

# Personality Disorders

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# Key Terms

- Defense mechanisms
- Splitting
- All personality disorders
- Stable personality vs Pathologic personality

# Personality

*How we perceive &  
interact with the  
world*



# Intro to “Personality”

- Stable personality = *enduring* patterns that are *flexible and adaptive*
- Pathologic personality = *enduring* patterns that are *inflexible and maladaptive*

# **Etiology /Theories**

- **Temperament:** Nature Vs Nurture
- **Genetic:** Links for schizotypal, OCPD, APD & BPD
- **Neurobiological:** Disturbances in 5-HT  
Abnormal brain structure
- **Psychological Influences:** Childhood trauma

# Personality

## Stable

- Stable & realistic sense of self
- System for interpreting social situations & understanding of relational motives & actions of others
- Capacity to serve self & others
- Flexible & adaptive states

## Disorder

- Unstable & unrealistic sense of self
- Misinterpret social situations and lack understanding of relational motives & actions of others
- Lacks capacity to serve self & others
- Inflexible and maladaptive states
- Suffer due to disorder

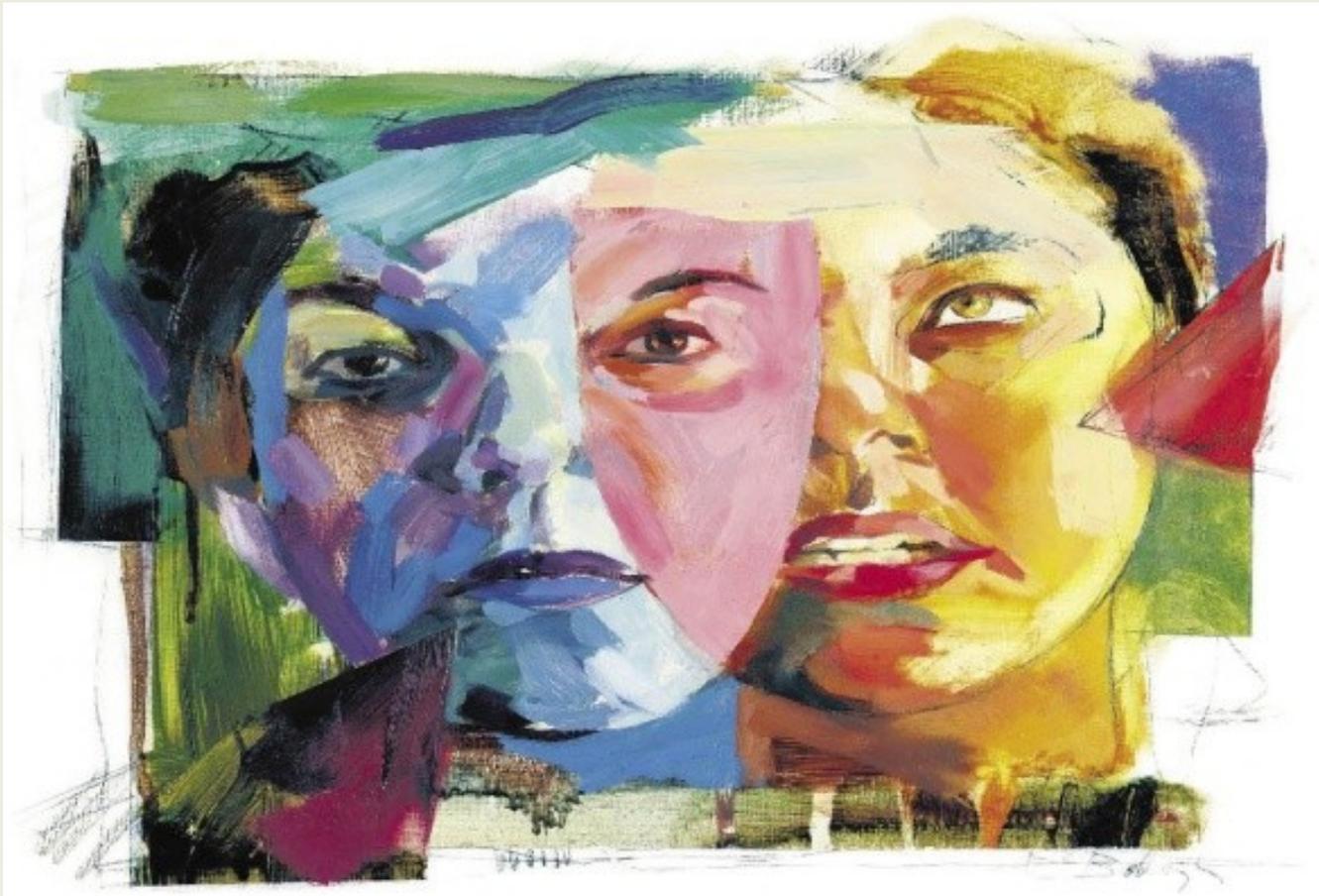


# Personality Patterns

- **Cognition** - Perception & cognition
- **Affective**- Emotional Responses
- **Social/Interpersonal**-How we relate to others
- **Behaviors**-How we respond to a situation (esp. stress)

TRAITS	Without PD	With PD
Thoughts (Cognition)	Accurate perception & interpretation of events	Inaccurate perception & interpretation of events
Feeling (Affectivity)	Ability to modulate; fits with situation	Inability to modulate; extreme & inappropriate
Behaviors	Socially appropriate Within control	Lack of impulse control; unable to delay gratification
Social	Other directed; empathetic	Ego-syntonic

# Overview of Personality Disorders





# Personality Disorders

- Occur in 10%-20% of population
- 40%-45% of those with other major mental disorder have a PD
- Treatment resistant-***little insight & improvement slow***



# “Disordered” Personality

## Common Characteristics

- Mood swings /angry outbursts
- Stormy or difficult relationships
- Social isolation
- Suspicious and mistrusting of others
- Poor impulse control /craves instant gratification
- Alcohol or substance abuse



# Risk Factors for Personality Disorders

- A family history of personality disorders or other mental illness
- Low socioeconomic status
- Verbal, physical, or sexual abuse during childhood
- Neglect, unstable, or chaotic family life during childhood
- Being diagnosed with childhood conduct disorder
- Loss of parents through death or traumatic divorce during childhood



# Complications of Personality Disorders

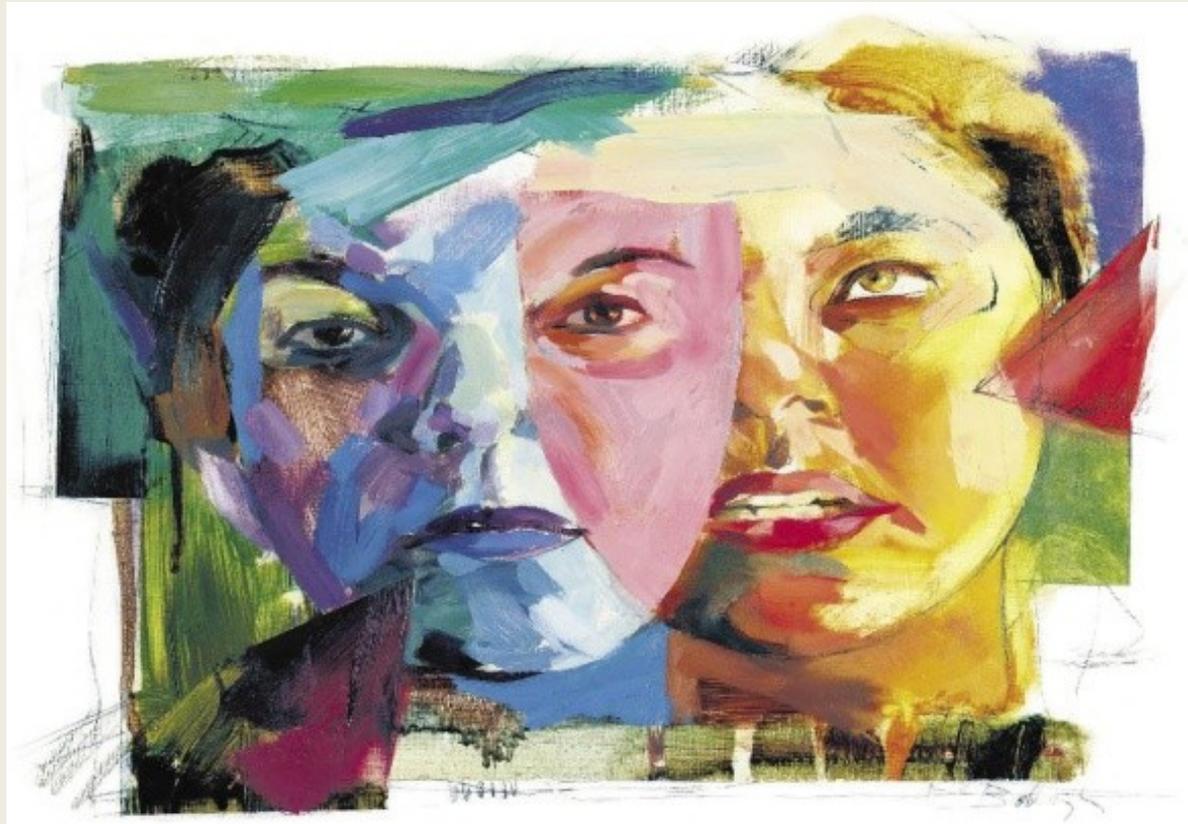
- Depression & /or anxiety
- Eating disorders (*BPD*)
- Suicidal behavior or self-injury (*BPD*)
- Reckless or risky behavior; driving, sex (*BPD /ASPD*)
- Child abuse /neglect
- Alcohol or substance abuse
- Aggression / violence (*ASPD*)
- Incarceration (*ASPS*)
- Educational and employment problems

Signs and Symptoms	Nursing Diagnoses
Crisis, high levels of anxiety	<i>Ineffective coping</i>
Anger and aggression; child, elder, or spouse abuse	<i>Risk for other-directed violence, Ineffective coping, Impaired parenting, Disabled family coping</i>
Withdrawal	<i>Social Isolation</i>
Paranoia	<i>Fear Disturbed: sensory perception, thought processes, coping</i>
Depression	<i>Hopelessness, Risk for suicide, Self-mutilation, Chronic low self-esteem, Spiritual distress</i>
Difficulty in relationships, manipulation	<i>Ineffective coping, Impaired social interaction, Interrupted family processes, Risk for loneliness</i>
Failure to keep medical appointments, late arrival for appointments, failure to follow prescribed medical procedure/medication	<i>Ineffective therapeutic regimen management Noncompliance</i>

# Personality Disorders: Assessment

- General appearance & motor behavior
- Mood & affect
- Thought processes & content
- Sensorium & intellectual processes
- Judgment & insight
- Self-concept
- Roles & relationships
- Physiologic considerations
- Use of defense mechanisms

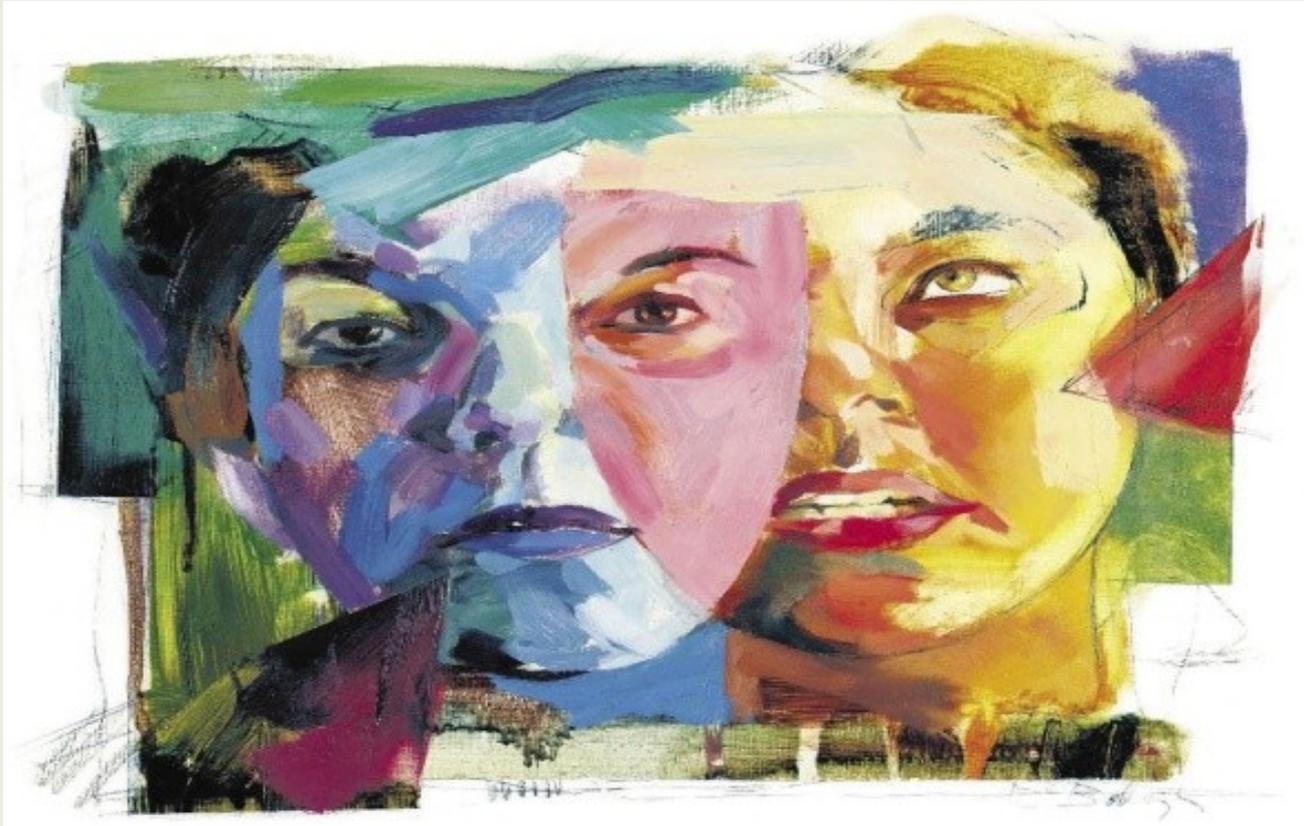
# Specific Personality Disorders





# Diagnostic Classifications

<b>Cluster A Odd &amp; Eccentric Traits</b>	<b>Cluster B Dramatic, Emotional, &amp; Erratic Traits</b>	<b>Cluster C Anxious &amp; Fearful; Insecure &amp; Inadequacy Traits</b>
Paranoid (PPD)	Antisocial (APD)	Avoidant (AVPD)
Schizoid (SZPD)	Borderline (BPD)	Dependent (DPD)
Schizotypal (STPD)	Histrionic (HPD)	Obsessive-compulsive (OCPD)
	Narcissistic (NPD)	



**CLUSTER A**



# Cluster A: Paranoid PD

**Cognitive domain:** Secretive about sharing decisions

**Affective domain:** Difficulty sharing feelings

**Social domain:** Difficulty with intimacy

Pathological jealousy

Unforgiving



# Nursing Interventions for Paranoid PD

- Serious & straightforward approach
- Honor commitments w/ patient
- Involve client in treatment plan
- Teach client to validate ideas with a trusted person before acting on an idea
- Present information in concrete manner



## Cluster A: Schizoid PD

**Affective domain:** Often blunted or flat

**Cognitive domain:** “Poverty of thought”, vague communication

**Social domain:** Present as aloof, rarely date or marry; “loners”



# Nursing Interventions Schizoid PD

- Understand client will **not** benefit from forced social interaction
- May need case mgmt services; lacks ability to plan for future needs
- Client may be difficult to include in developing POC-indifference



## Cluster A: Schizotypal PD

**Affective:** Inappropriate, constricted

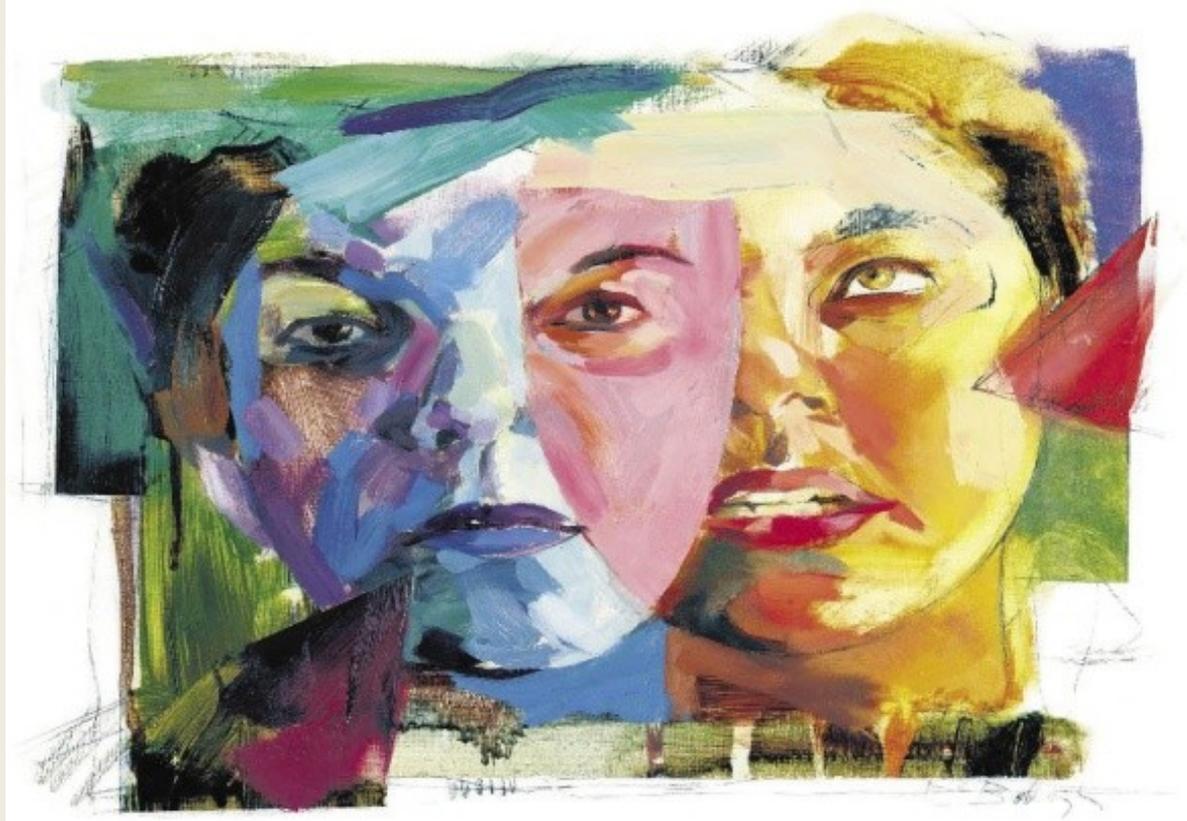
**Cognitive:** Paranoid ideation, magical thinking, ideas of reference

**Social:** Often avoided by others r/t odd behavior & appearance, indifference to others



# Nursing Interventions Schizotypal PD

- Improve self care skills
- Work towards improved function in community (appearance, dialogue)
- Include in groups to work towards improved social skills



**CLUSTER B**



## Cluster B: Antisocial PD

**Affective:** Expressive but not genuine

**Cognitive:** Egocentric, grandiose,  
impulsive

**Social:** 3-4 times more common in  
men. Exploitive of others



# Nursing Interventions with Antisocial PD

- Limit setting
- Confrontation w/o shame
- Be consistent within treatment team
- Work on problem solving



# Cluster B: Borderline PD

**Affective:** Intense, labile emotions; anxious, empty (affective instability)

**Cognitive:** Identity disturbance; dichotomous thinking. May have psychotic episodes under stress

**Social:** Manipulative relationships; fear abandonment and being alone

3 x more common in women than men



# Nursing Intervention for Borderline PD

- Ensure safety: Eating disorders, self mutilation, risk taking, suicide ideation
- No self harm contracts when indicated
- Establish firm boundaries
- Establish therapeutic relationship; non-judgmental & professional
- Provide safe environment for expression of feelings/emotions (no “tough love”)
- Do not be *reactive*
- Teach to recognize and tolerate feelings decatastrophizing



## Cluster B: Histrionic PD

**Affective:** Dramatic & extroverted

**Cognitive:** Self centered; guided by feelings more than thinking

**Social:** Sexual, seductive

Attention seeking



# Nursing Interventions for Histrionic PD

- Offer feedback on behavior while offering appropriate alternatives
- Model appropriate social skills
- Teach use of “I” messages to express needs in socially appropriate way



## Cluster B: Narcissistic PD

**Affective:** Labile

**Cognitive:** Arrogant, egotistical,  
grandiose thinking

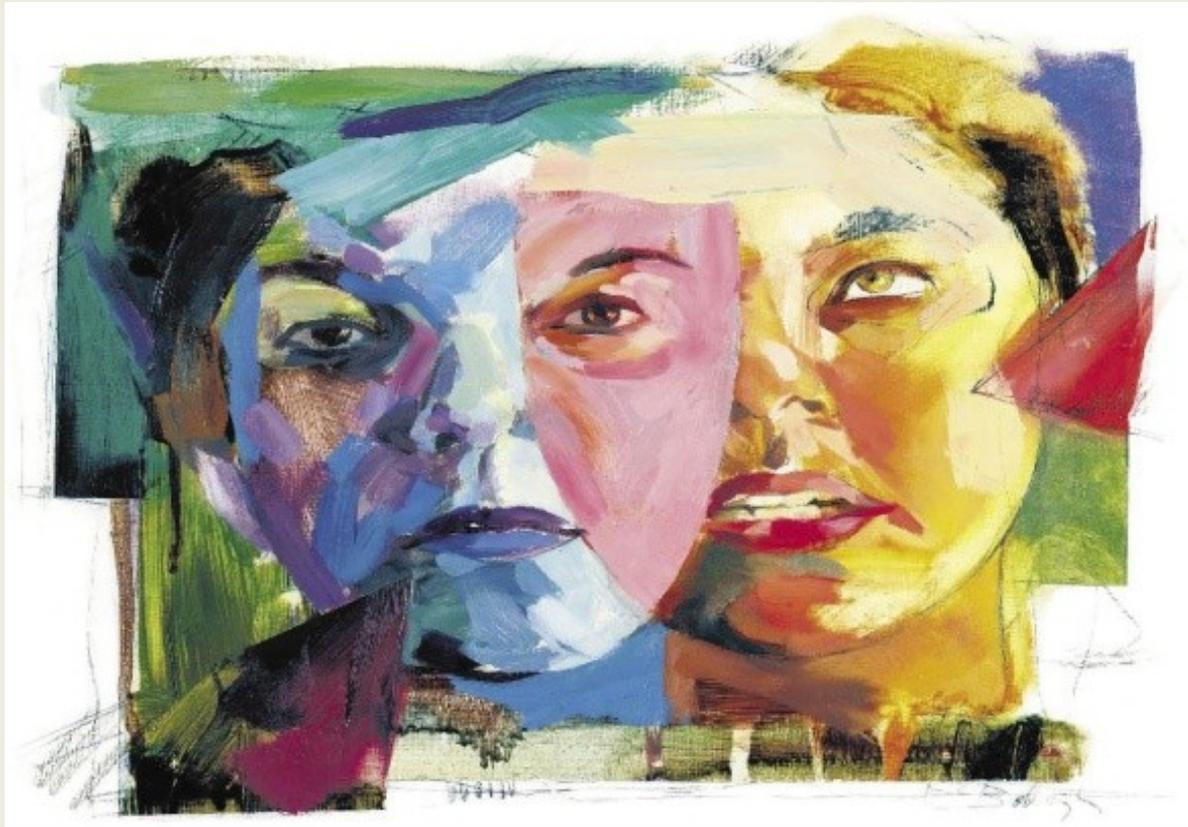
**Social:** Lack of empathy for others

“What’s in it for me?”



# Nursing Interventions for Narcissistic PD

- Limit setting
- Be self-aware (don't internalize)
- State expectations clearly
- Reality orientation



**CLUSTER C**



## Cluster C: Avoidant PD

**Affective:** Fearful & shy

**Cognitive:** Exaggerated need for acceptance

**Social:** Strong fear of rejection, few close friends, reticent & withdrawn (but want relationships)



# Nursing Interventions for Avoidant PD

- Work on positive self affirmations
- Promote self esteem
- Reframing
- Decatastrophizing



## Cluster C: Dependent PD

**Affective:** Helpless

**Cognitive:** Lack of self confidence

**Social:** Excessive dependence on others, cling to others



# Nursing Interventions for Dependent PD

- Explore problems & solutions w/o solving for them
- Promote independence



## Cluster C: Obsessive-Compulsive PD

**Affective:** Unable to express emotions\_

**Cognitive:** Perfectionism, procrastination, & indecision (would rather not try, than try and fail)

**Social:** Omnipotent (all powerful)

Omniscient (all knowing)

Need for control



# Nursing Interventions for Obsessive-Compulsive PD

- Practice negotiation
- Decatastrophizing
- Have client set realistic goals; completion rather than perfection



# Common Therapies for Personality Disorders

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Psychodynamic psychotherapy
- Psychoeducation



# Meds Used to Treat Personality Disorders

- Antidepressants (SSRIs)
- Mood-stabilizers
- Anti-anxiety medications
- Antipsychotic medications

\*\*focus on symptom relief\*\*



# Other PDs

- **Depressive PD**
- **Affect**: Sad, gloomy
- **Cognitive**: Negative, pessimistic
- **Social**: Critical of others
- **Nursing Interventions**: Assess for self harm
- Encourage engagement with others
- Consider antidepressant meds



## Other PDs

### Passive-Aggressive PD

**Affect:** Sad, angry, hostile alt with excessive dependence

**Cognition:** Perception of disappointments or difficulties where none exist

**Social:** Plays role of martyr



## Don't forget to....

1. Be self aware
2. Remember progress is slow
3. Be realistic in goal setting
4. Focus on behavioral change rather than “healing” the disorder
5. Understand that clients have limited insight



# Additional References

- <http://www.mayoclinic.org/diseases-conditions/personality-disorders/symptoms-causes/dxc-20247656>  
(retrieved 1/16/17)
- Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition