CHAPTER 24

Personality Disorders

Personality

- Enduring pattern of behavior (conscious and unconscious) that reflects a means of adapting to the environment and its cultural, ethnic, and community standards

Traits of a Healthy Personality
- Sees own strengths and weaknesses
- Identifies own boundaries
- Recognized interactions and thoughts that lead to strong emotions such as joy or anger
- Interacts with others without expecting all needs to be met
- Seeks balance between work and play
- Accomplishes goals
- Defines and expresses spirituality

Common Characteristics of Personality Disorders (PDs)
- Long-term inflexible and maladaptive response to stress
- Disability in working and loving
- Ability to evoke interpersonal conflict
- Capacity to "get under the skin" of others
- Person lacks insight – does not recognize behavior as abnormal

Epidemiology and Comorbidity
- 0.1% in general populations for any personality disorder
- Frequently co-occur with
  - Disorders of mood
  - Anxiety
  - Eating
  - Substance abuse
  - More than one PD can co-exist

Etiology
- Biological factors
- Genetic
- Neurobiological
- Diathesis-stress model
- Genetic and biological vulnerability (traits & temperament)
- Stress – physical, social, psychological, environmental
Potentially Inherited Personality Traits

- Novelty seeking
- Harm avoidance
- Reward dependence
- Persistence
- Neuroticism (negative affect) versus emotional stability
- Introversion versus extraversion
- Conscientiousness versus undependability
- Antagonism versus agreeableness
- Closeness versus openness to experiences

Psychosocial Factors

- Learning theory
  - Maladaptive responses based on modeling or reinforcement by significant others
- Cognitive theory
  - Excessive anxiety caused distortions in thinking
- Psychoanalytic theory
  - Excessive anxiety expressed by use of primitive defense mechanisms
- Environmental factors
  - Parental styles have an effect

Three Clusters of Personality Disorders

Characterized by similar behavior patterns

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Assessment of PDs

- Semi-structured interview preferred
- Minnesota Multiphasic Personality Inventory (MMPI) to evaluate personality
- Patient history
  - Medical history
  - Past physical, sexual, or emotional abuse
  - Risk of self- or other-directed harm

Potential Nursing Diagnoses

- Risk for suicide
- Risk for violence
- Social Isolation
- Ineffective coping
- Anxiety
- Impaired social interaction
- Nonadherence

Nursing Process (continued)

- Outcomes identification (Table 24-3)
- Implementation
  - Safety and teamwork
  - Pharmacological interventions
  - Case management
Cluster A: Odd or Eccentric

Schizotypal
- Interpersonal deficits marked by acute discomfort with and reduced capacity for close relationships
- Cognitive or perceptual distortions and eccentricities of behavior indicated by 5 or more:
  - Ideas of reference
  - Odd beliefs, magical thinking
  - Unusual perceptions
  - Odd thinking and speech
  - Suspiciousness, paranoia
  - Inappropriate or constricted affect
  - Odd behavior or appearance
  - Excessive social anxiety that does not diminish with familiarity
  - Lack of close friends/confidants other than 1st degree relative

Cluster A: Odd or Eccentric

Paranoid Personality Disorder
- Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent indicated by 4 or more:
  - Suspects, w/o sufficient basis, that others are exploiting, harming or deceiving self
  - Preoccupied with unjustified doubts about loyalty or trustworthiness of others
  - Reluctant to confide in others due to fear it will be used against them
  - Reads hidden demeaning or threatening meanings into benign remarks or events
  - Bears grudges
  - Quick to react angrily or counterattack
  - Recurrent suspicions regarding fidelity of partner

Cluster A: Odd or Eccentric

Schizoid PD
- Detachment form social relationships and restricted range of expression in interpersonal settings indicated by 4 or more:
  - Neither desires nor enjoys close relationships, including family
  - Almost always chooses solitary activities
  - Has little if any interest in sex
  - Takes pleasure in few if any activities
  - Lacks close friends/confidants other than 1st degree relative
  - Appears indifferent to praise/criticism
  - Shows emotional coldness, detachment, or flat affect

Interventions: Cluster A
- Schizotypal
  - Respect need for isolation
  - Be aware of possible paranoia/suspiciousness and intervene appropriately
- Paranoid
  - Avoid being too "nice" or "friendly"
  - Clear, straightforward explanations of tests/procedures
  - Warn about changes in treatment, medication SE, delays
  - Avoid ambiguity
  - Employ neutral but kind affect
- Schizoid
  - Avoid being too "nice" or "friendly"
  - Do not try to increase socialization

Cluster B: Dramatic, Emotional, Erratic

Antisocial PD
- Disregard for and violation of the rights of others occurring since age 15 indicated by 3 or more:
  - Repeatedly performing acts that are grounds for arrest
  - Deceitfulness: lying, using aliases, or conning
  - Impulsivity or failure to plan ahead
  - Irritability and aggressiveness: repeated fighting or assaults
  - Reckless disregard for safety of others
  - Inability to sustain consistent work or financial responsibility
  - Lacks remorse, empathy

Cluster B: Dramatic, Emotional, Erratic

Borderline PD
- Instability of interpersonal relationships, self-image, and affects, and marked impulsivity indicated by 5 or more:
  - Frantic efforts to avoid abandonment
  - Unstable and intense personal relationships
  - Unstable self-image or sense of self
  - Impulsivity: spending, sex, substance abuse, binge eating, reckless driving
  - Recurrent suicidal behavior/ideation or self-mutilation
  - Emotional lability
  - Chronic feelings of emptiness
  - Transient stress-related paranoia or dissociative sx
Cluster B: Dramatic, Emotional, Erratic
Narcissistic PD

- Grandiosity (in fantasy and behavior), need for admiration, and lack of empathy indicated by 5 or more:
  ◦ Exaggerates achievements/talents, expects to be recognized as superior w/o warrant
  ◦ Preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
  ◦ Believes he/she is special and unique and can only be understood by, or associate with, special or high-status people/institutions
  ◦ Requires excessive admiration
  ◦ Sense of entitlement: automatic compliance, special favors
  ◦ Exploitative: takes advantage of others for own gain
  ◦ Lacks empathy
  ◦ Envious of others and believes others are envious of self
  ◦ Shows arrogant, haughty behaviors/attitudes

Cluster B: Dramatic, Emotional, or Erratic
Histrionic PD

- Excessive emotionality and attention seeking as indicated by 5:
  ◦ Uncomfortable in situations in which self is not the center of attention
  ◦ Interaction with others is often inappropriate: seductive, sexual, provocative
  ◦ Rapidly shifting and shallow emotions
  ◦ Use of physical appearance to draw attention
  ◦ Style of speech excessively impressionistic and lacking in detail
  ◦ Theatrical, exaggerated and dramatic
  ◦ Easily influenced by others or circumstances
  ◦ Considers relationships to be more intimate than they actually are

Cluster B: Interventions

- Borderline
  - Set clear, realistic goals
  - Be aware of manipulative behavior
  - Clear and consistent boundaries/limits
  - For behavioral problems, calmly review treatment plan
  - Avoid rescuing or rejecting
  - Assess for Si, self-mutilation, esp. in stress

- Antisocial
  - Set clear and realistic limits on behavior
  - Be aware of manipulation
  - Especially guard against guilt
  - Ensure all limits adhered to by staff
  - Carefully document manipulation or aggression
  - Provide clear boundaries and consequences

Cluster B: Interventions

- Narcissistic
  ◦ Remain neutral
  ◦ Avoid power struggles, defensiveness
  ◦ Convey unassuming self-confidence

- Histrionic
  ◦ Understand seductive behavior is a response to distress
  ◦ Keep communication and interactions professional
  ◦ Encourage and model appropriate communication/language
  ◦ Teach and role model assertiveness

Cluster C: Anxious or Fearful
Dependent PD

- Excessive need to be taken care of that leads to submissive and clinging behavior and fear of separation as indicated by 5:
  ◦ Indecisive, needs excessive advise/reassurance
  ◦ Needs others to assume responsible roles
  ◦ Difficulty expressing disagreement
  ◦ Difficulty initiating projects or doing things on own
  ◦ May volunteer for unpleasant things to obtain nurturance/support
  ◦ Feels uncomfortable/helpless when alone
  ◦ Urgently seeks another relationship when one ends
  ◦ Unrealistically preoccupied with fear of taking care of self
Cluster C: Anxious or Fearful
Avoidant PD
- Feelings of inadequacy and hypersensitivity to negative evaluation indicated by 4 or more:
  ◦ Avoids occupations with significant interpersonal contact d/t fear of criticism
  ◦ Unwilling to get involved with people unless certain of being liked
  ◦ Shows restraint within intimate relationships d/t fear of shame or ridicule
  ◦ Preoccupied with criticism or social rejection
  ◦ Inhibited in new situations d/t feeling inadequate
  ◦ Views self as socially inept, personal unappealing, or inferior
  ◦ Unusually reluctant to take risks or try new things d/t fear of embarrassment

Cluster C: Obsessive-Compulsive PD
- Preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency indicted by 4 or more:
  ◦ Preoccupied w/details, rules, lists, order, organization, schedules – major point of activity is lost
  ◦ Perfectionism interferes w/task completion
  ◦ Excessively devoted to work/productivity – excluding leisure activity
  ◦ Overconscientious, scrupulous, inflexible in morality, ethics, or values
  ◦ Unable to discard worn-out, worthless objects
  ◦ Reluctant to delegate tasks
  ◦ Hoards money
  ◦ Shows rigidity and stubbornness

Cluster C: Interventions
- Avoidant
  ◦ Use a friendly, accepting, reassuring approach
  ◦ Be aware that being pushed into social situations can cause severe anxiety
  ◦ Acceptance of patient’s fears
  ◦ Assertiveness training
- Obsessive-Compulsive
  ◦ Guard against power struggles
  ◦ Being in control is a high need for these patients
  ◦ Intellectualization, rationalization, and reaction formation are the most common defense mechanisms

Interventions: Limit Setting
- Clear Consistent, enforceable
- Team: all aware of limits, need for consistency, one team leader
  ◦ Communicate expectations to patient
  ◦ Be realistic regarding which behaviors to limit
  ◦ Clear consequences of exceeding limits
  ◦ Follow through with consequences in non-punitive manner
  ◦ Assist patient to limit own behavior
  ◦ Assess insight and motivation to change
  ◦ Avoid power struggles

Interventions: Impulsive Behavior
- Identify antecedent needs and feelings
- Discuss current/previous impulsive acts
- Explore impact and outcome on self and others
- Teach to cue “stop and think” first
- Provide positive reinforcement (praise and rewards) for successful outcomes
- Encourage self-reward for positive outcomes
- Provide opportunities for practice (role play)
- Encourage practice with problem solving in social and interpersonal situations
Interventions: Aggressive Behavior

- Determine appropriate behavioral expectations given cognitive level
- Limit access to frustrating situations
- Encourage patient to seek assistance when feeling anxious/tense
- Monitor for signs of aggression to intervene before it’s expression
- Prevent physical harm (contraband, seclusion, restraints)
- Provide physical outlets for tension/anger
- Provide reassurance that the staff will intervene to prevent patient from losing control
- Assist in identifying source of anger, function it serves for patient, and consequences of expression

Interventions: Manipulative Behavior

- Discuss concerns about behavior with patient
- Identify (with patient when appropriate) undesirable behavior
- Discuss (with patient when appropriate) what is desirable behavior
- Establish consequences for both
- Communicate expectations is clear concise language (non-punitive, not up for interpretation)
- Refrain from arguing or bargaining
- Modify behavioral expectations and consequences to accommodate reasonable changes in situation

Interventions

Basic Level Interventions
- Milieu therapy
- Psychobiological interventions
  - May include any class of psychotropic medication
- Case management

Advanced Practice Interventions
- Dialectical behavioral therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Group therapy

Evaluation

- Evaluating treatment effectiveness in this patient population is difficult
- Short-term outcomes may be accomplished
- Patient can be given message of hope that quality of life can always be improved

Case Study

- A patient admitted to your unit has a personality disorder.
- What are some important areas to assess?

Audience Response Questions

Which behavior indicates that a patient diagnosed with borderline personality disorder is improving?

A. The patient cries when her roommate refuses to go to the dining room with her.
B. The patient yells at the group facilitator when he points out that she is monopolizing the group.
C. The patient informs a staff member that she feels unsafe and is having thoughts of harming herself.
D. The patient tells the evening staff that the day staff excused her from group to smoke when she got upset.
Audience Response Questions
Use of splitting is most associated with which personality disorder?

A. Antisocial  
B. Borderline  
C. Dependent  
D. Schizotypal

Audience Response Questions
Perfectionism is a trait likely to be evident in a person with which personality disorder?

A. Obsessive-compulsive  
B. Narcissistic  
C. Antisocial  
D. Avoidant

Audience Response Questions
Antisocial, obsessive-compulsive, and schizotypal personality disorders occur most frequently in

A. adolescents.  
B. children.  
C. women.  
D. men.