

## Personality Disorders NCLEX Review

### Personality

- ingrained, enduring pattern of behaving and relating to self, others, and the environment; personality includes perceptions, attitudes, and emotions.
- Develops as individuals adjust to their physical, emotional, social, and spiritual environments
- Personality traits or patterns are reflected in how individuals cope with feelings and impulses, see themselves and others, respond to their surroundings, and find meaning in relationships

### Personality Disorders

- diagnosed when personality patterns or traits are inflexible, enduring, pervasive, maladaptive, and cause significant functional impairment or subjective distress
- Diagnosis is made when the person exhibits enduring behavioral patterns that deviate from cultural expectations in two or more of the following areas:
  - Cognition: Ways of perceiving and interpreting self, other people, and events
  - Affect: Range, intensity, lability, and appropriateness of emotional response
  - Interpersonal functioning
  - Impulse control: Ability to control impulses or express behavior at the appropriate time and place
- Are coded under axis I disorders (personality disorders or mental retardation) using the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fourth edition – Text Revision (DSM IV-TR)

## II. Categories of Personality Disorders

### Cluster A: odd or eccentric

- Paranoid personality disorders
- Schizoid personality disorders
- schizotypal personality disorders

### Cluster B: dramatic, emotional, or erratic

- antisocial personality disorders
- borderline personality disorders
- histrionic personality disorders

- narcissistic personality disorders

## Cluster C: anxious or fearful

- avoidant personality disorders
- dependent personality disorders
- obsessive-compulsive personality disorders

## III. Cluster A: odd or eccentric

### A. Paranoid personality disorders

- Pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent
- Secretive, hyperalert to danger, argumentative to maintain safe distance between self and others - May be hostile, aloof
- May be rigid, critical, and controlling of others
- Tendency to look for hidden, demeaning, or threatening meanings and to respond by criticizing others
- Uses defense mechanism of projection

#### Special Nursing Intervention:

1. Serious, straightforward approach
2. teach client to validate ideas before taking action c. involve client in treatment planning

### B. Schizoid Personality disorders

- Pattern of detachment from social relationships and a restricted range of emotions - Neither desire nor enjoy relationship with others
- inability to form warm, close social relationships - Interest in solitary activities
- Aloof and indifferent

#### Special Nursing Intervention:

1. Improve client's functioning in the community
2. assist client to find case manager - The case manager can help the client to obtain services and health care, manage finances, etc.

## C. Schizotypal Personality Disorder

- is characterized by the display of abnormal or highly unusual thoughts, perceptions, speech, and behavior patterns
- milder form of schizophrenia (NO Hallucinations)
- exhibits odd/eccentric behavior and speech that is coherent but often tangential, vague, or overelaborate
- Magical thinking
- Odd thinking and speech
- Suspiciousness and paranoia
- Uncomfortable with intimacy and avoid relationships with others; usually avoided by others because of their odd/eccentric behavior

### Special Nursing Intervention:

1. Develop self-care skills
2. improve community functioning
3. social skills training

## Cluster A-specific nursing interventions

- approach people in a gentle, interested, but nonintrusive manner respect client's needs distance and privacy
- Be mindful of own nonverbal communication as a client may perceive others as threatening Gradually encourage interaction with others, if appropriate

## IV. Cluster B: dramatic, emotional, or erratic

### A. Antisocial personality disorder

- is characterized by a pervasive pattern of disregard for and violation of the rights of others and with the central characteristics of deceit and manipulation
- irresponsible and antisocial behavior, selfishness, an inability to maintain lasting relationships, poor sexual adjustment, a failure to accept social norms, and a tendency toward irritability and aggressiveness
- Perceives the world as hostile - Superficial charm and hostility
- No shame or guilt and Self-centered - Unreliable and easily bored
- Poor work history
- Inability to tolerate frustration

- View others as objects to be manipulated - Poor judgment and impulsive

## Special Nursing Intervention

1. Limit-setting
2. Confrontation
3. teach client to solve problems effectively d. manage emotions of anger or frustration

## Consistent limit-setting

- in a matter-of-fact, nonjudgmental manner. Limit-setting involves three steps:
  1. Stating the behavioral limit (describing the unacceptable behavior)
  2. Identifying the consequences if the limit is exceeded
  3. Identifying the expected or desired behavior

## Confrontation

- is another technique designed to manage manipulative or deceptive behavior. The nurse points out a client's problematic behavior while remaining neutral and matter-of-fact; he or she avoids accusing the client

## Helping clients solve problems

- Problem-solving skills include:
  - Scenario: a client's car isn't running so he stopped going to work
    1. identifying the problem - transportation to work
    2. exploring alternative solutions and related consequences - taking the bus, asking a coworker for a ride, and getting the car fixed
    3. choosing and implementing an alternative
    4. evaluating the results

## Managing emotions

- identify sources of frustration, how they respond to it, and the consequences
- taking a Time-out – leaving the area and going to a neutral place to regain internal control

## B. Borderline Personality Disorder

- characterized by instability in interpersonal relationships, unstable mood and self-image, and impulsive and unpredictable behavior
- Unclear identity
- Unstable and intense
- Extreme shifts in mood - Easily angered
- Easily bored
- Argumentative - Depression
- Self-destructive behavior; High-risk for suicide and self-mutilation because of feelings of emptiness or rage
- Manipulation
- Inability to tolerate anxiety
- Chronic feelings of emptiness and fear of being alone
- Splitting—sees others as all good or all bad; creates conflict between individuals by playing one person against another

### Special Nursing Interventions:

1. Promote safety - seriously consider suicidal ideation with the presence of a plan, access to means for enacting the plan, and self-harm behaviors and institute appropriate interventions
2. help client to cope and control emotions
3. cognitive restructuring techniques - used to change the way the client thinks about self and others
  - thought stopping - the client stops negative thought patterns
  - positive self-talk - designed to change negative self-messages
  - decatastrophizing - teaches the client to view life events more realistically not as catastrophes
4. structure time
5. teach social skills

## C. Histrionic Personality Disorder

- characterized by overly dramatic, intensely expressive behavior, and attention-seeking
- Lively and dramatic and enjoys being the center of attention
- Has poor and shallow interpersonal relations; exaggerate the closeness of relationships
- May be sexually seductive or provocative
- Dramatizes his or her life and may appear theatrical
- Overly concerned with appearance
- Easily bored

### Special Nursing Interventions:

1. Teach social skills
2. provide factual feedback about behavior

## D. Narcissistic Personality Disorder

- characterized by a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy
- increased sense of self-importance and preoccupation with fantasies and unlimited success - Need for admiration and inflation of accomplishments
- Overestimation of abilities and underestimation of contributions of others - Lack of empathy and sensitivity to needs of others
- arrogant, sees self as more important/special than others

## Special Nursing Interventions:

1. Matter-of-fact approach
2. gain cooperation with needed treatment c. teach client any needed self-care skills

## Cluster B-specific nursing interventions

- Safety is always the priority of care – protect client from suicide and self-mutilation until they can protect themselves
- Be patient as clients display emotional and erratic behavior
- Provide a consistent and structured milieu to avoid manipulation and power struggles
- Set limits as necessary to help clients maintain impulse control in order to protect themselves and other from injury
- Engage in frequent staff conferences to counteract client's ability to play one staff member against the other
- Help clients recognize and discuss their fear of abandonment
- Help clients recognize the presence of dichotomous thinking or splitting, in which self and others are perceived as all good or all bad
- Encourage direct communication to minimize attention-seeking through the use of dramatic, seductive behavior
- Help clients who display a sense of entitlement to acknowledge the needs of others

## V. Cluster C: anxious or fearful

### A. Avoidant Personality disorders

- characterized by a pervasive pattern of social discomfort and reticence, low self-esteem, and hypersensitivity to negative evaluation.

- Avoid interpersonal contact and new situations related to fear of rejection and embarrassment
- Lack self—confidence and are extremely sensitive to rejection; view self as inadequate and inferior - Fearful of shame, criticism and ridicule; shy and hurt by criticism

## Special Nursing Interventions:

1. Support and reassurance
  - explore positive self-aspects, positive responses from others, and possible reasons for self-criticism
2. cognitive restructuring techniques- used to change the way the client thinks about self and others
  - thought stopping - the client stops negative thought patterns
  - positive self-talk - designed to change negative self-messages
  - decatastrophizing - teaches the client to view life events more realistically not as catastrophes
3. promote self-esteem

## B. Dependent Personality Disorder

- characterized by a pervasive and excessive need to be taken care of, which leads to submissive and clinging behavior and fears of separation
- intense lack of self-confidence, low self-esteem, and inability to function independently
- the individual passively allows others to make decisions and assume responsibility for major areas in the person's life
- the dependent client has great difficulty making decisions
- difficulty of disagreeing with others related to fear of rejection and abandonment
- anxious when left alone because of fear of being unable to do things for themselves

## Special Nursing Interventions:

1. Foster client's self-reliance and autonomy
2. teach problem-solving and decision-making skills
3. cognitive restructuring techniques - used to change the way the client thinks about self and others
  - thought stopping - the client stops negative thought patterns
  - positive self-talk - designed to change negative self-messages
  - decatastrophizing - teaches the client to view life events more realistically not as catastrophes

## C. Obsessive-compulsive Personality Disorder

- characterized by a pervasive pattern of preoccupation with perfectionism, mental and interpersonal control, and orderliness at the expense of flexibility, openness, and efficiency
- Overly conscientious - High need for routine
- Inflexible and preoccupied with details and rules
- Extremely devoted to work to the exclusion of leisure activities and friendships
- Miserly and stubborn; Hoarding behavior – unable to discard worthless objects; Engages in rituals
- Decreased ability to focus on the major goal of any activity as becomes overly involved in details
- Difficulty with task completion related to a need for perfection
- Unable to delegate for fear that others will not perform tasks correctly

### Special Nursing Interventions:

1. Encourage negotiation with others
2. assist client to make timely decisions and complete work
3. cognitive restructuring techniques - used to change the way the client thinks about self and others
  - thought stopping - the client stops negative thought patterns
  - positive self-talk - designed to change negative self-messages
  - decatastrophizing - teaches the client to view life events more realistically not as catastrophe

### Cluster C-specific nursing interventions

- Point out avoidance behaviors and related losses and secondary gains
- Provide problem-solving and assertiveness training to increase self-confidence and independence Encourage expression of feelings to decrease rigidity and need for control
- Help clients recognize any impairment or distress related to their need for perfection and control
- Help clients acknowledge and discuss their sense of inadequacy and fear of rejection

### VI. General Interventions for a Client with a Personality disorder

1. Maintain safety against self-destructive behaviors.
2. Allow the client to make choices and be as independent as possible.
3. Encourage the client to discuss feelings rather than act them out.
4. Provide consistency in response to the client's acting-out behaviors.
5. Discuss expectations and responsibilities with the client.
6. Discuss the consequences that will follow certain behaviors.
7. Inform the client that harm to self, others, and property is unacceptable.
8. Identify splitting behavior.
9. Assist the client to deal directly with anger.

10. Develop a written safety or behavioral contract with the client.
11. Encourage the client to keep a journal recording daily feelings.
12. Encourage the client to participate in group activities, and praise nonmanipulative behavior
13. Set and maintain limits to decrease manipulative behavior.
14. Remove the client from group situations in which attention-seeking behaviors occur.
15. Provide realistic praise for positive behaviors in social situations.

## **VII. Psychopharmacology**

1. Antipsychotic agents may be prescribed on a short-term basis to alleviate psychotic symptoms associated with schizotypal or borderline personality disorders
2. Selective serotonin reuptake inhibitors may be prescribed to diminish the rapid mood swings, impulsive, aggressive, and self-destructive behavior associated with borderline personality disorder
3. SSRIs may be prescribed to treat the obsessive rumination associated with certain personality disorders