

THE PERSONALITY DISORDERS

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Lecture Overview

- Cluster A Odd or Eccentric
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder

Lecture Overview cont.

- Cluster B Dramatic and Emotional
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Narcissistic Personality Disorder
 - Histrionic Personality Disorder

Lecture Overview cont.

- Cluster C Anxious or Fearful
 - Dependent Personality Disorder
 - Obsessive Compulsive Personality Disorder
 - Avoidant Personality Disorder

DEFINITIONS

- Personality ---an evolving pattern of thinking, perceiving and experiencing. It encompasses one's enduring attitudes and beliefs. These patterns are acquired in early childhood and become lifelong patterns of behavior.

Definitions cont.

- Personality Disorder
 - Personality traits are inflexible and maladaptive and cause significant functional impairment. The patient with a personality disorder is not able to accomplish the developmental tasks of trust, autonomy and meaningful relationships.

Definitions cont.

- Long-term maladaptive and repetitive behaviors characterize the personality disorders. These behaviors are not considered uncomfortable or maladaptive by the patient as are symptoms that are experienced in other psych disorders.

Common Characteristics

- Inflexible and maladaptive response to stress.
- Maladaptive behaviors in occupational and social relationships
- Ability to evoke and create interpersonal conflict

Common Char. cont

- Lack of respect for boundaries. Capacity to get “under the skin of others.” If you are feeling consistently irritated and anxious when dealing with a patient, suspect a personality disorder.

Personality Disorders DSM IV TR

- Deviation from the expectations of one’s culture in these areas
 - Cognition
 - Affect
 - Interpersonal functioning
 - Impulse control

Theories

- Biological inheritable traits
 - Novelty seeking
 - Harm avoidance
 - Reward dependence
 - Persistence

Theories cont.

- Chronic Trauma
 - A single traumatic event causes us to fear a recurrence.
 - Chronic trauma repeats cycle over and over and as a result the brain’s cortical map, the individual’s behavior and cortical development is reorganized.

Chronic Trauma cont.

- Patients with a PD act out a forgotten history, a past that has gone unquestioned.
- Projection
- Experience of an everyday continuing terror that all their perceptions and self-esteem are built.

Chronic Trauma cont.

- Unconscious disconnection of their emotions.
- Inability to attach adaptively to others
- Inability to learn from healthy relationships
- Manipulation and power struggles present in all relationships

Theories cont.

- Psychodynamic Issues
 - Defense Mechanisms
 - Repression and suppression
 - Undoing
 - Regression
 - Splitting (Borderline PD)

General Assessment

- Medical History.
- Psychiatric History.
- Sociocultural Background.
- Suicide or Homicidal ideation or intent.
- Where in developmental cycle has PD presented

Personality Disorders

- NANDA
 - Ineffective Individual Coping
 - Ineffective Family Coping
 - Risk for self-directed Violence
 - Risk for Violence Towards Others
 - Risk for Injury

Personality Disorders

- NOC
 - Improved coping
 - Effective Family Coping
 - Safety Behavior: Personal
 - Risk Detection

Personality Disorders

- NIC
 - Self-awareness enhancement
 - Self-esteem enhancement
 - Self-responsibility Facilitation
 - Risk Identification

Personality Disorders cont.

- Evaluation of NOC Outcomes

Cluster A Odd or Eccentric

- Paranoid Personality Disorder
 - A pervasive, persistent distrust and suspicious of others.
 - People with PPD believe that they have been done irreversible harm by others.
 - Unwilling to confide or share info with others

Assessment PPD cont.

- Cannot accept compliments; these are misread as manipulation
- They are hypervigilant, jealous, argumentative, sarcastic, complaining and anticipate hostility.
- Unable to trust anyone.

Assessment PPD cont.

- Persistently bear grudges
- React quickly and angrily to any perceived criticism
- Extremely poor IPR and intimate relationships. Extremely jealous and suspicious without evidence especially with spouse or sexual partner.

Assessment PPD cont.

- Psychotic episodes can occur especially during times of extreme stress
- Rarely initiate contact with medical system.
- Are most often seen in ER
- Often sign out AMA

Nursing Diagnosis NANDA

- Powerlessness
- Social isolation
- Anxiety
- Risk for other-directed violence
- Disturbed thought processes
- Disturbed sensory perception
- Risk for suicide

Nursing Diagnosis cont.

- Chronic low self-esteem
- Disturbed personal identity
- Impaired adjustment
- Ineffective individual coping

Nursing Outcome NOC

- Outcome criteria relate to the priority nursing diagnosis
- People with PPD have a poor prognosis for changing behavior.
- Most desired outcome is to give person with PPD a sense of greater control in a given situation

Nursing Intervention NIC

- Clear communication
- Avoid being overly friendly or personable. Call by formal name
- Straight forward, clear brief communication. Show respect.
- Keep patient informed of changes in treatment

Schizoid PD Cluster A

- Assessment
 - A pervasive pattern of detachment and avoidance of social relationships
 - A restricted range of verbal and non-verbal expression
 - Does not desire IPR
 - Chooses solitary activities

Schizoid assess cont

- Sexual relationships impaired or non-existent
- Anhedonia
- Flattened affect, detached
- May be precursor to schizophrenia

Nursing Diagnosis NANDA

- Social isolation
- Risk for suicide
- Self care deficits
- Ineffective individual coping
- Impaired verbal communication

Nursing outcome NOC

Nursing Intervention NIC

- Clear communication
- Task oriented interventions
- Clear statement of expectations
- Avoid touch and overly friendly approach.
- Establish a warm, non threatening environment

Schizotypal PD Clus. A

- Assessment
 - Eccentric behavior and extreme social and interpersonal relationship deficits.
 - Cognitive and perceptual distortions
 - Odd beliefs and magical thinking
 - Ideas of reference

Schizotypal PD assessment cont.

- Unusual perceptual disturbances including somatic illusions
- Excessive social anxiety. Want social relationships. Do not respond to interpersonal cues. Rigid and inappropriate affect

Schizotypal PD assessment cont.

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

Nursing Diagnosis NANDA

- Social isolation
- Self-care deficits
- Impaired verbal communication
- Anxiety
- Altered sensory perception
- Altered thought processes

Nursing Outcome NOC

Nursing Intervention NIC

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

Cluster B PD Dramatic, Emotional, Erratic

- Antisocial PD Assessment
 - A pervasive pattern of disregard for and violation of the rights of others
 - Sense of entitlement, lack of boundaries.
 - Often enter MHS system as a result of court order

Antisocial PD assess cont.

- Neglectful of responsibilities
- Co-morbid often with substance abuse
- Extreme lack of empathy for others
- Highly manipulative, can be charming

Antisocial PD assessment cont.

- Can be aggressive and violent
- Lack of remorse
- Extreme ineffective individual coping. Very low frustration tolerance

Nursing Diagnosis NANDA

- Risk for other directed violence
- Ineffective coping
- Ineffective family coping

Nursing Outcome NOC

Nursing Intervention NIC

- Clear, consistent treatment plan
- Clear, consistent limit setting
- Avoid manipulation
- Clear boundaries
- Clear documentation
- Behavioral approach

NIC cont.

- Psychopharmacology
 - Be aware of drug seeking behavior
 - Medication for aggression, anti-convulsants, lithium and selected SSRI's

Borderline Personality Disorder Cluster B

- Assessment
 - Extreme instability IPR, impulsivity, disturbed self concept and impaired body image.
 - Major defense of splitting
 - Fear of abandonment
 - Self-mutilation

BPD assessment cont

- Irritability and anxiety
- Depression
- Manipulation
- Aggressive and violent behavior
- Perhaps most difficult of all PD's to treat

Nursing Diagnosis NANDA

- Risk for self- directed violence
- Risk for self-mutilation
- Risk for other directed violence
- Anxiety
- Powerlessness
- Risk for caregiver role strain
- Ineffective individual coping

Nursing Outcomes NOC

Nursing Interventions NIC

- Realistic goals
- Clear boundaries and limits
- Team approach with all members on same page. Be aware of BPD patient being able to be extremely manipulative. They frequently instill guilt

NIC cont.

- Avoid rejection
- Be alert for suicidal and self mutilating behaviors
- Control aggression
- Above all avoid splitting by adhering to a clearly defined treatment plan

NIC cont.

- Psychopharmacology
 - SSRI's
 - Anticonvulsants for mood stabilization
 - Low-dose antipsychotics

Narcisstic PD Histrionic PD

- Similar disorders
- Differ in that Histrionic PD exhibit strongly seductive behaviors and dress. Both require excessive attention, have inflated sense of self-importance

NPD and HPD cont

- A person with NPD is more exploitive of others where people with HPD are excessively dramatic but very shallow in their range of emotions

Nursing Diagnosis NANDA

- Disturbed self concept
- Powerlessness
- Risk for self directed violence
- Ineffective individual coping

Nursing Outcome (NOC)

Nursing Intervention NIC

- NPD
 - Avoid power struggles
 - Do not become defensive with negative criticism
 - Set limits clearly
 - Avoid non-judgmental statements

Nursing Intervention NIC

- NPD
 - Maintain highly professional demeanor
 - Recognize seductive behavior as a means of expressing anxiety and distress
 - Set clear limits
 - Avoid responding to dramatic statements

HPD NIC cont

- Role model
- Assertiveness training
- Psychopharmacology - possible use of SSRI or MAOI

Cluster C PD Anxious or Fearful

- Dependent PD
- Obsessive-Compulsive PD
- Avoidant PD

Cluster C cont.

- Obsessive-Compulsive PD assessment
 - Pervasive pattern of preoccupation with orderliness, perfectionism and mental and interpersonal control
 - Preoccupied with rule, details and order
 - Rigid, difficult IPR, stubborn

OCD PD assessment cont.

- Miserly, unable to delegate tasks, critical of others, unable to accept any kind of criticism themselves.
- Unable to enjoy leisure activity
- Workaholics
- Pack-rats

OCD PD cont.

- Unable to make a decision
- Fear losing control
- Lack of ability to compromise
- Extremely poor IPR

Nursing Intervention NIC

- Avoid power struggles
- Preserve sense of control
- Psychopharmacology:
 - Clomipramine (Anafranil) and SSRI'S
- Provide clear, concise explanations. Do not engage in excess verbal conversation. Circular thinking

Dependent PD Cluster C

- Assessment
 - A pervasive need to be taken care of
 - Submissive and clinging behavior
 - Fear of separation
 - Needs others to assume responsibility for major areas of life

Dependent PD cont.

- Unable to initiate independent action
- Unable to be assertive in IPR
- Unable to tolerate being alone

Nursing Outcome NOC

- Ineffective individual coping
- Powerlessness
- Risk for sexual abuse
- Risk for suicide

Nursing Intervention NIC

- Avoid manipulation
- Allow patient to perform tasks that are accomplishable
- Teach and role model assertiveness and independence
- Observe for signs of suicide and abuse

Avoidant PD Cluster C

- Pervasive pattern of social inhibition, feelings of inadequacy and extreme shyness and withdrawn behavior
- Views self as inadequate, inferior
- Unable to engage in new situations

Nursing Outcome NOC

Nursing Intervention NIC

- Warm, friendly engaging manner
- Give reassurance, especially when encouraging patient to engage in new or challenging situations
- Treat social phobias with SSRI's or benzodiazepines to treat panic attacks

Lecture Summary

- Assessment
 - If the nurse is feeling persistently anxious, angry, irritated and frustrated with a patient, suspect the patient has a personality disorder.
 - Careful assessment is necessary. Holistic assessment is key.

Lecture Summary

- Nursing outcomes NOC
 - Effective coping
 - Suicide risk decreased
 - Anxiety, anger, aggression managed
 - Limit setting achieved

Lecture Summary cont

- Nursing Interventions cont.
 - All discussed in lecture. Outcomes and interventions are mainly based on patient's behavior, with priority nursing diagnosis (unmet needs) guiding outcomes and interventions. Limit setting should be foremost in the treatment plan.