** Smt. Nagarathnamma College of Nursing **

Soladevanahalli, Bangalore -90

**III Year B.Sc NURSING (BASIC)**

**Personality Disorders**

Personality traits are enduring patterns of:

* Perceiving
* Relating to
* Thinking about the environment and oneself.

Personality disorders occur when these traits become

* Inflexible
* Maladaptive
* The cause of significant functional impairment or subjective distress
* People with personality disorders are not often treated in acute care settings, for which personality disorder is their primary psychiatric disorder.
* May be problematic when hospitalized or in a clinic situation if challenged
* Nurses are likely to frequently encounter clients with these personality characteristics in all healthcare settings.

**Personality Disorders**

* **Cluster A: Behaviors that are described as odd or eccentric**
* Paranoid personality disorder
* Schizoid personality disorder
* Schizotypal personality disorder
* **Cluster B: Behaviors that are described as dramatic, emotional, or erratic**
* Antisocial personality disorder
* Borderline personality disorder
* Histrionic personality disorder
* Narcissistic personality disorder
* **Cluster C: Behaviors that are described as anxious or fearful**
* Avoidant personality disorder
* Dependent personality disorder
* Obsessive-compulsive personality disorder

**Types of Personality Disorders (Cluster A)**

* **Paranoid**
* Definition: A pervasive distrust and suspiciousness such that the motives of others are interpreted as malevolent; condition begins by early adulthood and presents in a variety of contexts

Clinical Picture

* Constantly on guard
* Hypervigilant
* Ready for any real or imagined threat
* Trusts no one
* Constantly tests the honesty of others
* Tends to misinterpret minute cues
* Magnifies Oversensitive
* and distorts cues in the environment
* More men than women
* **Schizoid**

Definition

* Characterized primarily by a profound defect in the ability to form personal relationships
* Failure to respond to others in a meaningful emotional way

Clinical Picture

* Indifferent to others
* Client aloof
* Client emotionally cold
* In presence of others, clients appear shy, anxious, or uneasy
* Inappropriately serious about everything and have difficulty acting in a light-hearted manner
* **Schizotypal**

Definition

* A graver form of the pathologically less severe schizoid personality pattern

**Types of Personality Disorders (Cluster B)**

* **Antisocial**

Definition

A pattern of

* Socially irresponsible
* Exploitative
* Guiltless behavior that reflects a disregard for the rights of others.
* Cold, callous, intimidating
* Inconsistent work or academic performance
* Failure to conform to societal norms
* Cruel and malicious
* Inability to form lasting monogamous relationship

Clinical Picture

* Fails to sustain consistent employment
* Exploits and manipulates others for personal gain
* Has a general disregard for the law
* More men than women
* **Borderline**

Definition

* Characterized by a pattern of intense and chaotic relationships with affective instability
* Clients have fluctuating and extreme attitudes regarding other people
* Clients highly impulsive
* Most common form of personality disorder
* Emotionally unstable
* Lacks a clear sense of identity

Real safety issues

Often self injure, ( cut, burn, scratch) may die from self inflicted wounds

Common behaviors

* Depression
* Inability to be alone
* Clinging and distancing
* Splitting
* Manipulation
* **Histrionic**

Definition

* Personality is
* Excitable
* Emotional
* Colorful
* Dramatic
* Extroverted in behavior

Clinical picture

* Affected clients are
* Self-dramatizing
* Attention-seeking
* Overly gregarious
* Seductive
* Manipulative
* Exhibitionistic

Etiological Implications

* Possible link to the dopaminergic neurotransmitter system
* Possible hereditary factor
* Learned behavior patterns
* **Narcissistic**

Definition

* Characterized by an exaggerated sense of self-worth
* Lacks empathy
* Believes has inalienable right to receive special consideration
* More men than women
* Client overly self-centered
* Exploits others in an effort to fulfill own desires
* Mood, which is often grounded in grandiosity, is usually optimistic
* Responds to negative feedback from others with rage, shame, and humiliation

**Types of Personality Disorders (Cluster C)**

* **Avoidant**
* Characterized by
* Extreme sensitivity to rejection
* Social withdrawal
* Prevalence is between 0.5% and 1% and is equally common in both men and women.
* Awkward and uncomfortable in social situations
* Desires close relationships but avoid them because of fear of being rejected
* **Dependent**

Definition

* Characterized by a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
* Relatively common within the population
* More common among women than men
* More common in the youngest children of a family than in the oldest ones

Clinical Picture

* Client has a notable lack of self-confidence that is often apparent in
* Posture
* Voice
* Mannerisms
* Typically passive and acquiescent to desires of others
* Overly generous and thoughtful while underplaying own attractiveness and achievements
* Assumes passive and submissive roles in relationships
* Avoids positions of responsibility and becomes anxious when forced into them
* **OCD**Obsessive/Compulsive

Definition

* Characterized by inflexibility about the way in which things must be done
* Devotion to productivity at the exclusion of personal pleasure

Definition

* Relatively common and occurs more often in men than women
* Within family constellation, appears to be most common in the oldest children

Clinical Picture

* Especially concerned with matters of organization and efficiency
* Tends to be rigid and unbending
* polite and formal
* rank-conscious (ingratiating with authority figures)
* Appears to be very calm and controlled
* Underneath there is a great deal of
* Ambivalence
* Conflict
* Hostility
* **Passive-Aggressive**

Definition

* Exhibits a pervasive pattern of negativistic attitudes and passive resistance
* Reacts badly to demands for adequate performance in social and occupational situations
* Exhibits passive resistance
* Exhibits general obstructiveness
* Commonly switches among the roles of the martyr, the affronted, the aggrieved, the misunderstood, the contrite, the guilt-ridden, the sickly, and the overworked

Clinical Picture

* Exhibits passive resistance
* Exhibits general obstructiveness
* Commonly switches among the roles of the martyr, the affronted, the aggrieved, the misunderstood, the contrite, the guilt-ridden, the sickly, and the overworked
* Able to vent anger and resentment subtly while gaining the attention, reassurance, and dependency that are craved

Etiology

* No single cause
* Limited research due to clients not seeking treatment Genetic-a biological tendency to react intensely to low levels of stress

Neurobiological

* Limbic system dysregulation and CNS irritability may lower impulse control Decreased 5-HT associated with self mutilation, rage, aggressiveness
* Increase in NE associated with hypersensitivity to environment

Interpersonal

* Projection of hostility toward self on to others resulting in withdrawal to avoid being hurt
* High standards imposed in childhood may set up perfectionism

Social Theory

* A changing social system with personal needs being viewed as more important than group needs
* Social oppression leading to low self esteem, and poor identity

Family Theory

* Inability to manage conflict, inadequate role modeling, inconsistent parenting
* Multigenerational enmeshed family system

**Nursing Interventions**

* Approach in a gentle, interested but non intrusive way Respect client’s need for distance
* Encourage interaction (group), but do not push Be as neutral as possible as client perceives others as threatening
* Be patient with client’s extreme emotional behaviors Provide a consistent and structured milieu to decrease power struggles Protect client from suicide and self mutilation Set clear limits to maintain impulse control
* Teach problem solving and assertiveness training Teach expression of feelings
* Help client to recognize distress related to the need for perfection and control Help client discuss feelings of inadequacy and fear of rejection
* Impulse Control Training
* Safety- suicide precautions
* Match client’s developmental stage
* No harm contract-self monitoring
* Help them identify and label feelings
* Identify triggers and patterns in ther behaviors (journaling)
* Problem solving and teach ability to tolerate uncomfortable feelings
* Antipsychotics for brief psychotic episodes
* SSRIs to decrease mood swings, and impulsive, aggressive, self destructive behaviors
* Groups
* To help client increase self awareness
* Self help groups
* Limit setting
* Clear ground rules- explain reasons and consequences
* Social skills
* Group therapy
* Assertiveness skills
* Involve them in the decisions, so they have “buy in” to their plan
* No changing of the rules- be consistent it creates a feeling of safety
* Businesslike approach- not a “friend”, not parental
* Focus on behavior, not the reasons for the behavior
* Anxiety Reduction
* Increase their sense of worth and competence by having them make their own decisions
* Teach the problem solving process
* Facilitate their taking responsibility for their own behavior Explore feelings and decisions with them
* Teach them how to ask for help
* Teach relaxation techniques-breathing, progressive muscle relaxation

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