Understanding Personality Disorders

Goals for today

- Define and Classify Personality Disorders (PDs)
- Understand Clusters and Types of Personality Disorders
- Look at Treatments and Engagement Strategies
- Team Approach to PD Management

What is Personality?

Thinking

What is the person's typical way of thinking?

**Feeling**

What is the person's typical way of feeling?

Behaving

What is the person's typical way of behaving?

What is Personality Disorder?

"A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment"
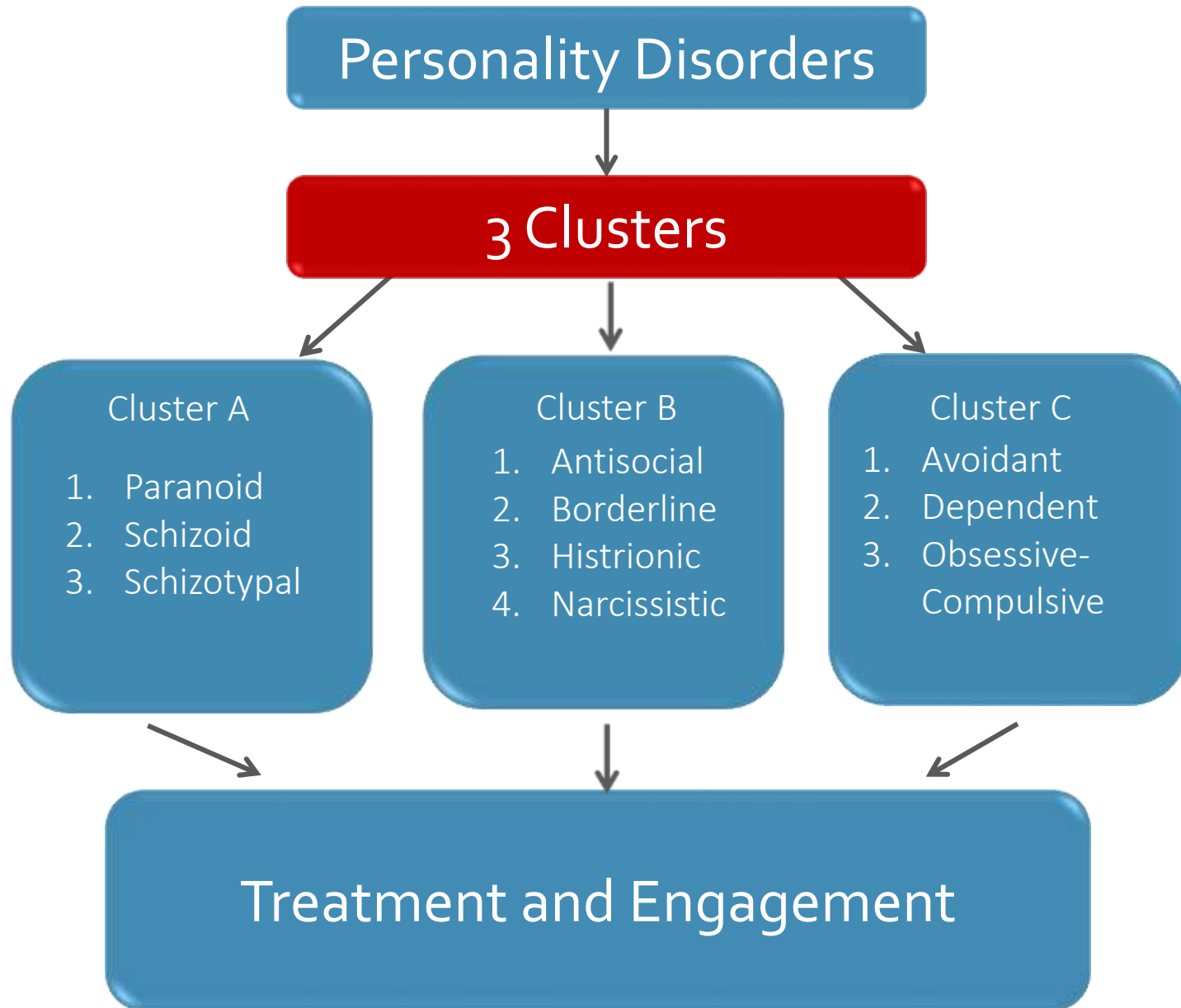
CLUSTER A

Displays as "Odd" or "Eccentric" behaviour.

Paranoid Personality Disorder

A pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.

Schizoid Personality Disorder

A pattern of detachment from social relationships and a restricted range of emotional expression.

Schizotypal Personality Disorder

A pattern of acute discomfort in close relationships cognitive or perceptual distortions, and eccentricities of behavior.

(Mayo Clinic, 2016)

CLUSTER B

Presentation is typically dramatic, emotional, or erratic, and evokes strong reactions in others.

Antisocial Personality Disorder

A pattern of disregard for, and violation of, the rights of others.

Borderline Personality Disorder

A pattern of instability in interpersonal relation-ships, self-image, and affects, and marked impulsivity.

Histrionic Personality Disorder

A pattern of excessive emotionality and attention seeking.

Narcissistic Personality Disorder

A pattern of grandiosity, need for admiration, and lack of empathy.

(Mayo Clinic, 2016)

CLUSTER C

Presentation includes traits of anxiety and fearfulness.

Avoidant Personality Disorder

A pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

Dependent Personality Disorder

A pattern of submissive and clinging behavior related to an excessive need to be taken care of.

Obsessive-Compulsive Personality Disorder

A pattern of preoccupation with orderliness, perfectionism, and control.

(Mayo Clinic, 2016)

What do different Personality Disorders have in common?

- Difficulty with Relationships
- Restlessness
- Anxiety can be present
- Risk for Depression
- Difficulty in Social Engagements
- Trouble with Decision Making
- Difficulty with Trusting Others
- Afraid of Rejection

Common Interactions of People with PD

Acting out

Denial

Splitting

Devaluation

Idealization

Help-Rejecting, complaining

Prevalence of Personality Disorder

❖ The global pooled prevalence of any personality disorder was 7.8%

❖ examined cluster A prevalence; pooled prevalence 3.8%

❖ reported cluster B prevalence; pooled prevalence 2.8%

❖ reported cluster C prevalence; pooled prevalence 5.0%

❖ The most common personality disorders were obsessive–compulsive (3.2%), avoidant (2.7%) and paranoid (2.3%) personality disorders. Schizotypal (0.8%), histrionic (0.6%) and dependent (0.8%) personality disorders were rare

(Winsper, et al., 2020)

TREATMENTS AND ENGAGEMENT STRATEGIES

Psychotherapy

- Improvement may take years of weekly therapy

- Depends on cognitive ability

- Many do not have ready access to these professionals

- Few nursing home residents are candidates for the intensive psychotherapy that is required to treat the illness

- Individuals with PD often do not have insight into their mental health condition and do not seek help.

- Supportive relationships and conversations with staff in LTC

Medications

- Medication may help with aggression, depression or erratic moods with ASPD

- Antidepressants can help with symptoms of anxiety and depression

- Antipsychotics can help control violent behaviour or aggression

- Mood stabilizers help manage changes in mood or behaviour

Behaviour Management

- A behavioral well-known management tool is the ABC model, which stands for antecedent, behavior, and consequences

- This tool is based on a learning behavioral perspective and can be a good first step in effective behavioral management.

- Targets of intervention may include manipulation of antecedents and consequences to modify behavior

Supportive Strategies

Use frameworks like SBAR or ABC to help the team identify concerns

Boundary and limit setting

Consider using a team approach

Ensure a consistent approach amongst all team members

Clear communication

Team support

Team Approach

Supporting a person with PD is demanding

Team approach is best – take turns to assist the person

Consistent approach

Clear communication

Use behaviour management principles

Education for staff about personality disorders and about specific treatment plans

Staff support

Agreement on realistic goals to achieve

General Guidelines for Supporting PDs

Identify the problem

Gather information about the problem

Identify what happens and before the problem

Set realistic goals and plans

Reward yourselves and others for achieving goals

Continually assess and modify plans

Behaviour management is possible by:

Altering your (service providers) behaviour

Changing the environment

Revising expectations

Guiding Principles to Help

Empathy

- Remember splitting is part of the disorder

- Certain actions may seem intentional and manipulative, it is not done to gain satisfaction

- They are simply defense mechanisms a person turns to whenever the person feels defenseless

Encourage and support treatment

- Person can cope better with treatment- may include medication and/or talk therapy - dialectical behavior therapy (DBT)

- Encourage them to start or continue with treatment

- Learn everything the person is going through

- If possible, educate yourself about specific personality disorder the person is struggling to cope with

Guiding Principles to Help

Maintain lines of communication

- Discussing a situation when it happens allows you to isolate that event rather than piling one situation on top of the next
- Failure to communicate only serves to fuel one's rejection anxiety

Show you care

- People are often terrified of being rejected or abandoned
- Knowing that someone cares often helps reduce the splitting behavior

Set boundaries

- Dealing with the challenges of PD is one thing; becoming the object of abuse is another
- Always set limits with a resident who has PD
- If that line is crossed, explain why you are backing away and try to do so dispassionately
- Setting boundaries helps preserve the relationship rather than challenging it

Taking Care of Yourself

Take care of yourself

Manage your responses

Stay Safe

This may include finding your own support to help you

If the individual has PD, keep in mind you are in the better position to control your temper

Yelling or engaging in hostility will only serve to make the situation even worse

There may be times where you will need to take more drastic action

In the event relationship with the individual is harming you, your work, and your sense of well-being, you may be faced with the reality that the relationship cannot continue

It may be a difficult choice! it can be a healthy one

Things to Remember

Different set of social rules apply to a PD than to a healthy person

PDs are poorly understood

Not curable but manageable

Goal is to symptom reduction and environmental management, not cure

Questions?

Thank you for your time and participation

References

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Thank you