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Personality Disorders

Kristi Kincheloe, MPAS, MS, LSSP, PA-C, CAQ- Psych

Physician Assistant

EyeLink Technologies

Abilene, Texas

Sterling City Family Clinic

Sterling City, Texas

Nursing I 318521

Personality Disorders

- DSM-5:
 - *“An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture.”*
- DSM-5 criteria-general PD
 - the pattern is manifested in 2 or more of the following areas:
 1. cognition (ways of perceiving or interpreting self, others, or events)
 2. affectively (the range, intensity, lability, and appropriateness of emotional response)
 3. interpersonal functioning
 4. impulse control

CAUTION: please resist the temptation to self-diagnose

It is normal to see some of these symptoms in ourselves and others

Introduction to Personality

What exactly is meant by personality?

Personality

- It is described as enduring patterns of:
 - perceiving
 - relating to
 - thinking about the environment and oneself

exhibited across numerous
social
and personal contexts

Personality

- Personality psychologists have developed a 5-Factor Model, in which personality may be expressed in the following dimensions:
 1. extraversion
 2. agreeableness
 3. conscientiousness
 4. neuroticism
 5. openness to experience

Personality Disorder Diagnosis

- Personality disorders are not diagnosed until they are:
 - so **inflexible** and **maladaptive** across a wide range of situations they subsequently cause significant **impairment** and **distress**
- General personality disorder DSM-5
 - personality disorders are also not diagnosed unless:
 - the pattern is stable and of long duration
 - the onset can be traced back to at least **adolescence** or **early childhood**

Personality Disorder Diagnosis

- To diagnose personality disorders, the pattern cannot be explained by another mental disorder
- The pattern is not attributed to:
 - a substance
 - such as alcohol/drug abuse
 - another medical condition
 - such as a traumatic brain injury
- Important pearl:
 - personality development is not complete in children and adolescents and symptomatic traits may not persist into adulthood
 - a personality diagnosis cannot be made until someone is at least 18 years of age

Personality Disorders

- Clinical manifestations suggestive of personality disorders:
 - angry outbursts
 - frequent mood swings
 - need to be the center of attention
 - feeling of being widely cheated or taken advantage of
 - externalizing behaviors and blaming the world for one's behavior and feelings
- Ego-syntonic symptoms
 - not feeling there is anything wrong with one's negative or poor behavior
- Clinical manifestations suggestive of personality disorders:
 - not feeling there is anything wrong with one's behavior
 - having no remorse for physically or emotionally harming others
 - difficulty making friends

Personality Disorders

Epidemiology

General Personality Disorders

- International prevalence of personality disorders is 11% (Torgensen)
- Personality disorders, generally speaking, are more common in males, poorly educated, and unemployed
 - this is not true for the individual personality disorders

Personality Disorders

Etiology

Defense Mechanisms

- Personality disorders are typically thought to be primary ego defense mechanisms
- Defense mechanisms are psychological strategies that are unconsciously used to protect a person from anxiety arising from unacceptable thoughts or feelings

Ego Defense Mechanisms

- Disorder: paranoid personality
 - primary ego defense: projection
 - when a person attributes their own unacceptable thoughts, feelings, or motives to another person
- Disorder: schizoid personality
 - primary ego defense: fantasy
- Disorder: borderline personality
 - primary ego defense: splitting
- Disorder: histrionic personality
 - primary ego defense: dissociation

Etiology

- Biological development
 - limbic system regulation
 - amygdala, hippocampus, etc.
- Interaction of genetics and environment
 - neurotransmitters
 - serotonin, dopamine, etc.
- Abuse and trauma
- Studies have focused on encephalitis during infancy
- Stressful situations may result in decompensation
- Most commonly recognized etiology for personality disorders is multifactorial conditions

Diagnostic and Statistical Manual of Mental Disorders

- Personality disorders are coded on **Axis II** of the DSM-5
- There are 10 personality disorders grouped into three clusters

Personality Disorders Classification

Classification Clusters

- Cluster A
- Cluster B
- Cluster C

Cluster A

Odd/Eccentric

Cluster A Personality Disorders

- Paranoid personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder
- Brief review of clinical manifestations
- These are not specific DSM criteria

Paranoid Personality Disorder

- Clinical manifestations:
 - they are distrustful and suspicious
 - they see the world as malevolent

Schizoid Personality Disorder

- Detachment from social relationships and a restricted range of expression of emotions in interpersonal settings

Schizotypal Personality Disorder

- Social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentric behavior

Cluster B

Dramatic and Emotional

Cluster B Personality Disorders

- Antisocial personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder

Antisocial Personality Disorder

- Disregard for and violating the rights of others, lying, stealing, defaulting on debts, neglect of children or other dependents

Borderline Personality Disorder

- Instability of interpersonal relationships, self-image, affect, and poor control over impulses
- Borderline patient in inpatient setting example
 - one case where the clothes would not stay on...

Histrionic Personality Disorder

- Excessive superficial emotionality and attention seeking
- DSM-5 criteria (5 or more)
 - is uncomfortable in situations in which she is not the center of attention
 - interaction with others is often characterized by inappropriately sexually seductive or provocative behavior
 - displays rapidly shifting and shallow expressions of emotions
 - consistently uses physical appearance to draw attention to self
 - has a style of speech that is excessively impressionistic
 - is suggestible
 - considers relationships to be more intimate than they actually are

Narcissistic Personality Disorder

- Grandiosity in behavior and fantasy, need for admiration, and lack empathy

Cluster C

Anxious and Fearful

Cluster C Personality Disorders

- Avoidant personality disorder
- Dependent personality disorder
- Obsessive-compulsive personality disorder

Avoidant Personality Disorder

- Individuals desire relationships but avoid them because of the anxiety produced by their sense of inadequacy

Dependent Personality Disorder

- Individuals are extremely needy, relying on others for emotional support and decision making
- Goes to excessive lengths to obtain nurturance and support from others

Obsessive-Compulsive Personality Disorder

- Individuals are perfectionists who require a great deal of order and control

Obsessive-Compulsive Disorder

- Characterized by recurrent intrusive thoughts, images, or urges (obsessions) that typically cause anxiety or distress, and by repetitive mental or behavioral acts (compulsions) that the individual feels driven to perform, either in relation to an obsession or according to rules that he believes must be applied rigidly to achieve completeness

Axis I and Axis II

- Of note, individuals can be diagnosed with multiple personality disorders
 - they are more likely to have an Axis I disorder

Personality Disorders

Impact on Clinical Care Settings

Challenges in Clinical Care Settings

- Patients with personality disorders can greatly strain relationships with providers and staff

Personality Disorders

- Challenges:
 - irritability
 - poor communication skills
 - dependency
 - excessive demands made by the patient
- Patients may alienate providers:
 - late-night calls
 - angry outbursts
 - signing out against medical advice (AMA)

Personality Disorders

- Manage emotions:
 - clinicians and staff need to be aware of their own emotions
 - it may be normal to feel angry, defensive, or threatened
- Self-aware:
 - deal appropriately with emotions
 - establish boundaries
- Clinicians and staff frequently lack training in how to identify and deal with individuals with personality disorders

Prognosis

- Personality disorders are lifelong conditions
- Attributes of clusters A and B disorders may lessen in middle age and late in life
- Individuals with personality disorders are at increased risk for:
 - depression
 - substance abuse
 - accidental injury
 - suicide
- Homicide: a potential risk in paranoid and antisocial personality disorders
- Cluster B personality disorders:
 - may be susceptible to substance abuse, impulse control, and suicidal behavior which may shorten their lives
- Dependent personality disorder:
 - carries an increased risk for anxiety disorders and adjustment disorder

Prognosis

- Avoidant personality disorder
 - associated with increased risk for anxiety disorders, particularly social phobia
- Obsessive-compulsive personality disorder:
 - may be at risk for myocardial infarction due to a common type A lifestyle
 - may be at risk for anxiety disorders
 - may be at increased risk for developing OCD if symptoms are not under control

Approach to Management

- Many clinicians are fearful to discuss the diagnosis
 - surprisingly, the patient may not be angered

Confronting the Stigma

- The only way to confront the stigma is to educate the patient and let them ask questions
- You may say:
 - “I would like to have a frank discussion and interchange about your diagnosis.”
 - “What do you know about _____?”

Management

- If you are not a mental health professional, refer

Modes of Therapy

- Dialectical behavioral therapy
- Mentalization-based therapy
- Transference-focused therapy
- Cognitive behavioral therapy
- Systems training for emotional predictability and problem solving (STEPPS)
- Treatment of choice:
 - psychotherapy

Management of Personality Disorders

- Medication is not first-line but may be used in conjunction in psychotherapy
- Antidepressants are commonly used
 - Paxil®
 - Lexapro®
 - Prozac®

Medication Options

- After starting in therapy, consider medication management
- For co-existing depression:
 - may start on SSRIs, SNRIs, etc.
- For anxiety:
 - may consider buspirone or benzodiazepines
- For psychotic or paranoid symptoms:
 - may need to start low-dose antipsychotics

Healthy Communication

- Facilitate effective communication by setting appropriate patient expectations and boundaries

Staff Communication

- Taking care of yourself and your staff is important
- Keep lines of communication open with your staff

Educate Family Members

- Family members can become burned out and fatigued from chronic abandonment and pain
- Family resources:
 - support groups (look for local chapters)
 - Mayo Clinic.com
 - National Institute of Mental Health

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