

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

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





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

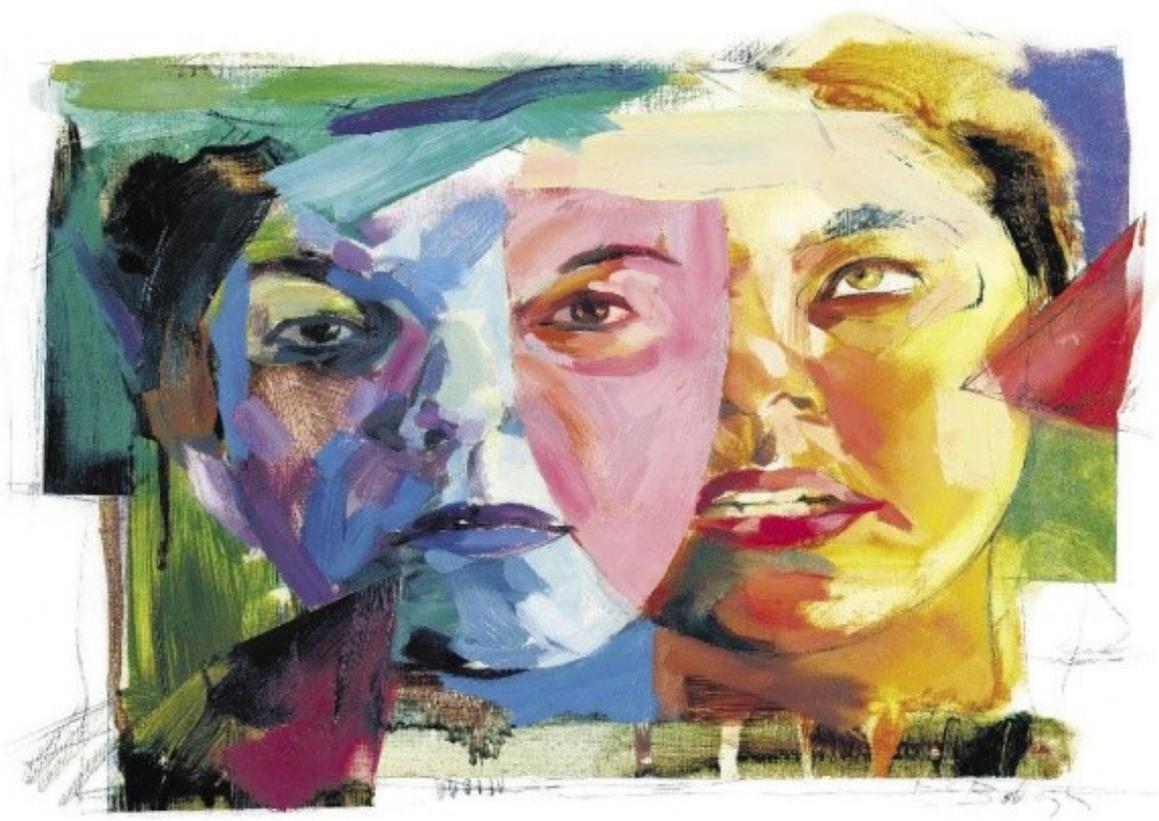
Cognitive: Paranoid ideation, magical thinking, ideas of reference

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: 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: 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, 5th edition