Personality disorders

Eccentric (Cluster A)

Dramatic (Cluster B)

Anxious(Cluster C)

Personality

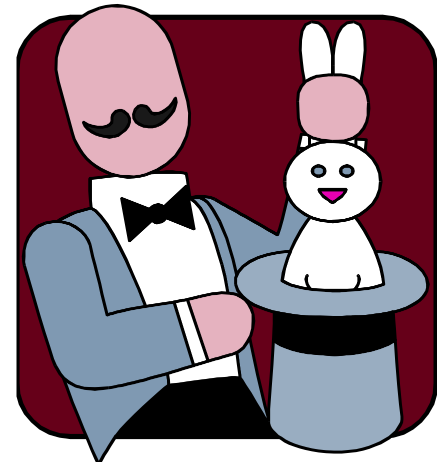
- Enduring pattern of perceiving, relating to and thinking about the environment and oneself in a wide range of social and personal contacts.
- Axis II diagnosis

Common Characteristics

- Inflexibility and maladaptive response to stress
- Disability in working and loving
- Ability to evoke interpersonal conflict
- Capacity to have an intense effect on others (often unconscious)

Etiology of Personality Disorders

- Biological/environmental determinants
- Diathesis –stress model
- Learning theory, Cognitive theory
- Psychoanalytic theory

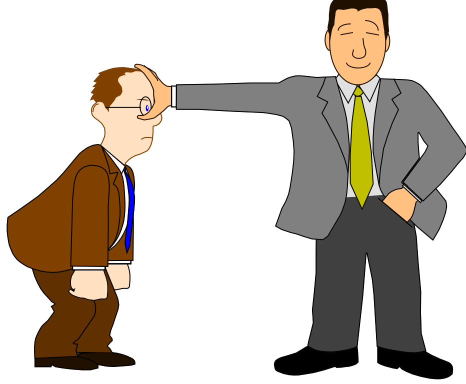


Health care provider’s response

- Provoke strong interpersonal reactions- caregivers feel confused, helpless, angry and frustrated; clients states: “you are incompetent” despite effort.
- Clients are manipulative, split the team
- Response: seek supervision, look for counter transference reactions

Assessment

- Cognition-ways of perceiving and interpreting self, others, events
- Affect- range, intensity, stability, appropriateness
- Interpersonal functioning
- Impulse control



Odd or eccentric

- Paranoid type- nondelusional distortion of events
- Schizoid-detached, uninvolved
- Schizotypal- limited affect, odd behaviors

Nursing Process (Eccentric PD)

- Assess- cognitive processes; interpersonal relationships, affect
- Diagnoses-
  - Impaired Social Interaction (Paranoid DO)
  - Social Isolation (Schizoid DO)
  - Disturbed thought processes (Schizotypal DO)
- Interventions-
  - Recognize intractable nature of some characteristics and set limited goals.
  - Provide structure, set limits- give as much control as possible
  - Supportive interventions
  - Clear communication, neutral affect.

Dramatic PD

- Antisocial- poor super-ego function
- Borderline-splitting
- Histrionic-lively and dramatic
- Narcissistic-grandiose, entitled, no empathy

Nursing Process (Dramatic PD)

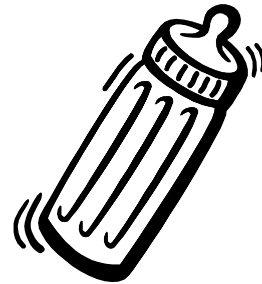
- Assessment-cognition, affect, interpersonal functioning, impulse control, anxiety
- Diagnoses-
    - Risk for self-directed violence (BPD)
    - Risk for other-directed violence (APD)
    - Ineffective coping; impaired social interaction (HPD, NPD)
- Interventions-
    - limit setting for manipulative +aggressive behaviors
    - Address frustration tolerance, impulsivity
    - Emphasis on responsibility and appropriate involvement with community
    - Consistency by team; resolve admission crisis

Treatment for Borderline PD

- Dialectical Behavioral Therapy- DBT
  - Supported by research
  - A form of cognitive behavioral therapy
  - Focuses on gradual change within context of acceptance and validation
  - 4 essential components
    - Weekly individual psychotherapy
    - Weekly group social skills training using a structured manual
    - Telephone access to the therapist for coaching during crises
    - Weekly consultation group for all therapists involved in care

Anxious-fearful PD

- Avoidant-social inhibition, hypersensitive to rejection
- Dependent-submissive, clinging, anxious
- Obsessive compulsive- overly rigid, perfectionism-lack of fun

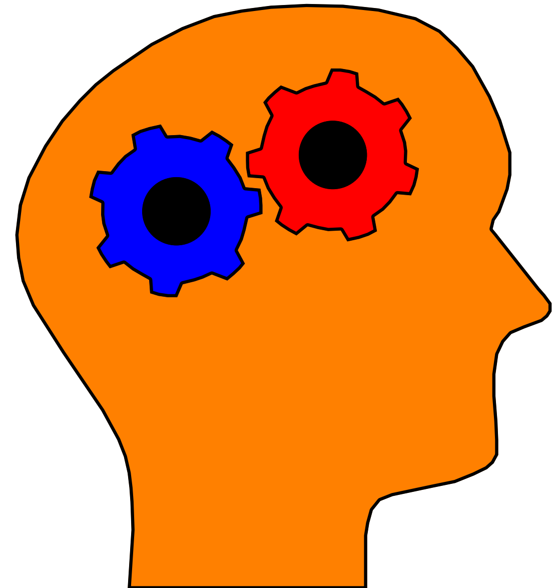


Nursing Process
Anxious-Fearful PD

- Assessment- cognition, affect, interpersonal functioning, impulse control
- Diagnoses
  - Loneliness (Avoidant PD)
  - Chronic low self-esteem (Dependent)
  - Ineffective coping (Obsessive Compulsive)
- Interventions-
  - focus on assertiveness, supportive interventions to reduce anxiety, avoid power struggles, address current stressors, encourage risk taking

Nursing Diagnoses

- In general for Personality Disorders
  - ineffective coping
  - anxiety
  - altered parenting
  - impaired social interaction

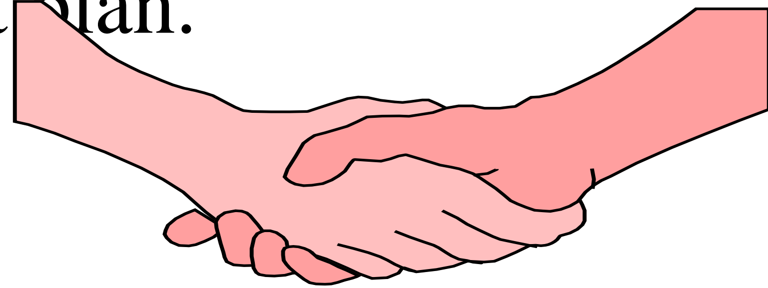


Goals

- Safety, reduce pressure of extreme emotions
- Long term- skill attainment, linking consequences to functional and dysfunctional behaviors, master skills to facilitate functional behaviors, practicing alternative behaviors. Ongoing management of anger, anxiety, shame, happiness, life style changes.

General Interventions

- Utilize authenticity and emotional honesty
- Trustworthiness is demonstrated by being constant, not rigid and inflexible
- Setting limits- maintaining boundaries, balance clients need for control with acceptable guidelines for behavior
- consistency with treatment plan.

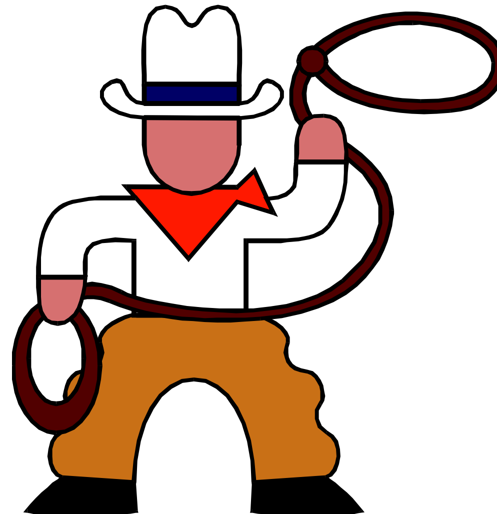


Treatments for PDs

- Milieu therapy
- Psychotropic medications- addresses chief complaint
- Team approach

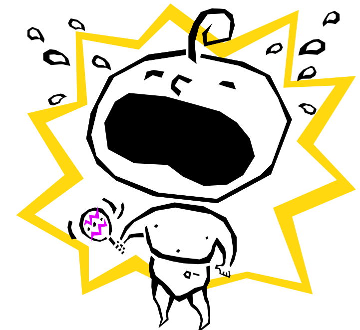
Dissociative Disorders

- Dissociation- a type of repression
- defense mechanism- protects ego from overwhelming anxiety



Etiology

- Prolonged detachment- limbic system
- early trauma- associated with childhood physical, sexual, emotional abuse or other traumatic life events
- a learned response to anxiety- automatic response



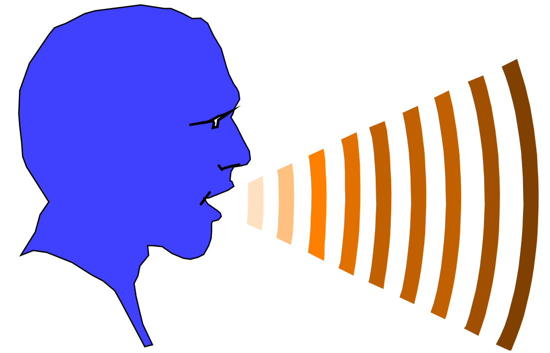
Types

- Depersonalization disorder- detachment from self; mechanical dreamy feeling
- Dissociative amnesia- inability to recall important personal information
- Dissociative identify disorder- multiple personality
- Dissociative fugue- unexplained travel

Nursing Process
Dissociative DO

- Assessment-
  - ability to identify self, recent and past memory, obtain history as recalled
  - Level of anxiety, mood, suicide potential
- Diagnoses
  - Disturbed personal identity
  - Disturbed body image- depersonalization
  - Ineffective coping
  - Anxiety
  - Risk for Violence –self directed (MPD)

Interventions



- Establish a relationship
- Meeting safety and security needs
- Provide non-demanding routines
- Assist with problem solving and routine tasks
- Do not flood with information, memory returns at client's own rate as anxiety decreases.

Treatments

- Hypnotherapy
- Psychotherapy
- family therapy
- milieu therapy
- Medications- for co-morbid conditions