

**MARGARET H. ROLLINS SCHOOL OF NURSING**  
**N-201 Nursing Care of Special Populations**  
**MENTAL HEALTH NURSING**  
**Class Preparation #2**

Compare the three clusters of personality disorders & nursing interventions for each cluster:

Clusters	Defining Characteristics	Nursing Interventions
<p>Cluster A</p> <ol style="list-style-type: none"> <li>1. Paranoid Personality Disorder</li> <li>2. Schizoid Personality Disorder</li> <li>3. Schizotypal Personality Disorder</li> </ol>	<ol style="list-style-type: none"> <li>1. Pervasive, persistent, and inappropriate mistrust of others. Individuals with this disorder are suspicious of others motives and assume that others intent to exploit, harm, or deceive them</li> <li>2. Profound defect in the ability to form personal relationships, failure to respond to others in a meaningful emotional way</li> <li>3. Resembles schizophrenia, may develop into schizophrenia, aloof, isolated, behave in a bland and apathetic manner, magical thinking, ideas of reference, illusions, depersonalization, withdrawn to self, lacks close friends, bizarre speech</li> </ol>	<p>Attempt to establish trust  Professional demeanor  Be honest  Clear simple explanations  Set limits</p>
<p>Cluster B</p> <ol style="list-style-type: none"> <li>1. Antisocial personality disorder</li> <li>2. Borderline personality disorder</li> <li>3. Histrionic personality disorder</li> <li>4. Narcissitic personality disorder</li> </ol>	<ol style="list-style-type: none"> <li>1. Fails to sustain consistent employment, fails to conform to the law, exploits and manipulates others for personal gain, fails to develop stable relationships , persistent disregard to others, persistent violation of others rights, absence of remorse for hurting others</li> <li>2. Pattern of intense and chaotic relationships with affective instability fluctuating and extreme attitudes regarding other people, highly impulsive, chronic depression, abandonment issues, chronic feelings of emptiness</li> <li>3. Behavior is excitable and emotional, colorful, dramatic, extroverted, self-dramatizing, attention seeking, seductive and manipulative</li> <li>4. Sense of entitlement, believe they should receive special consideration, lack of empathy, envious of others, use of splitting tantrums, because of fragile self-esteem, mood can easily change if clients do not meet self-expectations and receive positive feed-back that they expect. Criticism from others may cause them to respond with rage, shame, humiliation</li> </ol>	<p>Give positive reinforcement for unselfish and other- center behaviors  Keep communication and interactions professional  Provide support  Help clarify true feelings  Assess for suicidal ideation</p>

<p>Cluster C</p> <p>1. Avoidant personality disorder</p> <p>2. Dependent personality disorder</p> <p>3 Obsessive compulsive disorder</p>	<ol style="list-style-type: none"> <li>1. Characterized by extreme sensitivity to rejection, social withdrawal, awkward and uncomfortable in social situations, desire close relationships but avoid them because of fear of being rejected, perceived as timid, withdrawn, cold and strange, often lonely and feel unwanted, view others as critical betraying</li> <li>2. Pattern of relying on others for emotional support, common with population, more common in women than men, intense fear of separation and being alone, lack of self-confidence, low self-worth, easily hurt by criticism and disapproval, needs supports from others, high levels anxiety</li> <li>3. Inflexibility about the way in which things must be done, devotion to productivity at the exclusion of personal pleasure. Concerned with matters of organization and efficiency. Tend to be rigid and unbending. High achievers</li> </ol>	<p>Teach and role model assertiveness</p> <p>Friendly gentle reassuring approach</p> <p>Guard against power struggles</p> <p>Provide structure</p> <p>Assist in developing effective coping techniques</p>
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Interventions for all personality disorders

- o Safety is always the priority
- o Set limits on patient behavior.
- o All staff should consistently enforce limits.
- o Assess your own reactions toward the patient.
- o Have discussions with staff members
- o Observe client's behavior frequently
- o Do not give positive reinforcement for manipulating behavior
- o Encourage client to talk about their feelings
- o Identify triggers
- o Discuss alternative behaviors
- o Teach coping skills
- o Create a therapeutic relationship
- o Encourage verbalization of feelings, perceptions, & fears