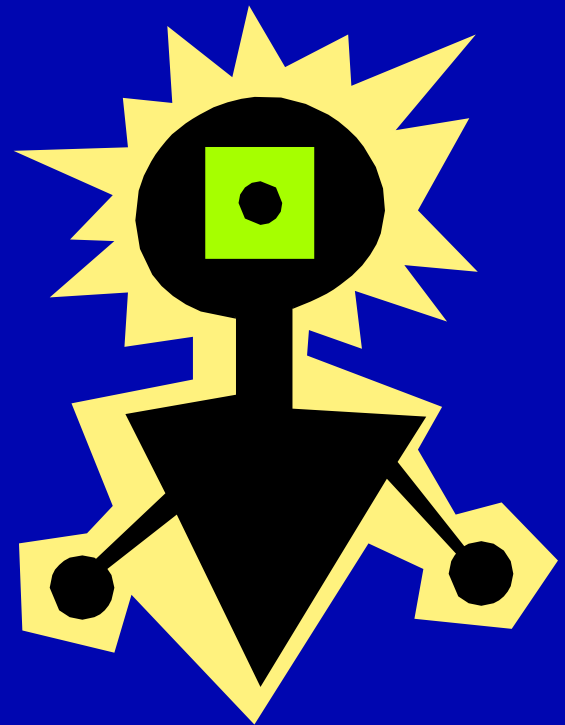
- **Definition:** A pervasive distrust and suspiciousness such that the motives of others are interpreted as malevolent; condition begins by early adulthood and presents in a variety of contexts



Paranoid (*cont.*)

• Clinical Picture

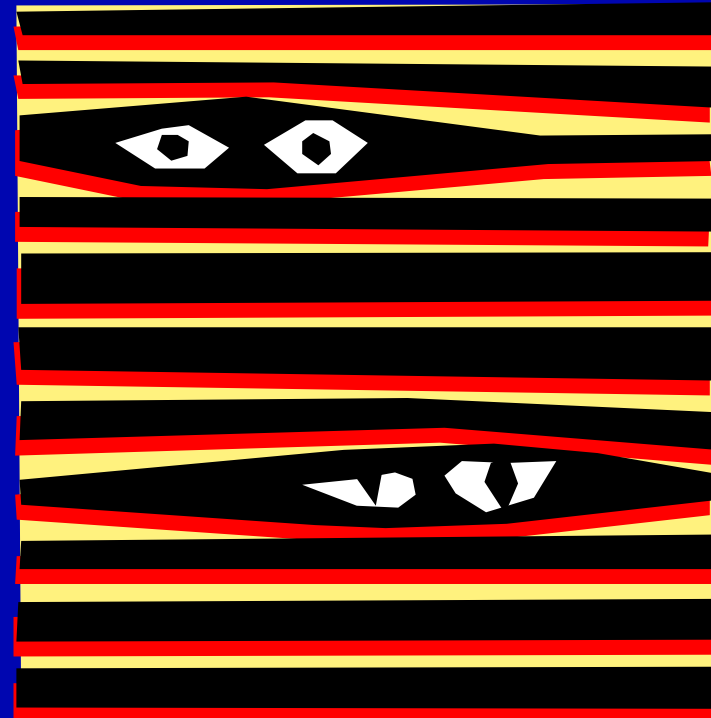
- Constantly on guard
- Hypervigilant
- Ready for any real or imagined threat
- Trusts no one
- Constantly tests the honesty of others
- Tends to misinterpret minute cues
- Magnifies Oversensitive
- and distorts cues in the environment
- More men than women



Schizoid

- **Definition**

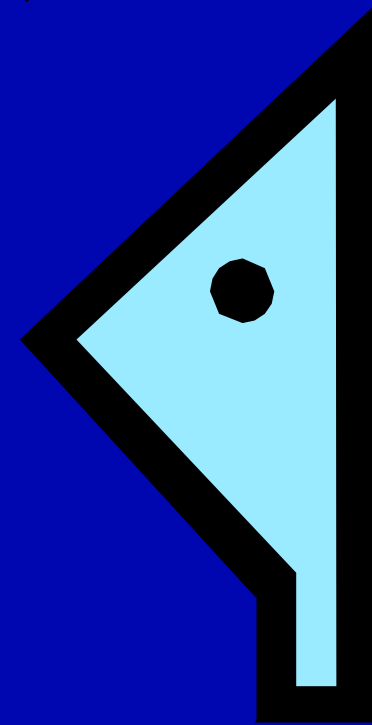
- Characterized primarily by a profound defect in the ability to form personal relationships
- Failure to respond to others in a meaningful emotional way



Schizoid (*cont.*)

- **Clinical Picture**

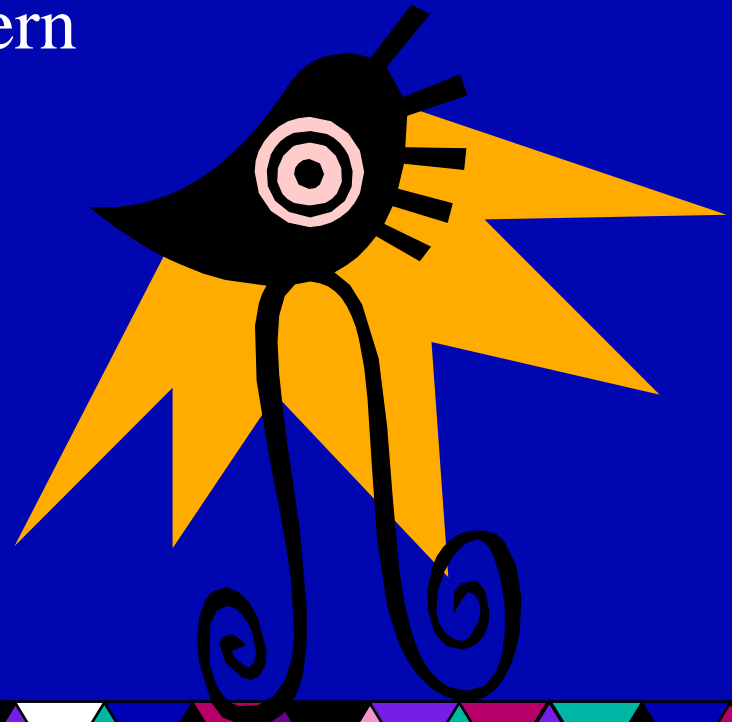
- Indifferent to others
- Client aloof
- Client emotionally cold
- In presence of others, clients appear shy, anxious, or uneasy
- Inappropriately serious about everything and have difficulty acting in a light-hearted manner



Schizotypal

- **Definition**

- A graver form of the pathologically less severe schizoid personality pattern



Types of Personality Disorders (Cluster B)

- **Antisocial**

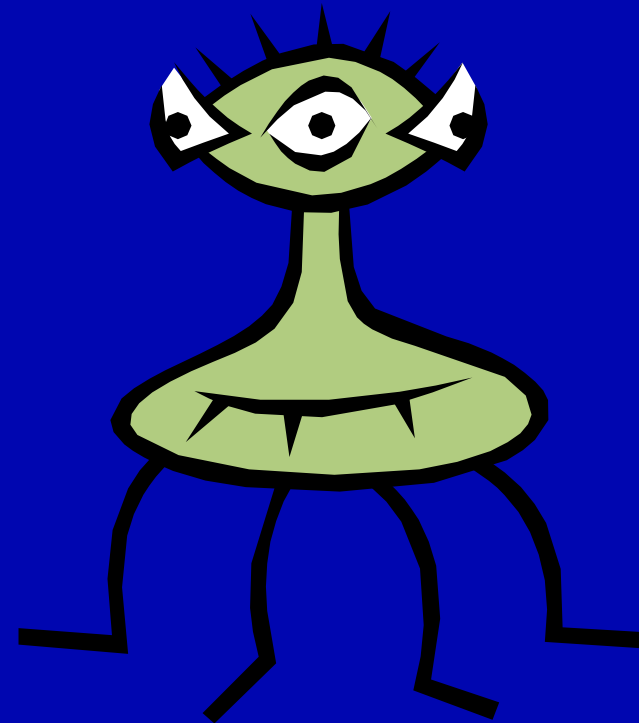
- **Definition**

- A pattern of
 - Socially irresponsible
 - Exploitative
 - Guiltless behavior

that reflects a disregard for the rights of others.



- Cold, callous, intimidating
- Inconsistent work or academic performance
- Failure to conform to societal norms
- Cruel and malicious
- Inability to form lasting monogamous relationship



Antisocial

- **Clinical Picture**
 - Fails to sustain consistent employment
 - Exploits and manipulates others for personal gain
 - Has a general disregard for the law
 - More men than women



Borderline

– Definition

- Characterized by a pattern of intense and chaotic relationships with affective instability
 - Clients have fluctuating and extreme attitudes regarding other people
 - Clients highly impulsive
 - **Most common form of personality disorder**
- Emotionally unstable
- Lacks a clear sense of identity



Borderline

Real safety issues

Often self injure, (cut, burn, scratch) may die from self inflicted wounds

Common behaviors

- Depression
- Inability to be alone
- Clinging and distancing
- Splitting
- Manipulation

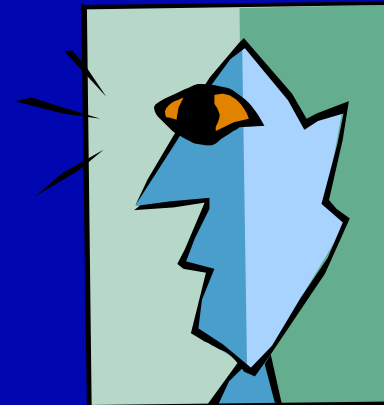


Histrionic

- **Definition**

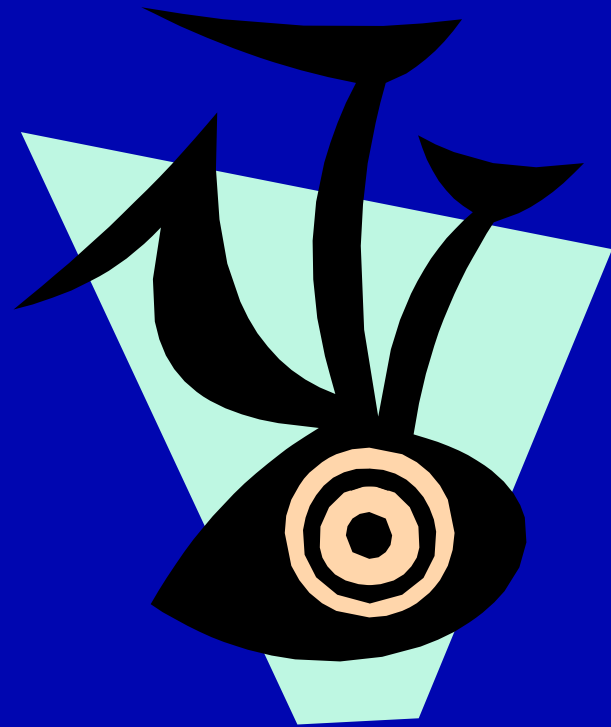
- **Personality is**

- Excitable
 - Emotional
 - Colorful
 - Dramatic
 - Extroverted in behavior



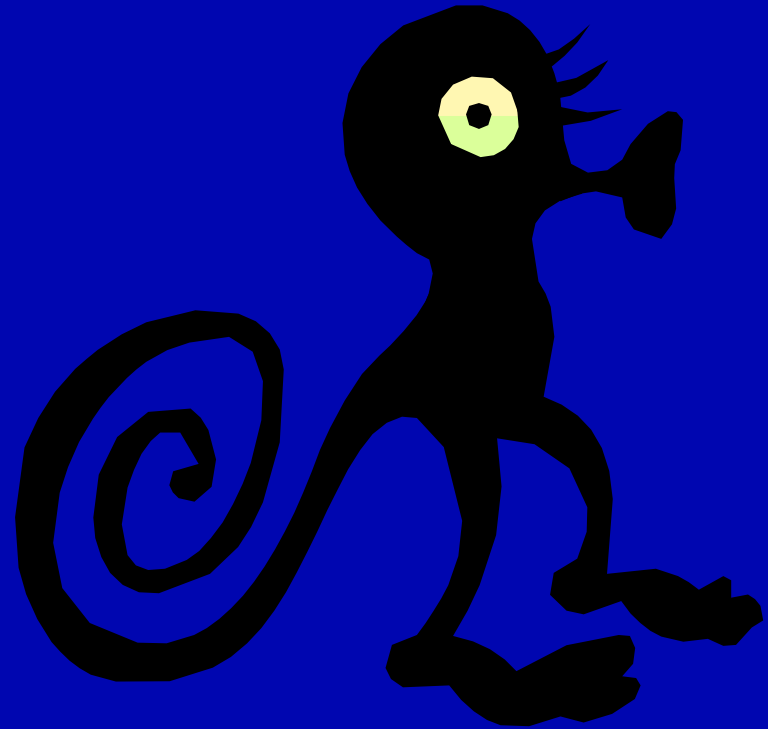
Histrionic (*cont.*)

- **Clinical picture**
 - **Affected clients are**
 - Self-dramatizing
 - Attention-seeking
 - Overly gregarious
 - Seductive
 - Manipulative
 - Exhibitionistic



Histrionic (*cont.*)

- **Etiological Implications**
 - Possible link to the dopaminergic neurotransmitter system
 - Possible hereditary factor
 - Learned behavior patterns



Narcissistic



- **Definition**

- Characterized by an exaggerated sense of self-worth
- Lacks empathy
- Believes has inalienable right to receive special consideration
- More men than women
- Client overly self-centered
- Exploits others in an effort to fulfill own desires
- *Mood*, which is often grounded in grandiosity, is usually optimistic
- Responds to negative feedback from others with rage, shame, and humiliation

Types of Personality Disorders (Cluster C)

- **Avoidant**

- Characterized by
 - Extreme sensitivity to rejection
 - Social withdrawal
- Prevalence is between 0.5% and 1% and is equally common in both men and women.
- Awkward and uncomfortable in social situations
- Desires close relationships but avoid them because of fear of being rejected



Dependent

- **Definition**

- Characterized by a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
- Relatively common within the population
- More common among women than men
- More common in the youngest children of family than in the oldest ones



Dependent (*cont.*)

- **Clinical Picture**

- Client has a notable *lack of self-confidence* that is often apparent in
 - Posture
 - Voice
 - Mannerisms
- Typically passive and acquiescent to desires of others
- Overly generous and thoughtful while underplaying own attractiveness and achievements

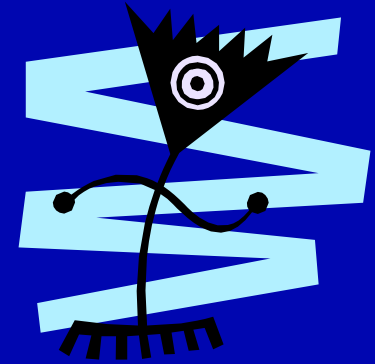


Dependent (*cont.*)

- **Clinical Picture (cont.)**
 - Assumes passive and submissive roles in relationships
 - Avoids positions of responsibility and becomes anxious when forced into them



OCD



- **Obsessive/Compulsive**

- **Definition**

- Characterized by *inflexibility* about the way in which things must be done
 - *Devotion* to productivity at the exclusion of personal pleasure

- **Definition**

- Relatively common and occurs more often in men than women
 - Within family constellation, appears to be most common in the oldest children

Obsessive-Compulsive (*cont.*)

- **Clinical Picture**

- Especially concerned with matters of organization and efficiency
- Tends to be rigid and unbending
- polite and formal
- rank-conscious (ingratiating with authority figures)
- Appears to be very calm and controlled
- Underneath there is a great deal of
 - Ambivalence
 - Conflict
 - Hostility



• Definition **Passive-Aggressive**

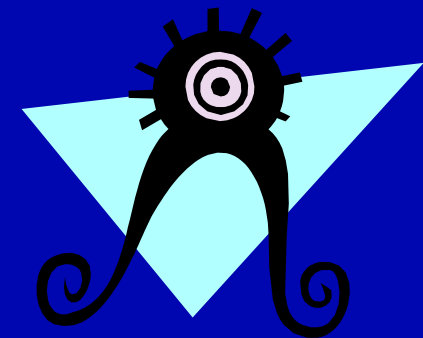
- Exhibits a pervasive pattern of negativistic attitudes and passive resistance
- Reacts badly to demands for adequate performance in *social and occupational* situations
- Exhibits passive resistance
- Exhibits general obstructiveness
- Commonly switches among the roles of the martyr, the affronted, the aggrieved, the misunderstood, the contrite, the guilt-ridden, the sickly, and the overworked



Passive-Aggressive (*cont.*)

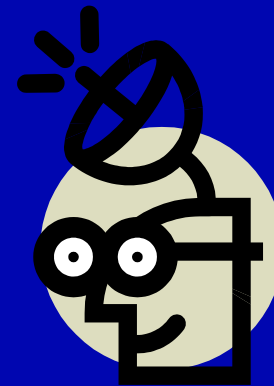
- **Clinical Picture**

- Exhibits passive resistance
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Passive-Aggressive (*cont.*)

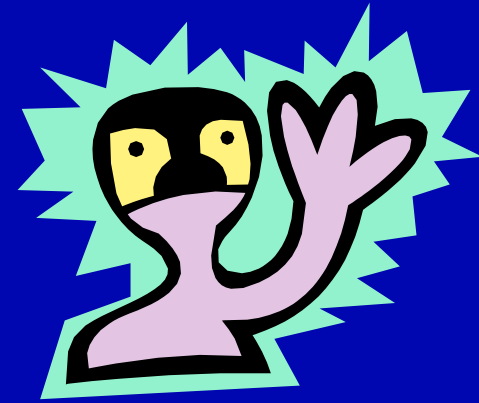
- **Clinical Picture (cont.)**
 - Able to vent anger and resentment subtly while gaining the attention, reassurance, and dependency that are craved



Etiology



- No single cause
- Limited research due to clients not seeking treatment Genetic-a biological tendency to react intensely to low levels of stress
- Neurobiological
- Limbic system dysregulation and CNS irritability may lower impulse control Decreased 5-HT associated with self mutilation, rage, aggressiveness



- Neurobiological
- Limbic system dysregulation and CNS irritability may lower impulse control
Decreased 5-HT associated with self mutilation, rage, aggressiveness

- Increase in NE associated with hypersensitivity to environment
- Interpersonal
- Projection of hostility toward self on to others resulting in withdrawal to avoid being hurt
- High standards imposed in childhood may set up perfectionism



- Social Theory
- A changing social system with personal needs being viewed as more important than group needs
- Social oppression leading to low self esteem, and poor identity
- Family Theory
- Inability to manage conflict, inadequate role modeling, inconsistent parenting
- Multigenerational enmeshed family system
- Feminist theory



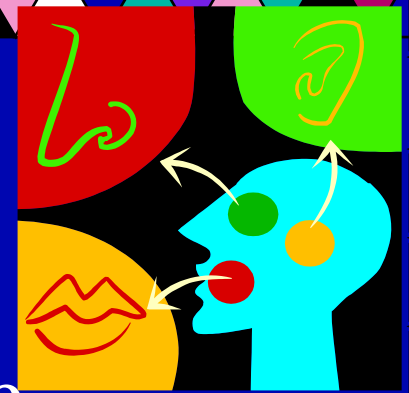
Nursing Interventions

- Approach in a gentle, interested but non intrusive way Respect client's need for distance
- Encourage interaction (group), but do not push Be as neutral as possible as client perceives others as threatening



- Be patient with client's extreme emotional behaviors Provide a consistent and structured milieu to decrease power struggles Protect client from suicide and self mutilation Set clear limits to maintain impulse control
- Teach problem solving and assertiveness training Teach expression of feelings
- Help client to recognize distress related to the need for perfection and control Help client discuss feelings of inadequacy and fear of rejection

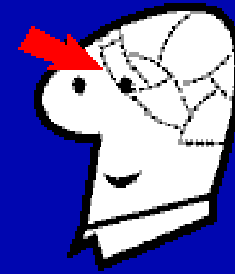




- Impulse Control Training
- Safety- suicide precautions
- Match client's developmental stage
- No harm contract-self monitoring
- Help them identify and label feelings
- Identify triggers and patterns in their behaviors (journaling)
- Problem solving and teach ability to tolerate uncomfortable feelings

- Antipsychotics for brief psychotic episodes
- SSRIs to decrease mood swings, and impulsive, aggressive, self destructive behaviors
- Groups
- To help client increase self awareness
- Self help groups
- Limit setting
- Clear ground rules- explain reasons and consequences





- Social skills
- Group therapy
- Assertiveness skills
- Involve them in the decisions, so they have “buy in” to their plan
- No changing of the rules- be consistent it creates a feeling of safety
- Business like approach- not a “friend”, not parental
- Focus on behavior, not the reasons for the behavior

- Anxiety Reduction
- Increase their sense of worth and competence by having them make their own decisions
- Teach the problem solving process
- Facilitate their taking responsibility for their own behavior Explore feelings and decisions with them
- Teach them how to ask for help
- Teach relaxation techniques-breathing, progressive muscle relaxation

