

Square pegs

Managing personality disorders



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Having a personality disorder limits a person's ability to interact socially, function within a family, or cope in a workplace setting. At worst, the condition can lead to suicide, drug and alcohol addiction, and harm to others. In this article, you'll learn the general features, proposed causes, assessment findings, nursing interventions, and recommended treatments for managing personality disorders.

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The author has disclosed that she has no significant relationships with or financial interest in any commercial companies that pertain to this educational activity.

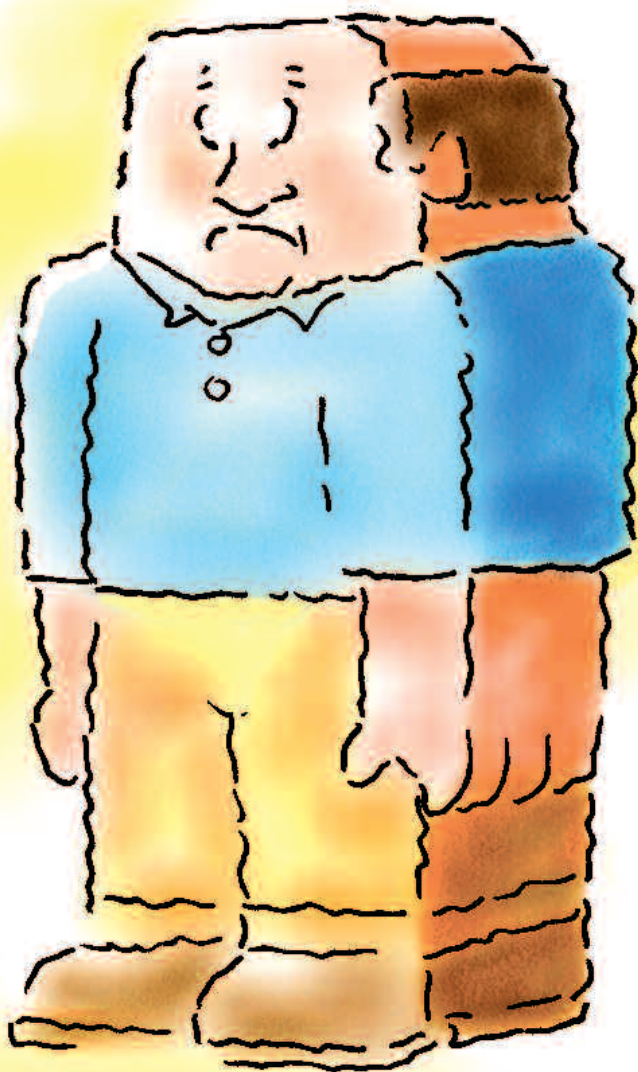
TOM MCGUIRE, 37, is a lab tech working second shift at a large pharmaceutical firm. He's single, has no close friends or confidants, is estranged from his siblings, and never socializes with his colleagues. In fact, he seldom even makes eye contact. He appears to sleepwalk through his shift. Throughout his entire adult life, people have used words like "eccentric," "loner," and "oddball" to describe him.

That's how he appears to the outside world. But Mr. McGuire isn't just an eccentric, all-work-and-no-play kind of guy who's content in his solitude. He very likely has a personality disorder, and beneath that cool exterior, he's miserable and barely able to cope with life.

The *Diagnostic and Statistical Manual of*

Mental Disorders, 4th edition (DSM-IV), defines personality disorders as "enduring patterns of inner experience and behavior" that can destroy a person's ability to function in family, social, and occupational situations. Cognition, mood, behavior, and interpersonal relationships are most affected. A patient suffering from a personality disorder displays rigid, maladaptive, and fixed dysfunctional patterns that cause him significant emotional pain.

As a nurse, you may encounter patients with a personality disorder in pretty much any health care setting. That's why it's important for you to recognize and understand these disorders so you can deliver the best care and work effectively with these often challenging individuals.



Let's start off with the names and a brief description of the various types of personality disorders.

Quite a variety!

The *DSM-IV* divides personality disorders into three clusters. The disorders are grouped according to similarity of symptoms:

- **Cluster A** includes paranoid, schizoid, and schizotypal personality disorders. These disorders are distinguished by odd or eccentric behavior.

- **Cluster B** includes antisocial, histrionic, borderline, and narcissistic personality disorders. These disorders are characterized by dramatic, highly emotional, and unstable behaviors.

- **Cluster C** includes avoidant, obsessive-compulsive, passive-aggressive, and dependent personality disorders. These disorders are marked by fearful, anxiety-ridden behavior.

The clusters are useful for making a clinical diagnosis, but keep in mind that a patient may have traits from all three (see *Common features of personality disorders* for more information).

To be diagnosed with a personality disorder, the patient must have dysfunctional behavior in at least two of the following areas: perception and interpretation of self and others; intensity, duration, and appropriateness of feelings; ability to carry out social, family, and occupational interactions;

Any of these
symptoms
remind you
of your
patients?



and the ability to control impulsive behavior. Diagnostic criteria for all personality disorders have conflict between the patient and his social environment in common (see *And the diagnosis is...* for more information).

Now, let's look at these personality disorders in more detail.

Cluster A: *Oddly eccentric*

Over 9 million adults in the United States meet the standard diagnostic criteria for **paranoid personality disorder**; that's about 4.5% of the adult population. An individual with this disorder appears guarded and suspicious of constant threats. He avoids relationships because he suspects the people around him of sinister motives and nefarious purposes. He shifts blame, appears cold and distant, and carries grudges forever. Because his behavior tends to drive people away, he has few, if any, friends. Researchers have found a higher incidence of paranoid personality disorder among relatives, indicating a possible genetic component.

An estimated 6.5 million adults, or a little more than 3%, meet standard diagnostic criteria for **schizoid personality disorder**. Such an individual is withdrawn from interpersonal relationships and detached from social interaction. He appears unfeeling, aloof, and indifferent to others' feelings. He has trouble engaging others in informal social conversations—no “small talk.” Spontaneity is difficult for him because he feels so self-conscious and ill at ease in public. This disorder is a bit more common in males.

Schizotypal personality disorder has some symptoms in common with schizophrenia; unlike schizophrenia, however, this personality disorder doesn't have a psychotic component. An individual with this disorder may have a strong belief in the supernatural or supersensory. His sharing of these ideas can be off-putting, the sort of thing that

gets a person labeled a “space cadet.” Although he may experience cognitive or perceptual disturbances, hallucinations and delusions are rare.

Cluster B: *All the world's a stage*

Over 7.5 million people meet the standard diagnostic criteria for **antisocial personality disorder**. That's about 3.6% of adults. A person with this disorder displays a pattern of irresponsible and exploitive behaviors coupled with a blatant disregard for others. He generally can't hold a job or maintain a relationship. He acts impulsively, egocentrically, and aggressively, and he has a notable disregard for the truth. Others may see him as charismatic, seductive, and manipulative. Antisocial personality disorder is three times more prevalent in men.

Someone with **borderline personality disorder** has inappropriate mood swings; unsound and dysfunctional relationships; a constantly shifting self-image; unpredictable behavior; and intense bouts of anger, anxiety, depression, and feelings of emptiness. This pattern of unpredictable mood swings, stormy relationships, and general confusion about life goals can severely disrupt his job, home life, and even gender identity. Quite often, he has a history of childhood physical and/or sexual abuse. Self-mutilation, substance abuse, and eating disorders, triggered by fear of abandonment, are typically seen with this type of personality disorder.

A person with **narcissistic personality disorder** spends a lot of energy seeking to call attention to himself. His speech and mannerisms border on the theatrical. His language in describing himself may be grandiose and highly exaggerated. He lacks empathy, yet he's hypersensitive to what others say about him. Charming, dramatic, and expressive, he's easily hurt, vain, demanding, capricious, excitable, self-indulgent, and inconsiderate. He may be seen as manipulative and phony. It's hard

Common features of personality disorders

Most individuals with a personality disorder exhibit the following traits:

- disturbance in self-image
- inappropriate range of emotions
- poor impulse control
- skewed perception of other individuals and the environment
- long-standing problems in maintaining healthy relationships
- reduced ability to function in the workplace.

for him to maintain a relationship because of his need for constant approval and attention. Beneath this flamboyance, however, a person with narcissistic personality disorder is insecure, forever yearning for the approval of others.

Cluster C: Hand-wringing anxiety

An individual with *avoidant personality disorder* is hypersensitive to others' opinions of him. He suffers from severe anxiety in social situations—he's apt to be a wallflower at a social gathering. Though he often expresses the desire to have a close relationship, his deep fear of rejection leads him to avoid situations with the potential to lead to one. This personality disorder is often combined with other psychiatric disorders, like social phobia, schizoid or dependent personality disorder, agoraphobia, obsessive-compulsive disorder, generalized anxiety disorder, dysthymia, major depressive disorder, somatoform disorders, dissociative disorder, and schizophrenia. It's diagnosed twice as often in men.

A person with *dependent personality disorder* has an excessive need to be taken care of, difficulty making decisions, low self-esteem, submissive and clingy behavior, and an inability to maintain a stable social role. Separation anxiety may make him prone to remain in a dysfunctional or abusive relationship.

An individual with *obsessive-compulsive personality disorder* clings to excessive disci-

pline and perfectionism like a life raft. He's preoccupied with rules and regulations for himself and others, and he's completely inflexible. He appears calm and controlled on the surface, but lurking beneath the surface are strong feelings of hostility and conflict. His relentless anxiety about things not being perfect torments him constantly. People with this disorder can often function well enough for a while to be successful in business.

In *passive-aggressive personality disorder*, the individual uses stealth methods to express his feelings. For example, instead of saying he's furious about a business decision, he'll be late for an important meeting. He has a negative outlook on life, and he uses a campaign of passive resistance against others' expectations of his performance. Although he mostly sabotages himself, he feels cheated and underappreciated by others. Enormous discipline allows him to control his anger for a while to avoid loss of affection.

What's the origin of personality disorders like these? Let's take a look.

Nature and nurture

It's theorized that multiple factors may contribute to the development of a personality disorder, including the following:

- negative childhood experiences
- separation or abandonment
- emotional and/or physical abuse
- significant loss of parenting.

Most experts agree there's often a genetic component that mixes in with learned

behaviors. Personality is the product of temperament, which has a genetic basis, and character, which develops over a lifetime through experience. The intricate relationship between the genetic component and the environment can factor into the development of a personality disorder.

The genetic component may cause dysregulation in the autonomic nervous system response, producing either an exaggerated response or an inappropriate lack of response to stressors, such as inadequate regulation of serotonin and dopamine. A decreased level of such neurotransmitters, which causes disruption in their transmission across nerve cells, results in neurobiologic changes that can lead to some of the disorder symptoms.

The bottom line, however, is that all of these ideas about the basis of personality disorder are speculative. Much additional research is needed to root out the cause.

Next, I'll offer some tips on patient assessment.

Facts and foibles

A series of simple questions during your assessment can reveal a lot about the patient. When assessing a patient who's suspected of having a personality disorder, ask him the following questions:

■ **What current problems in your life are causing you distress?** The answer may give you insight into the patient's perspective on his problems and the degree of distress he's experiencing.

■ **Who do you consider to be the support persons in your life?** This answer will tell you what, if any, support system the client believes he has and what degree of social isolation he's experiencing.

■ **What would you like to change about yourself and your life?** The answer to this question can shed some light on his perception of reality and his motivation for working on his self-functioning.

■ **How do you handle anxious feelings?** The answer can reveal the patient's use of defense or coping mechanisms.

■ **Have you ever deliberately hurt yourself?** It's important to determine the patient's potential for harming himself. Self-mutilation is characteristic of borderline personality disorder.

■ **Have you ever been in trouble with the law?** A positive response to a history of criminal behavior may indicate antisocial personality disorder.

Now, let's take a look at some of the treatments for personality disorder that are available.

Treatment options

The maladaptive traits and behavior patterns of personality disorders typically arise early in an individual's adulthood—sometimes earlier—and as we've seen, may have a genetic link. Eventually, the ineffective behaviors that characterize a personality disorder become an intrinsic part of the individual's behavior. Sometimes, with appropriate treatment, improvement can happen, but it's always a long process that's filled with obstacles.

What are they? Well, for one, it's not unusual for the patient to lack insight into his negative behavioral patterns. He usually won't receive treatment voluntarily—or involuntarily—until there's a breakdown in his ability to function in society, such as sudden joblessness or the breakup of a relationship.

Treatment is usually determined by what aspect of the patient's life is most affected by

Tom, what would you like to change about your life?



No wonder personality disorders are tough to treat—they're firmly entrenched.



And the diagnosis is...

The following general criteria, taken from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (*DSM-IV*), apply to all patients with personality disorders. Each specific personality disorder, however, has its own additional criteria for diagnosis. Consult the *DSM-IV* for the diagnostic criteria for a specific personality disorder.

Enduring patterns

The patient exhibits an enduring pattern of behaviors and inner experiences that deviate significantly from the norms and expectations of his culture. The pattern affects two or more of the following:

- cognition (ways of interpreting and perceiving self, others, and the world)
- affectivity (degree, range, lability, and appropriateness of emotional response)
- interpersonal functioning
- impulse control.

Pattern features

This enduring pattern of behaviors and inner experiences

- is inflexible; it broadly affects personal relationships and social contacts
- leads to clinically significant distress and/or impairment of personal, social, and occupational functioning
- is stable and enduring, with an onset that can be traced back to early adulthood or adolescence
- isn't better explained by the diagnosis of another mental illness
- isn't the direct result of the physiologic effects of a medication or other substance or of a pathologic physical condition.

the disorder—cognition, mood, behavior, or interpersonal relationships. Transference-based psychotherapy; cognitive behavioral therapy, including dialectical behavioral therapy; social skills training; eye movement desensitization and reprocessing (EMDR); and medical treatments are options currently in use. Hospitalization is generally reserved for a patient who's an imminent danger to self or others, has an inability to care for basic needs, or has psychosocial stressors that overwhelm the capacity to cope.

Transference-based psychotherapy focuses on changing the way a person experiences self, others, and the environment. The goal is to stop destructive behavior. The therapist guides the patient to an understanding of the feelings and anxieties that trigger the troublesome conduct. As therapy progresses, the patient should learn better ways of relating to people and reacting to situations.

Because some experts see trauma as one of the causes of personality disorder, **EMDR** is sometimes used to help to heal the psychological wounds caused by these damaging

experiences. It's thought that when someone experiences trauma, like child sexual abuse, the memory of it can become ingrained in the psyche, influencing all aspects of life. The process of EMDR purportedly helps these memories become accessible to healing. The client is instructed to think of the traumatic event while simultaneously focusing on an external visual stimulus, like a moving pencil. The resultant rapid eye movement is believed to cause the traumatic memory to dissipate from the brain, allowing for positive change to occur.

Social skills training is used most effectively for patients who experience significant problems in interpersonal relationships. Learning to start a conversation, shop for food, talk on the phone, and pick up people's behavior cues are important aspects of this treatment. As I described earlier, patients with a personality disorder tend to underreact or overreact to social situations. In social skills training, the patient can practice his social skills in a nonthreatening, supportive environment. Effective ways to

Think a flat
tire is a
catastrophe?
Therapy may
help.



decrease the anxiety that accompanies social situations are explored. For example, a patient with paranoid personality disorder or avoidant personality disorder who's afraid to go grocery shopping can practice an exercise that simulates driving to the store, looking for items on a list, encountering other people in the store, and talking to the check-out clerk before actually going out to do this in the real world.

Cognitive behavioral therapy is shown to be both a cost-effective and clinically effective treatment for some personality disorders. It's most widely used in patients with borderline personality disorder. The goal of cognitive behavioral therapy is to change the "automatic thoughts" that arise spontaneously and contribute to dysfunctional thinking. According to cognitive behavioral therapy, psychological pain comes not from the events themselves, but from the thoughts that accompany the events. A patient with borderline personality disorder may have faulty cognitive processes that cause him to interpret a minor inconvenience, like a flat tire, as an unmitigated disaster. The cognitive behavioral therapist uses cognitive restructuring to help the patient identify his overreaction and modify his thinking and emotional response to something more appropriate: learn how to put on the spare, or join an automobile club and carry a charged cell phone.

Dialectical behavioral therapy was developed for patients with borderline personality disorder who exhibit harmful behaviors, like self-mutilation, and have suicidal thoughts and behaviors and explosive interpersonal relationships. Dialectical behavioral therapy helps the patient "unlearn" these self-destructive behaviors and discover new ways of coping with intense emotions. The theory behind this therapy is that some patients overreact to stimuli because of a toxic environment and/or biologic factors as yet to be discovered. Patients who receive

dialectical behavioral therapy are given individual therapy, group skills training, and phone coaching to make them more aware of their reactions and to help them moderate the intensity of their reactions.

When drugs can help

The American Psychiatric Association's practice guideline continues to support psychotherapy combined with symptom-based psychopharmacology for the treatment of personality disorders. Drug therapy is generally prescribed only for patients who are suicidal or depressed or who pose a threat to themselves (self-mutilation) or others. Otherwise, the use of medical therapy isn't recommended for the treatment of personality disorders.

The appropriate medication depends on whether cognition, mood, behavior, or interpersonal relationships is most affected.

Let's go over the various drug classifications used to treat personality disorders.

Antidepressants can be effective when used to treat signs of depression, like low self-esteem, suicidal ideation, and compulsive behavior. Sertraline (Zoloft), paroxetine (Paxil), fluoxetine (Prozac), escitalopram (Lexapro), and mirtazapine (Remeron) are some of the drugs used.

Anticonvulsants are especially helpful in balancing the intensity of feelings that occur in borderline personality or histrionic personality disorder. This class of agents has shown some efficacy in controlling impulsive, aggressive behavior. Valproic acid (Depakote) is the most widely used agent in its class.

Antipsychotics can be useful in treating paranoia, unstable mood, and/or unorganized thoughts. Risperidone (Risperdal), olanzapine (Zyprexa), and quetiapine (Seroquel) are used.

Teach your patient about his medication, including signs of overdose, and help him monitor his response. Emphasize how important it is to take the medication as instructed.

Meet the challenge

Throughout the course of your practice, you'll encounter and be called on to provide nursing care for people with personality disorders. Management of these disorders offers unique challenges. Patients present with a vast array of symptoms. Their lives lack structure and logic; neglect of outpatient therapy appointments and nonadherence to prescribed medical therapy are common. Depending on your role, you may be involved in aspects of psychotherapy, medication monitoring, or managing a physical condition in patients with personality disorder. Great care should be taken not to make an inappropriate response to verbal attacks, manipulation, or other pathologic behaviors. Setting boundaries and maintaining your professional behavior are important.

By being aware of the effects these psychological problems can have on patients, you can participate in developing a strategy to work around them and help your patient cope with his disorder. ■

Learn more about it

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