

Personality Disorders

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Personality

- **Definition:** Totality of **emotional** and **behavioral characteristics** that are particular to a specific person, remain stable and predictable overtime.
- **Personality Traits** are enduring patterns of perceiving, related to, and thinking about environment and self in a social and personal context.

Personality

- **Personality Disorders**-(Axis II)-When **traits** become **inflexible** and **maladaptive** causing significant functional impairment or subjective distress.
- **Personality Development**
(biological/psychological influences)
 - a. heredity
 - b. temperment
 - c. experimental learning
 - d. social interaction

Comparison of Personality Development Theory

- Sullivan-Interpersonal(pp.34-35)
- Erikson-Psychological(pp.35-38)
- Mahler-Objective Relations(pp.38-39)
- Many theorists provide information about personality development. Most suggest this happens in an orderly fashion, stages overlap and occurs at a different rate in different individuals. know the norms.

Abnormal Personality

- Adaptive inflexibility.
- Tendency for vicious self defeating circular behavior.
- Emotional instability under stress.
- Ability to evoke and create interpersonal conflict.
- Lack of respect for others and for boundaries.

Common Characteristics of Personality Disorders

- Inflexible and maladaptive response to stress.
- Maladaptive behaviors in occupational and social relationships.
- Ability to evoke and create interpersonal conflict.
- Lack of respect for boundaries.Ability to “get under your skin”

DSM-IV-TR Classification

- **Cluster A: Odd and Eccentric.**
 - a. Paranoid Personality Disorder.
 - b. Schizoid Personality Disorder.
 - c. Schizotypal Personality Disorder.
- **Cluster B: Dramatic, Emotional, or Erratic.**
 - * a. Antisocial Personality Disorder.
 - * b. Borderline Personality Disorder.
 - c. Histrionic Personality Disorder.
 - d. Narcissistic Personality Disorder.

DSM-IV-TR Classification Cont.

- **Cluster C: Anxious or Fearful**
 - a. Avoidant Personality Disorder
 - b. Dependent Personality Disorder.
 - c. Obsessive-Compulsive Personality Disorder.

Criteria for further study: Passive-Aggressive Personality Disorder.

**Cluster A
Odd and Eccentric**

- Paranoid Personality Disorder.
- Schizoid Personality Disorder.
- Schizotypal Personality Disorder

Cluster A -Paranoid Personality Disorder

- Pervasive distrust and suspiciousness of others and their motives.
- Begins in early adulthood. More common in women.
- **Clinical Picture:**
 - a. constantly on guard, hypervigilant.
 - b. ready for any real or imagined threat.

Paranoid Personality Disorder

- **Clinical Picture Cont.**
 - c. trust no one, oversensitive.
 - d. constantly test motives and honesty of others.
 - e. insensitive to the feeling of others.
 - f. does not accept responsibility, attributes shortcomings to others.
- Nsg: Be serious ,formal, business like. Use concrete terms, gain trust.

Paranoid Personality Disorder Cont.

- **Predisposing factors :**
 - a. possible hereditary.
 - b. may have been exposed to parental antagonism/harassment (scapegoat).
 - c. learned to see the world as harsh and unkind.
 - d. "chip-on-the-shoulder"-learned to attack first.

Paranoid Personality Disorder Nursing Intervention (NIC)

- Clear communications
- Avoid being overly friendly, use formal name.
- Straight forward, clear brief communications, show respect.
- Keep client informed of changes in care/treatment

Cluster A-Schizoid Personality Disorder

- Characterized primarily by profound defect in ability to form personal relationships. Loner, lacks insight.
- Failure to respond to others in meaning/emotional way. More frequent in men.
- **Clinical Picture:**
 - a. cold, aloof, indifferent, no friends.
 - b. work in isolation, unsociable.
 - c. appear shy, anxious, uneasy, flattened affect, detached.

Schizoid Personality Disorder Cont.

- Schizoid Predisposing Factors:
 - a. possible hereditary factors (introversion)
 - b. childhood characteristics are:
 1. Bleak
 2. Cold
 3. Unempathic
 4. Notably lacking in nurturing.

Schizoid Personality Disorder Nursing Intervention (NIC)

- Clear communications.
- Task oriented interventions.
- Clear statement of expectations.
- Avoid touch, and overly friendly approach.
- Establish non-threatened environment.

Cluster A-Schizotypal Personality Disorder A graver form of schizoid personality

Clinical Picture :

- a. Client is aloof, isolated , **behavior** is bland and apathetic.
- b. Everyday manifest: magical thinking, ideas of reference ,delusions, superstitiousness, depersonalization, withdrawal to self.
- c. Exhibit bizarre speech pattern, under stress may decompensate=psychotic symptoms.
- d. Demonstrates bland, inappropriate affect.

Schizotypal Personality Assessment

- Self care deficits, unkempt and bizarre dress.
- Paranoid ideation and suspiciousness of others.
- Most prevalent in first degree relative of people with schizophrenia.

Schizotypal Personality Cont.

- **Predisposing Factors :**
 - a. possible hereditary factor.
 - b. anatomic or neurochemical defects.
 - c. family dynamics- indifference, impassivity, formality.
 - d. discomfort with personal affection and closeness.
 - e. client withdraws and reduces contact.

Schizotypal Personality Disorder Intervention (NIC)

- Decrease anxiety.
- Goal oriented task.
- Interpersonal teaching.
- Self-care teaching.
- Low dose antipsychotics.

Cluster B Personality Disorders Dramatic, Emotional, or Erratic

- Antisocial Personality Disorders and Borderline Personality Disorders will be covered extensively after the other Personalities Disorders.
- Histrionic Personality Disorder.
- Narcissistic Personality Disorder

Histrionic Personality Disorder
HPD

- Colorful, dramatic, extroverted **behavior** in excitable and emotional people.
- **Clinical Picture:**
 - a. affected clients are self-dramatizing, attention seeking, overly gregarious, seductive, manipulative, exhibitionistic.
 - b. easily influenced, highly distractible, strong need for approval, difficulty forming relationships.
 - c. somatic complaints, may have fleeting episodes of psychosis.

Histrionic Personality Disorder

- **Histrionic**-strong seductive behaviors and dress but very shallow in range of emotions.
- **Predisposing Factors:**
 - a. possible link to noradrenergic/serotonergic system; hereditary factor.
 - b. biogenetically determined temperament.
 - c. learned behavior pattern.

> incidence in women.

Narcissistic Personality Disorder
NPD

- Mood can change because of fragile self esteem; need of positive feedback.
- Criticism from others may cause a response of rage, shame, humiliation.

Clinical Picture:

- a. exaggerated sense of self-worth.
- b. feel they have a right to special consideration.

Narcissistic Personality Disorders

• **Clinical Picture cont:**

- c. overly self-centered, exploits others.
- d. Mood-grounded in grandiosity-usually optimistic.
- e. relaxed, cheerful, and carefree.

Disorder more common in men.

Narcissistic Personality Disorder

• **Predisposing Factors:**

- a. as children their fears, failure, dependency were met with criticism, disdain, neglect.
- b. parents were possibly narcissistic.
- c. parents may have over-indulged them and failed to set limits on unacceptable behaviors.

Interpersonal Agenda of the Narcissistic Personality

• **Note:**

The narcissist expects to be adored as the center of attention. Other people's needs will be ignored ,often unintentionally. He wants to be admired and feel entitled to care-giving and special treatment.

Nsg: be matter-of -fact, set limits, do not internalize pt's criticism.

NPD and HPD
Nursing Interventions

- Avoid a power struggles.
- Do not become defensive with negative criticism.
- Set limits clearly.
- Avoid non-judgmental statements.
- Remain professional.
- Set clear limits.
- Avoid non-judgemental statements.

Cluster C
Anxious or Fearful

- Avoidant Personality Disorder.
- Dependent Personality Disorder.
- Obsessive-Compulsive Personality Disorder.

- Criteria for further study: Passive-Aggressive Personality Disorder

Avoidant Personality Disorder

- Extremely sensitive to rejection.
- Social withdrawal, feel unwanted, everything is too risky.
- Depression, anxiety, and anger at oneself for failure to develop social relations.
= men and women.

Nsg: support ,reassure, teach and practice social skills.

Avoidant Personality Disorder

- **Predisposing Factors:**
 - a. possible hereditary influence.
 - b. Traits/Temperamental predisposition (crankiness, hyperirritable, tension, withdraws).
 - c. Psychosocial-parental rejection, optimism replaced with feelings of low self-worth, social alienation.
 - d. see the world as hostile and dangerous.

**Avoidant Personality Disorder
Nursing Interventions**

- Warm, friendly engaging manner.
- Give reassurance, especially when client has new or challenging situations.
- Social phobias may need SSRI's to treat panic attacks.

Dependent Personality Disorder

- Characterized by pervasive and excessive need to be taken care of and this leads to submissive and clinging behavior and fears of separation.
 - a. relatively common
 - b. more common in women
 - c. more common in youngest child

Dependent Personality Disorders

- **Clinical Picture:**
 - a. passive, acquiescent to others.
 - b. low self worth, easily hurt by criticism
 - c. assume passive, submissive role in relationships.
 - d. avoid positions of responsibility

*they lack self confidence.

Dependent Personality Disorder

- **Predisposing Factors:**
 - a. possible hereditary influence
 - b. singular attachment by infant to one person and nurturance from one source excluding others.
- Nsg: Assist with daily functioning, grief resolution, teach problem solving techniques.

History of Obsessive-Compulsive Personality

- Both AXIS I and AXIS II disorder called obsessive-compulsive is a source of some confusion. The AXIS I anxiety disorders describes **behaviors** that are obsessions and compulsives. The AXIS II disorders describes **interactive behavior pattern**.
- AXIS II Personality Disorder wants to do it right and avoid blame. The person may appear blaming and controlling of others.

Obsessive Compulsive Personality Disorder

- Characterized by inflexibility.
- Devotion to productivity-excludes personal pleasure
- Occurs most often in men
- Most common in the oldest children

Obsessive Compulsive Personality Disorder

- **Clinical Picture:**
 - a. concerned with **organization** and **efficiency**.
 - b. rigid and unbending, polite and formal.
 - c. rank-conscious (ingratiating and authority)
 - d. appears to be calm and controlled but under neath there is ambivalence, conflict, hostility.

Obsessive Compulsive Personality Disorder

- **Predisposing Factors:**
 - a. overcontrolling parents
 - b. no positive reinforcement for acceptable behavior.
 - c. frequent punishment for undesirable behavior.
- Nsg: Cognitive restructuring, set deadline instead of perfection goals.

Passive-Aggressive Personality

- DSM-IV-TR includes this in “criteria provided for further study”.
- Townsend 6th Ed. Includes this as a possible Cluster C Disorder.

Passive-Aggressive Personality Disorder

- Exhibit negativistic attitude, passive resistance.
- Reacts badly to demands for adequate performance in social/occupational situations.
- **Clinical Picture:**
 - a. Passive resistance, general obstructiveness.
 - b. Assumes the role of Martyr, guilt-ridden, contrite, overworked, aggrieved, sickly.

Passive Aggressive Personality Disorder

- **Clinical Picture Cont.**
 - c. argumentive, critical, whining, irritable.
 - d. anger is not acknowledged or expressed directly but the person is resistant and negative.
 - e. passively expressing Covert aggressive.
- *Nsg: help the client identify feelings and express them, encourage self journals.

Cluster B
dramatic, emotional, or erratic

- **Antisocial Personality Disorder:**
 - a. A pattern of socially irresponsible, exploitative, and guiltless behaviors that reflect a disregard for the rights of others.
 - b. Appearance is usually well-groomed, charmer, impulsive, egocentric, no emotional involvement, selfish, very insecure, untruthful, repeated failures (marriage, work, etc.).

Antisocial Personality Disorder

- **Clinical Picture:**
 - a. Fails to sustain consistent employment, to conform to the law, or to develop stable relationships.
 - b. Exploits and manipulates others for personal gain. Blames others for problems.
 - c. False emotions to suit occasions.
 - d. Seeks immediate gratification, impulsive.

**Antisocial Personality Disorder
Cont.**

- **Clinical Picture Cont.**
 - e. usually believes he will not get caught.
 - f. No guilt, no anxiety, poor judgement, no insight, no social conscience.

Prevalance: 3% in men, 1% in women

*Defense Mechanism-Rationalization, Denial

Antisocial Personality Disorder Nursing Process:Assessment

- **Common Behaviors:**
 - a. Exploitation, manipulation,of others for personal gain.
 - b. Belligerent, argumentative, impulsive, reckless, selfish.
 - c. Low frustration tolerance, lacks remorse, unable to delay gratification.
 - d. Failure to conform to societal norms.

Antisocial Behavior Disorder Cont.

- **Affect**-lack of anxiety or guilt.
- **Cognitive**-Egocentric, grandiose, egosyntonic.

Antisocial Personality Disorder Predisposing Factors

- Possible genetic influence.
- Sociopathic or alcoholic father.
- Parental Deprivation (first 5 years).
- Inconsistent parenting, growing up without parental figures of both sexes.
- History of severe physical abuse, extreme poverty.

Antisocial Personality Disorder Predisposing Factors Cont.

- History of ADHD or conduct disorder during childhood or adolescence.
- Being "rescued " (never suffering consequences of their own behavior).
- Maternal Deprivation.

Antisocial Personality Disorder Diagnosis - NANDA

- *Risk for other-directed violence.
- Defensive coping.
- Chronic low self-esteem.
- Impaired social interaction.
- Ineffective health maintenance.

- NOC in the book

Antisocial Personality Disorder Intervention (NIC)

- Safety of the client and Others.
- Assist client to recognize, gain insight , and decrease unacceptable behaviors.
- Help client learn to delay gratification.
- Set limits, structured setting, list responsibilities, and confront client when necessary.

Antisocial Personalities Disorder

- Treatment Modalities:
 - a. Interpersonal Psychotherapy.
 - b. Psychoanalytical Psychotherapy.
 - c. Milieu or Group Therapy.
 - d. Cognitive/Behavioral Therapy.
 - e. Psychopharmacology

Borderline Personality Disorder

- Clients fall between neuroses and psychoses.
- Always seem to be in state of crisis.
- **Affect** is one of extreme intensity.
- **Behaviors** reflects frequent changeability.
- Self destructive behavior.
- Clients are Impulsive

Borderline Personality Disorder Cont.

Clients are identified by **intensity** and **instability** of affect and behavior. ommon behaviors.

- Common Behaviors:
 - a. chronic depression
 - b. inability to be alone.
 - c. clinging and distancing behaviors.
 - d. splitting.
 - e. manipulation, self destructive behavior.

Boderline Personality Disorders Predisposing Factors

- Biological:
 - a. biochemical- possible serotonergic defect
 - b. generic-possible hereditary factor.
- Psychosocial:
 - a. childhood trauma or abuse.
 - b. developmental-fixed in (16-24 month development).child fails to achieve autonomy.

Borderline Personality Disorder Diagnosis

- Risk for self-mutilation.
- Risk for suicide, other-directed violance.
- Anxiety (severe to panic).
- Complicated grieving with fixation in the anger stage of grieving.
- Impaired social interaction.
- Disturbed personal identity.

Borderline Personality Disorder Nursing Intervention (NIC)

- Nursing intervention is aimed at protection of client from self-mutilation.
- Confront clients true source of internalized anger.
- Realistic goals, clear boundaries and limits.
- All members of the team on the same page, these clients are manipulative, instill guilt in others,splitting behavior

Borderline Personality Nursing Interventions

- Avoid rejection.
- Be alert for suicidal, self-mutilating behaviors.
- Control aggression.
- Adher to a clearly defined treatment plan.

Borderline Personality Disorder Swallowed glasses



Axis II Agendas

- Antisocial: control/avoid being controlled.
- Borderline: to be understood perfectly enough that the emptiness and pain will end.
- Narcissistic: to be adored.
- Histrionic: to be care for by a powerful partner by being attractive/entertaining or ill.
- Obsessive Compulsive to follow the rules and avoid blame.

Axis II Agendas


- Avoidant: to avoid being hurt (think social phobia).
- Dependent: to assure love and protection at any personal cost.
- Paranoid: to stay safe in a dangerous world.
- Schizotypal: agenda is unclear-more like a thought disorder.
- Schizoid: clueless to the world of others.

Generic Approches to AXIS II Therapies

- Antisocial Personality : teach consequences, no mercy.
- Borderline: be consistent, work towards insight, do DBT, or provide support, wait.
- Narcissistic: model making mistakes, gently begin confrontation, teach empathy.
- Histrionic: teach affective modulation.

Generic Approaches to AXIS II Therapies

- Obsessive compulsive: engage the intellect in exploring feelings, develop compassion.
- Avoidant: social skills training, exposure.
- Dependent: assertiveness skills.
- Paranoid: help client see how he/she is affecting others.
- Schizotypal: reality testing, antipsychotics.
- Schizoid ?



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INSTITUTE

Victory found in
Aceptance of self by
Living for today
Overcoming yesterday and
Reclaiming tomorrow
