



# Personality Disorders: Identification, Assessment, and Interventions

Two (2.0) Contact Hours

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## **Acknowledgements**

***RN.com acknowledges the valuable contributions of...***

***...Kim Maryniak, RNC-NIC, MSN, PhDc.*** She has over 25 years nursing experience with medical/surgical, psychiatry, pediatrics, and neonatal intensive care. She has been a staff nurse, charge nurse, educator, instructor, manager, and nursing director. Her instructor experience includes med/surg nursing, mental health, and physical assessment. Kim graduated with a nursing diploma from Foothills Hospital School of Nursing in Calgary, Alberta in 1989. She achieved her Bachelor in Nursing through Athabasca University, Alberta in 2000, and her Master of Science in Nursing through University of Phoenix in 2005. Kim is certified in Neonatal Intensive Care Nursing and is currently pursuing her PhD in Nursing. She is active in the National Association of Neonatal Nurses and American Nurses Association. Kim's current and previous roles include research utilization, nursing peer review and advancement, education, use of simulation, quality, process improvement, leadership development, infection control, patient throughput, nursing operations, and professional development.

## **Purpose and Objectives**

The purpose of this course is to examine the types of personality disorders that can occur. This course will review criteria for assessment and diagnosis, current treatment, and nursing interventions for individuals with a personality disorder.

After successful completion of this course, you will be able to:

1. Identify ten specific types of personality disorders according to current DSM-V criteria.
2. Discuss DSM-V criteria for identifying each personality disorder.
3. Describe at least five factors for assessment of individuals with a personality disorder, including tools used.
4. List three current treatments for personality disorders.
5. Recognize three nursing interventions for individuals with a personality disorder.

## **Definition of Personality Disorder**

Personality disorders, defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V), is a persistent pattern of internal experience and behavior which manifests in two or more of the areas of thinking, feeling, interpersonal relationships, and impulse control. This pattern greatly differs from the expectations of the individual's culture, is insidious and uncompromising, has an onset in adolescence or early adulthood, stabilizes over time, and can cause disturbance or affliction to the affected individual (American Psychiatric Association [APA], 2013).

## **Prevalence**

In the United States, 9.1% of the population has been diagnosed with a personality disorder (National Institute of Mental Health, n.d.).

On a global level, it is estimated that 3-10% of the population has a personality disorder (Tyrrer et al., 2010).

## **Features of a Personality Disorder**

The features of a personality disorder (PD) include patterns of perception, relation, and thinking about oneself and the environment, which are persistent. These are known as personality traits.

When personality traits become unyielding and maladaptive, and create impairment in the ability of an individual to function or cause distress, this signifies a personality disorder (APA, 2013).

## **Fundamental Characteristics of Personality Disorder**

The fundamental characteristics of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

- Substantial impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning
- One or more pathological personality trait domains or trait features
- These impairments in personality functioning and the individual's personality trait manifestation are comparatively stable across time and consistent across situations
- These impairments in personality functioning and personality trait expression are not considered as normative for the individual's developmental stage or socio-cultural environment
- These impairments in personality functioning and personality trait expression are not solely due to the direct physiological effects of a medical condition or substance (APA, 2013)

## **Core Features of Personality Disorders**

The following are the four core features of personality disorders (APA, 2013):

1. Inflexible, extreme and distorted thinking patterns (thoughts)
2. Problematic emotional response patterns (feelings)
3. Problems with impulse control (behavior)
4. Substantial interpersonal problems (behavior)

Diagnosis of a personality disorder includes that a person must demonstrate at least two of these four core features.

## **Categories of Personality Disorders**

In the present edition of the APA manual (DSM-V), the disorders are provided as ten categories for personality types:

1. Paranoid
2. Schizoid
3. Schizotypal
4. Antisocial
5. Histrionic
6. Narcissistic
7. Borderline

8. Avoidant
9. Dependent
10. Obsessive/compulsive

### **Test Yourself**

Features of a personality disorder include all EXCEPT:

- A. Problematic emotional response patterns
- B. Inflexible, extreme and distorted thinking patterns
- C. Appropriate impulse control and viable relationships

The correct answer is: C. Features of a personality disorder include inflexible, extreme and distorted thinking patterns as well as problematic emotional response patterns, but NOT appropriate impulse control and viable relationships.

### **Causes: Theories**

There are many theories that exist about the progression of personality disorders. Basic personality traits are not fixed, but are reactive to developmental milestones and achievements of human beings. Two large transitions that can impact personality development are from late childhood to adolescence, and again from adolescence to early adulthood. The evolution into early adulthood is particularly important, as maturation promotes conscientiousness, openness, and participation as a functioning member of society, while decreasing neuroticism and self-centered beliefs (Wright, Pincus & Lenzenweger, 2011).

### **Causes: Genetics**

Ideas of genetic predisposition exist, particularly for Cluster A personality disorders. Individuals with familial history of schizophrenia can be at a higher risk for paranoid, schizoid, or schizotypal personality disorders. Other biological heredity may be present with Cluster B personality disorders. Dysfunction of neurotransmitters and family history of mood disorders may be linked to antisocial and borderline personality disorders (Bienenfeld, 2013; Wright, Pincus & Lenzenweger, 2011).

### **Causes: Environmental and Social Factors**

Theories of environmental and socialization influences also indicate causes for personality disorder development. Occurrences of abuse, including sexual, physical and emotional, can be found in the history of patients with borderline, antisocial, narcissistic, and obsessive-compulsive patients (Bienenfeld, 2013; Wright, Pincus & Lenzenweger, 2011).

### ***Did You Know?***

*Although many of these theories have been studied, there is no definitive cause that has been identified for the development of personality disorders. Many believe it is multi-factorial in nature.*

### **Gender and Personality Disorders**

**Cluster A:** Males have a slightly higher chance of developing a schizoid personality disorder than females.

**Cluster B:** Antisocial personality disorder is three times more common in men than in women. Controversially, borderline personality disorder is three times more prevalent in women than in men. Narcissistic personality disorder has a composition of approximately 75% males.

**Cluster C:** The diagnosis of obsessive-compulsive personality disorder is made twice as often in men than in women (Bienenfeld, 2013).

### **Cluster A Personality Disorders**

This group of personality disorders includes those in which individuals demonstrate behaviors described as odd or eccentric (Bienenfeld, 2013; Hoermann, Zupanick, & Dombek, 2015a). They include:

- Paranoid
- Schizoid
- Schizotypal

### **Paranoid Personality Disorder**

Paranoid personality disorder is seen as a pattern of distrust and suspiciousness of other people (APA, 2013).

Individuals with paranoid personality disorder display extremely guarded behavior, and are highly distrustful of others. They believe others are devious, deceiving, and scheming. These individuals anticipate being manipulated, mistreated, and exploited by others. Internal feelings include anger, anxiety, and an increased sense of fear, which can lead to external behavior that appears argumentative and demanding (APA, 2013; Esterberg, Goulding, & Walker, 2010; Hoermann, Zupanick, & Dombek, 2015a).

Persons with paranoid personality disorder have difficulty in developing and sustaining any trust in relationships. Because of feelings of blame, these individuals are unable to confide in others, and demonstrate jealousy and hostility (APA, 2013; Esterberg, Goulding, & Walker, 2010).

Social interactions are negatively impacted for a person with paranoid personality disorder, since these individuals tend to display controlling behavior, are critical, and unable to collaborate effectively with others. The controlling behavior stems from an innate need for autonomy.

Individuals suffering from paranoid personality disorders are often confrontational and over-react to perceived threats by frequent filing of lawsuits and involvement in legal disputes. Fantasies of grandiosity are also frequently entertained, and they can be seen as fanatical (APA, 2013, Esterberg, Goulding & Walker, 2010; Hoermann, Zupanick, & Dombek, 2015a).

### **Schizoid Personality Disorder**

Schizoid personality disorder is seen as a pattern of social detachment and a limited range of emotional expression (APA, 2013). Individuals with schizoid PD have little or no interpersonal relationship, and do not have a desire to seek out those connections. They tend to live their lives with restrained interactions or social relations. These persons perceive themselves as spectators in society, rather than participants. They are autonomous and self-sufficient, with a lack of intimacy with others (APA, 2013; Esterberg, Goulding, & Walker, 2010).

Persons with schizoid personality disorder have impaired communication with others. This can be

seen with vague or concrete speech, lowered cognition, inappropriate speech tones, and reduced eye contact.

Most individuals with this personality disorder choose professions with limited contact, and live reclusively. Emotional attachment can be formed to animals or inanimate objects rather than other human beings. They have difficulty expressing anger, and respond passively or inappropriately to events in life. These persons are seen as withdrawn, isolated, and boring by others (APA, 2013; Hoermann, Zupanick, & Dombeck, 2015a).

Individuals with schizoid PD may experience brief psychotic episodes, especially in response to perceived stress. Schizoid personality disorder is associated with delusional disorder, schizophrenia, major depressive disorder, or other personality disorders (APA, 2013; Esterberg, Goulding, & Walker, 2010; Hoermann, Zupanick, & Dombeck, 2015a).

### **Schizotypal Personality Disorder**

Schizotypal personality disorder is seen as a pervasive pattern of social and interpersonal limitations (APA, 2013).

Persons with schizotypal personality disorder have unusual beliefs or delusions, odd perceptual experiences such as feelings of “dépà vu” or “sixth sense”, or ideas of reference (when the person believes an incident has particular meaning to them). Thinking or speech can be affected, including ambiguous, incoherent, or tangential. Persons affected by this PD can also often foster ideas and behavior of paranoia. These individuals have a blunted or inappropriate affect (such as laughing inappropriately), and may appear or behave eccentrically (APA, 2013; Esterberg, Goulding, & Walker, 2010; Hoermann, Zupanick, & Dombeck, 2015a).

Individuals with schizotypal PD have little or no close relationships, and may display anxiety or feelings of discomfort in social situations. Delusions can lead to beliefs in paranormal, magical thinking, or superstition. Alterations in perception may also include forms of hallucinations.

Persons with schizotypal PD may experience transient psychotic episodes, especially in response to perceived stress, but are usually too short in duration to merit additional diagnoses. In some cases, clinically substantial psychotic symptoms may develop which meet criteria for delusional disorder, brief psychotic disorder, schizophreniform disorder, or schizophrenia. Over half of persons with schizotypal PD may have a history of, or a concurrent diagnosis of, major depressive disorder. There is high association between schizotypal PD and other personality disorders (APA, 2013; Esterberg, Goulding, & Walker, 2010; Hoermann, Zupanick, & Dombeck, 2015a).

### **Test Yourself**

Characteristics of difficulty in developing and sustaining any trust in relationships, feelings of blame or jealousy, suspiciousness, and seen as controlling are typical of which Cluster A personality disorder?

- A. Paranoid
- B. Schizoid
- C. Schizotypal

The correct answer is: A. Typical characteristics of paranoid personality disorder include difficulty in developing and sustaining any trust in relationships, feelings of blame or jealousy, suspiciousness, and are seen as controlling.

## **Cluster B Personality Disorders**

This group of personality disorders includes those in which individuals demonstrate behaviors described as emotional or dramatic (Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b). They include:

- Antisocial
- Borderline
- Histrionic
- Narcissistic

### **Antisocial Personality Disorders**

Antisocial personality disorder is viewed as a pattern of disregard for, and violation of, the rights of others. This pattern begins in childhood or adolescence and continues into adulthood (APA, 2013).

Individuals with antisocial personality disorder are focused on their own personal gain. Behaviors include manipulation, deceit, and no hesitation in lying to others. There is no regard for upholding the law, and legal violations are frequent. These individuals are at higher risk for developing psychopathic features and are regularly in the prison system (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Persons with antisocial PD are impulsive, irritable, and aggressive, and are often involved in assault and reckless actions. They are viewed as irresponsible in their work habits and relationships. Although these individuals demonstrate superficial charm, they are cynical and have an exaggerated self-opinion. They have little or no remorse for their actions, and attempt to rationalize or blame others for their behaviors (APA, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Individuals with antisocial PD may also experience dysphoria, anxiety and tension, inability to tolerate boredom, and depressed mood. There is an association with depressive or anxiety disorders, substance abuse and addiction, somatization disorder, and other disorders related to impulse control. Criteria may also be met for other personality disorders, including histrionic, narcissistic, and borderline PD (APA, 2013).

### **Borderline Personality Disorders**

Borderline personality disorder is a pattern of instability in interpersonal relationships, self-image, affects, and marked impulsivity. This PD begins in early adulthood (APA, 2013). Borderline PD is seen among 2% of the general population, and 30-60% of patients diagnosed with a psychiatric disorder (APA, 2013; Bienenfeld, 2013).

Persons with borderline PD have intense reactions to real or perceived abandonment which can distort behavior, cognition, self-image, and affect. They often view the world as black and white. Fear and anger can be demonstrated inappropriately in response to their beliefs, and their own self-image can abruptly change. A common feature of borderline PD is self-mutilation or suicidal behavior. This may be a result of dissociation, a form of release, or a belief these actions will dispel any evil inside them (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Individuals with borderline PD have difficulties with relationships. They may begin with a friendship or relationship in which they share information and emotions, and idealize others in an intense manner. This reaction can rapidly change to where they believe others do not value them, or are neglecting,

punishing, or abandoning them. Instability, lability, and paranoia are common (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Persons with borderline PD may develop transient psychotic symptoms during times of stress. They may have a pattern of self-defeat that does not allow them to achieve life goals. There is a higher risk of suicide and morbidity as a result of self-destructive behaviors. Borderline PD is associated with substance use and abuse, eating disorders, mood disorders, posttraumatic stress disorder, attention deficit/hyperactivity disorders, and other personality disorders (APA, 2013).

### **Histrionic Personality Disorder**

Histrionic personality disorder is seen as a pattern of excessive emotionality and attention seeking. This behavior usually begins before early adulthood (APA, 2013).

Persons with histrionic PD are often described as wanting to be the center of attention. If they perceive this is not the case, they feel unappreciated, uncomfortable, or unwanted. Their behavior is lively and dramatic, and may include flirtatious or even acting inappropriately seductive. If these individuals believe they are not receiving the attention they want, they may act more dramatic by creating a scene in public (APA, 2013; Bienenfeld, 2013).

Individuals with histrionic PD are concerned with their outward appearance, focusing on fashion even when they cannot afford it. They are flattering to others in attempt for reciprocation, but conversations are at a superficial level. They can be emotionally labile, reacting inappropriately with loud laughter or sobbing. Personal relationships, such as true friendships, are difficult to maintain, due to high demands for attention (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Persons with histrionic PD also have difficulty with emotional intimacy in romantic relationships. They may try to control their partner through seduction or emotional manipulation, and then demonstrate a dependency on them. Longer-term relationships may be abandoned with the excitement of new relationships. These individuals are at higher risk for suicidal gestures for attention, which may lead to actual suicide. Histrionic PD is also associated with other disorders including somatization, conversion, borderline, narcissistic, dependent, major depressive, and antisocial disorder (APA, 2013).

### **Narcissistic Personality Disorder**

Narcissistic personality disorder is viewed as a pattern of grandiosity and entitlement, need for admiration, and lack of empathy. This pattern develops in early adulthood (APA, 2013).

Individuals with narcissistic PD have an inflated sense of self-importance, and not only believe they are superior to others, but demand others acknowledge this uniqueness. Their beliefs in their own accomplishments and achievements conversely diminish the contributions of others. They may have delusions of grandeur, believing their status is amongst those who are rich and/or famous (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).

Persons with narcissistic PD display boastful and conceited behaviors, and convey a sense of entitlement. They are not sensitive to the needs or emotions of others, and may exploit other individuals to meet their own desires. This lack of empathy and inflated self-worth makes it difficult to sustain any meaningful relationships. Although they display that others are envious of them, these individuals have low self-esteem and actually are jealous of other people (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015b).



The vulnerability in self-esteem makes individuals with narcissistic PD unable to handle criticism, making them feel degraded, humiliated, and empty. Reactions may vary from rage and defiance to social withdrawal or superficial humility. Continued feelings of shame, humiliation, and self-criticism may lead to depressed mood, or dysthymic or major depressive disorder. Narcissistic PD is also associated with substance use and abuse, anorexia nervosa, borderline, histrionic, antisocial and paranoid PD (APA, 2013).

### **Test Yourself**

Characteristics of grandiosity and conceit, lack of empathy, and difficulty with meaningful relationships are typical of which Cluster B personality disorder?

- A. Antisocial
- B. Borderline
- C. Narcissistic

The correct answer is: C. Typical characteristics of narcissistic personality disorder include grandiosity and conceit, lack of empathy, and difficulty with meaningful relationships.

### **Cluster C Personality Disorders**

This group of personality disorders includes those in which individuals demonstrate behaviors described as fearful or anxious (Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015c). They include:

- Avoidant
- Dependent
- Obsessive-Compulsive
- Personality Disorder Not Otherwise Specified (NOS)

### **Avoidant Personality Disorder**

Avoidant personality disorder begins in early adulthood, and is described as a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative assessment (APA, 2013).

Persons with avoidant PD have an intense fear of rejection from others which involves evading situations with substantial social interaction. This fear of disapproval and criticism can affect their ability to work or take on new responsibilities. These individuals believe others will be critical and judgmental until proven otherwise. Interpersonal relationships are only formed after repeated demonstration of support and approval by the other person (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015c).

These individuals are seen as shy and quiet. They have a desire to participate and develop intimate relationships, but the fear of rejection is overpowering. These persons have very low self-esteem and feelings of inadequacy. Social isolation is common. Avoidant PD is associated with other disorders, including mood and anxiety disorders, dependent PD, borderline PD, paranoid, schizoid, or schizotypal PD (APA, 2013; Bienenfeld, 2013).

### **Dependent Personality Disorder**

Dependent personality disorder begins by early adulthood, and is seen as a pattern of submissive and clinging behavior related to an extreme need to be taken care of by others (APA, 2013).

Individuals with dependent PD have extreme difficulty making decisions even with activities of daily living (such as choosing what clothes to wear). Any decisions require advice and reassurance from others, usually from one specific person. They have a fear of losing support and approval from others, particularly the individual they are dependent upon. Emotional reactions may not be appropriate, such as not expressing anger for fear of causing negative reactions (APA, 2013; Hoermann, Zupanick, & Dombeck, 2015c).

These persons are submissive, helpless, have low self-esteem, and lack confidence. They have no initiative to take on projects without assistance, and are unable to act independently. The fear of being alone and unsupported can lead these individuals to enduring unpleasant actions or abuse to stay with the person they are dependent upon. Social relations tend to be limited to those few people for whom the individual is dependent. If a close relationship ends, there is an urgency to establish another one (APA, 2013; Bienenfeld, 2013).

Individuals with dependent PD demonstrate self-doubt and pessimism, criticizing themselves and may consistently demean themselves. They take criticism and disapproval as proof they are worthless, and may seek overprotection and domination from others. Dependent PD is associated with disorders including mood, adjustment, and anxiety disorders, and other personality disorders such as avoidant, borderline, and histrionic (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015c).

### **Obsessive-Compulsive Personality Disorder**

Obsessive-compulsive personality disorder (OCD) is a pattern of preoccupation with orderliness, perfectionism, and control. This fixation occurs at the price of being flexible, efficient, and open, and is seen developing in early adulthood (APA, 2013).

Persons with OCD focus on details and attempt to maintain control by following rules, lists, and schedules, and repeatedly checking for any errors. Preoccupation with perfectionism and orderliness detract from any sense of time. The focus is on what they consider productivity and performance rather than socializing. Work is a priority over interpersonal relationships, including housework (APA, 2013; Bienenfeld, 2013).

These individuals focus on moral principles and values, and are highly self-critical, especially if they feel they have not met these standards. They may be unable to throw out objects due to a potential need in the future. Delegation of tasks to others is difficult, and if it is done, these persons provide detailed lists and may wish to directly supervise. They are characterized as rigid and miserly, and are very uncomfortable around others who easily express emotions. The ability to demonstrate emotions for persons with OCD is in a controlled fashion, relationships with others usually have a formal quality (APA, 2013; Bienenfeld, 2013; Hoermann, Zupanick, & Dombeck, 2015c).

Persons with OCD can become preoccupied with logic and intellect, and experience stress and distress in new situations that require flexibility and compromise. OCD is associated with disorders such as anxiety disorder and phobias, mood, and eating disorders (APA, 2013).

### **Personality Disorder Not Otherwise Specified**

Personality Disorder Not Otherwise Specified (NOS) is a grouping provided for two conditions: 1) the individual's personality pattern meets the general criteria for a PD and traits of various PDs are existing, but the criteria for any specific PD are not met; or 2) the individual's personality pattern meets the general criteria for a PD, but the individual is believed to have a PD that is not incorporated

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in the classification (for example, passive-aggressive PD). These individuals have impairment in functioning and distress, and may include mixed personality disorder (APA, 2013).

### **Test Yourself**

Characteristics of preoccupation with orderliness, perfectionism, and control, and high self-criticism are typical of which Cluster C personality disorder?

- A. Avoidant
- B. Dependent
- C. Obsessive compulsive

The correct answer is: C. Typical characteristics of obsessive compulsive personality disorder include preoccupation with orderliness, perfectionism, and control, and high self-criticism.

### **Assessment of Personality Disorders**

Physical assessment of patients with suspected personality disorders can provide valuable information resulting from behaviors. Evidence of self-mutilation or suicide attempts can be observed. Physical indicators of substance abuse can also indicate symptoms arising from a personality disorder. Laboratory studies can demonstrate substance use, nutritional status, and sexually transmitted diseases that can result from the patient's PD.

Subjective information taken through history may not provide accurate data with patients suffering from a personality disorder. Responses may be falsified, either purposively or unintentionally. History-taking can still offer information into the patient's disorder. Key points include medical/psychiatric history, family history, work and school history, substance use, nutrition, and established interpersonal relationships (Bienenfeld, 2013).

### **Observation of Personality Disorders**

Observations during an interview or interaction with the patient can afford pertinent clues. This includes general appearance and speech pattern. During patient interactions, the patient's affect and behavior is important to note. Affect that is blunt or guarded behavior are common with Cluster A personality disorders. Communication may be tangential or difficult to follow. Patients may exhibit behaviors indicating paranoia or hallucinatory in nature. Behavior that is abrupt or demonstrates lability of emotions is typical with Cluster B and C personality disorders (Bienenfeld, 2013).

### **Assessment of Cognitive Function and Potential for Harm**

Cognitive functions such as orientation and memory are not usually impaired, and thought process is generally normal in persons with personality disorders. Questions regarding judgment are important for insight. For example, *"If you had an opportunity to drive a racecar and only had one hour to do so, but did not have any training before, what would you do?"*

It is also vital to directly ask questions about potential for harm to self or others. The objective reactions to these questions can be just as informational as the actual answers given. If the patient states he/she has had thoughts of harming self or others, this needs to be further explored (Bienenfeld, 2013).

### **Risk to Self and Others**

Assessment for risk and harm to self or others is important with patients diagnosed with personality disorders. Risk factors to be assessed include:

- History of past suicidal ideation
- Suicide attempts
- Self-mutilation
- Poor impulse control
- Hospitalization

Mood and affect should also be incorporated – depressed, angry, or labile mood can indicate higher risk. Protective factors should also be reviewed such as methods of coping and spiritual beliefs. Current ideation and intent are vital to determine lethality or severity of risk (O'Brien, Kennedy & Ballard, 2008).

### **Use of Questionnaires and Tools**

Questionnaires are also available for assessment of personality disorders. One standardized tool commonly used is the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The original tool was developed in 1942, with the second revision in 1989. It has been validated repeatedly through research studies, and consists of 567 true or false questions. The test takes approximately 60 to 90 minutes for patients to complete, and must be bought, administered, and interpreted by a qualified psychiatrist or psychologist. One advantage of this tool is that the questions are generalized questions that are used as a scale for interpretation. It is difficult for a patient to falsify information by interpreting what the “correct” answer should be. This is effective in capturing and grouping data for diagnoses of personality disorders (Drayton, 2009).

### **The Standardized Assessment of Personality Abbreviated Scale (SAPAS)**

A brief screening tool that also has been used is the Standardized Assessment of Personality, Abbreviated Scale (SAPAS). This is a predictive scale only, not to be used for definitive diagnoses. The eight questions on the tool can be reviewed with the healthcare professional within a few minutes. The responses are either yes or no, with the answers if the patient believes the description applies most of the time and in most situations (Moran et al., 2003).

Questions include:

- In general, do you have difficulty making and keeping friends?
- Would you normally describe yourself as a loner?
- In general, do you trust other people?
- Do you normally lose your temper easily?
- Are you normally an impulsive sort of person?
- Are you normally a worrier?
- In general, do you depend on others a lot?
- In general, are you a perfectionist?

### **The Personality Inventory for DSM-5**

Another screening tool that was recently developed for the American Psychiatric Association is the Personality Inventory for DSM-5, which is available in both long and short version to assess personality traits (Krueger, Derringer, Markon, Watson, & Skodol, 2013a and 2013b). This tool assists

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the clinician in determining personality trait facets and domains, which can help with decision making.

### **Test Yourself**

Which statement is true regarding the use of tools for assessment of personality disorders?

- A. The tools can help with decision making.
- B. The tools provide both subjective and objective information.
- C. The tools can provide a definitive diagnosis, based on their results.

The correct answer is: A. Tools for assessment of personality disorders can help with decision making.

### **Treatment**

The primary treatment for patients with a personality disorder is psychotherapy. The goals are to examine and improve perceptions and responses in various situations. Therapies can include psychodynamic psychotherapy, cognitive-behavioral therapy, group therapy, and interpersonal therapy.

Medications may also be prescribed in addition to psychotherapy. Determining appropriate pharmacological therapy is based on the symptoms demonstrated in relation to the personality disorder diagnosed (Bienenfeld, 2013; McEvoy, 2011).

### **Medications**

**Antidepressant Medications:** These are prescribed for depressed mood, anger or lability, irritability, or impulse control. Tricyclic and monoamine oxidase inhibitors (MAOI) antidepressants are not generally prescribed for patients with personality disorders in relation to the high risk of overdose and suicide associated with these medications. Common antidepressants used with personality disorders include sertraline (Zoloft®), fluoxetine (Prozac®), paroxetine (Paxil®), nefazodone (Serzone®), escitalopram (Lexapro®), and Mirtazapine (Remeron®).

**Mood-Stabilizing Medications:** These medications are prescribed for emotional lability, irritability, aggression, and impulse control. Common medications used with personality disorders include valproic acid (Depakote®) and lithium.

**Anti-Anxiety Medications:** These medications assist in reducing anxiety, agitation, or insomnia, but must be used in caution with individuals at risk for impulsivity. Common medications for personality disorders include lorazepam (Ativan®) and diazepam (Valium®).

**Antipsychotic Medications:** The use of antipsychotics is generally brief to treat psychotic symptoms or transient psychotic episodes. They may also be effective with anger and anxiety. Common medications used in personality disorders include risperidone (Risperdal®), quetiapine (Seroquel®), and olanzapine (Zyprexa®).

(Source: Bienenfeld, 2013; McEvoy, 2011)

### **Interventions**

When interacting with patients who have a personality disorder, there are key interventions and actions that should be carried out. These include:

### **Maintaining a Safe Environment**

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- Precautions should be taken to reduce risk of harm to self or others. Remove items that may be used as a weapon. Frequent observation should be performed to ensure patient safety. Awareness of the safety for healthcare professionals should also be priority if there is a risk of harm to others. For example, stay between the door and the patient, with the door open whenever possible. Avoid wearing jewelry such as necklaces, and avoid wearing your hair in a ponytail.

### **Establish a Written Contract with the Patient**

- This contract should discuss expected behaviors of the patient. It is also important to include that the patient will not harm self or others, and will notify a member of the team if feelings to do so develop.

### **Establish a Therapeutic Relationship with the Patient**

- Trust and rapport are important with the patient relationship. Be straightforward in communications, and avoid use of medical jargon. Empathy and non-judgmental attitude is vital. A firm, yet supportive approach and consistent care will help build a therapeutic nurse-client relationship. Offer the client realistic choices to enhance the client's sense of control. For very dependent clients, self-assess frequently for countertransference reactions to the client's clinging and frequent requests for help.

### **Maintain Objectivity & Consistency Amongst the Healthcare Team**

- While empathy is vital, it is equally important to remain objective with the patient. Some patients with personality disorders will attempt to play on the emotions of healthcare professionals to manipulate. Consistent information and interactions with the patient can be assured by developing an interdisciplinary plan of care, and ensuring that communications between healthcare team members is consistently updated. Maintain objectivity and consistency.

### **Set Behavioral Limits**

- Let the patient know what behaviors are acceptable, and which are not. Also outline potential consequences for inappropriate behavior. Limit-setting and consistency are essential with clients who are manipulative, especially those with borderline or antisocial personality disorders. For clients with histrionic personality disorder, who may be very flirtatious, it is important to maintain professional boundaries and communication.

### **Assist the Patient with Reducing Anxiety**

- Explore breathing and relaxation techniques to assist the patient in reducing anxiety. Visualization and meditation may also be useful. Medications should be used only after non-pharmacological methods are tried. Assertiveness training and modeling can be important for clients with dependent and histrionic personality disorders. Clients with schizoid or schizotypal personality disorders tend to isolate themselves, and this need for social isolation should be respected.

### **Encourage the Patient to Use a Journal**

- A strategy to assist patients to work through their perceptions, responses, and emotions is through
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the use of a journal. This is both therapeutic and assistive in providing information for the healthcare team.

### **Recognize Manipulative Behavior**

- Many persons with PDs attempt to manipulate others, either intentionally or not. Do not reveal any personal information to the patient. One behavior that is common, particularly with patients diagnosed with borderline or antisocial PD is “splitting”. These patients attempt to “split” or divide members of the healthcare team by playing one against the other. They may make statements such as, “You are the most helpful out of everyone” or, “You know, the other nurse said you weren’t as good as she is”. Identifying these behaviors and setting limits is essential, as well as communicating the use of these actions to other members of the healthcare team.

### **Patient and Family Participation**

- It is important patients participate as a members of the healthcare team. They should be allowed to make choices and maintain independency, as long as it is within the limits set. This assists in building rapport and forming therapeutic relationships. Families should also be encouraged to participate as indicated.

### **Encourage Discussion of Feelings**

- Patients should be encouraged to discuss feelings they have, rather than act them out. This assists patients to cope with their emotions and limit behaviors that result in ineffective coping. Discussions should be focused and time-limited as appropriate.

### **Discuss Expectations**

- All members of the healthcare team including the patient, should know what the short-term and the long-term goals and expectations are. Hospitalizations for patients with personality disorders are generally short, and are usually related to an acute behavioral episode (such as self-harm). Outlining the expectations can define measurable outcomes. Assertiveness training and modeling can be important for clients with dependent and histrionic personality disorders.

(Source: Bienenfeld, 2013; Schultz & Videback, 2012).

### **Patient and Family Teaching**

It is important to teach patients that recovery is a lengthy process, as their patterns of responses and perception are a result of development over time. There may be factors of genetics, social, and personal experiences that have created the personality disorder, and ongoing psychotherapy is necessary.

Substance use and abuse as well as other addictive traits are both complications of personality disorders and triggers to aggravating the condition. These activities should be avoided due to increased risk of harm to self or others, and further difficulties such as increased anxiety and distress.

Family education is important to address how to set limits, protect patient safety, and identify

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destructive behaviors (Bienenfeld, 2010; O'Brien, Kennedy & Ballard, 2008).

### ***Did You Know?***

*Nurses working with patients who have personality disorders can experience a wide range of feelings. Common emotions can include anxiety, strong or intense emotional reactions (either positive or negative) to the patient, apprehension, feelings of inconsistent care within the health team, and even dislike for the patient. It is important to be able to identify reactions within yourself, to cope with the reactions, and continue to experience a therapeutic relationship with your patient.*

### **Case Study One**

Mr. L is a 25 year old male brought in to the emergency department for a psychiatric evaluation by the police. He had an altercation with his neighbor this evening, with Mr. L yelling and threatening to assault his neighbor. His neighbor reported to police that Mr. L has taken him to court twice. The first lawsuit was alleging the neighbor invaded his privacy by going through Mr. L's garbage, and the second lawsuit was for harassment, alleging the neighbor was "spying" on Mr. L.

During the interview, Mr. L is very angry and criticizing staff. He is threatening to sue the nurses and doctor, as well as the police. He states his neighbor has been "jealous" of Mr. L since he moved in 13 months ago. Mr. L also states he believes his girlfriend had an affair with his neighbor, which caused them to break up after only a few weeks. Mr. L states his girlfriend manipulated him into moving in to his apartment, so she could have the affair with his neighbor.

### **Case Study One**

Based on this brief scenario, which personality disorder does Mr. L's characteristics demonstrate?

- A. Histrionic personality disorder
- B. Obsessive compulsive disorder
- C. Paranoid personality disorder

The correct answer is C. Individuals with paranoid personality disorder anticipate being manipulated, mistreated, and exploited by others. Internal feelings include anger, anxiety, and an increased sense of fear, which can lead to external behavior that appears argumentative and demanding. Persons with paranoid personality disorder have difficulty in developing and sustaining any trust in relationships. Individuals suffering from paranoid personality disorders are often confrontational and over-react to perceived threats by frequent filing of lawsuits and involvement in legal disputes.

### **Case Study One**

Which is an appropriate intervention in your communications with Mr. L?

**Be calm and nonthreatening in all your approaches to Mr. L, using a quiet voice; do not surprise him.**

***Rationale: If Mr. L is feeling threatened, he may perceive any person or stimulus as a threat.***

### **Case Study Two**

Miss B is an 18 year old female, brought in for evaluation by her mother after she cut her wrists. Miss B says she recently had a fight with her best friend, who told her to "get over" herself. This argument happened after Miss B's boyfriend broke up with her, after a very brief and "intense" relationship. While telling her story, Miss B fluctuates between yelling and crying.

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Miss B's mother states she discovered her daughter has been "cutting" herself for almost a year. During the interview, Miss B tells the nurse "you are much better than the other nurse who was in here."

### **Case Study Two**

Based on this brief scenario, which personality disorder does Miss B's characteristics demonstrate?

- A. Borderline personality disorder
- B. Dependent compulsive disorder
- C. Narcissistic personality disorder

The correct answer is: A. Individuals with borderline personality disorder have intense reactions to real or perceived abandonment which can distort behavior, cognition, self-image, and affect. They have difficulties with relationships. They may begin with a friendship or relationship in which they share information and emotions, and idealize others in an intense manner. A common feature of borderline PD is self-mutilation or suicidal behavior. There is a higher risk of suicide and morbidity as a result of self-destructive behaviors.

### **Case Study Two**

Which are appropriate interventions with Miss B?

**In your initial assessment, find out if she has any history of suicidal behavior or present suicidal ideation or plans. Take precautions to reduce risk of harm to herself or others. Remove items that may be used as a weapon. Recognize manipulative behavior, and do not reveal any personal information. Be consistent. Set and maintain limits regarding behavior, responsibilities, rules, and so forth.**

***Rationale: Miss B's physical safety is a priority. Identifying manipulative behaviors and setting limits is essential, as well as communicating the use of these actions to other members of the healthcare team.***

### **Conclusion**

Development of personality disorders involves numerous predisposing factors that occur over a period of time. The treatment of these disorders is a lengthy process that requires intense psychotherapy. Medications may be used to enhance therapy, but do not provide a "cure". Identifying behaviors associated with each personality disorder can determine which interventions are appropriate in managing these patients.

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