Chapter 30

Learning Objectives Lesson 30.1: Personality Disorders (Slide 1 of 2)

1. Explain the continuum of social responses.

- 2.Describe how personality develops throughout the life cycle.
- 3. Compare four theories relating to the development of personality disorders.
- 4. Discuss four characteristics of a personality disorder.
- 5.Explain the meaning of the term "dual diagnosis."

Learning Objectives Lesson 30.1: Personality Disorders (Slide 2 of 2)

- 6. Classify 10 types of personality disorders and their most significant associated behaviors.
- 7. Describe the main goal of therapy for clients with personality disorders.
- 8. Compare four classes of drugs used to treat clients with personality disorders.
- 9.Plan problem statements and therapeutic interventions for a client with a personality disorder.

Continuum of Social Responses

- •Personality: Composite of behavioral traits and attitudes that identify one as an individual—the unique pattern of thoughts, attitudes, values, and behaviors each human develops to adapt to a particular environment and its standards
- Highly functional people move freely along the continuum, recognizing and balancing their needs for intimacy with their needs for solitude
- Individuals with personality problems struggle to define and meet their social needs

(Slide 1 of 5)

- Personality in childhood
- >When the infant's needs for food, comfort, safety, and socialization are consistently met, a sense of trust and self-worth develops
- Toddlers develop object constancy
- Knowledge that a loved person or object continues to exist, even though it is out of sight
- Morality begins to develop between 6 and 10 years of age

(Slide 2 of 5)

- Personality in adolescence
- Personality is well established
- Adolescents assert their independence from their parents
- Adolescents support each other in their struggles to assert themselves and cope with the stresses of becoming adults

(Slide 3 of 5)

- Personality in adulthood
- By young adulthood, most individuals are:
- Self-sufficient
- Involved in give-and-take relationships
- Making occupational choices
- Starting families
- Growing in self-awareness
- Sensitive to and accepting of the feelings of others

(Slide 4 of 5)

- Personality in adulthood
- By middle adulthood, most individuals are:
- •Comfortable enough with themselves and their relationships to encourage independence in others
- Growing and evolving relationships with friends and significant others
- Experiencing changes in demands on their time

(Slide 5 of 5)

- Personality in older adulthood
- Older adults must cope with loss and change
- Strength of personality carries them through life's rougher times
- Do not assume that a personality change in an older adult is normal

Theories Related to Personality Disorders (Slide 1 of 4)

- Biological theories
- One's temperament (the biological bases that underlie moods, energy levels, and attitudes) is genetically linked
- Abnormalities in certain neurotransmitters, such as dopamine and serotonin, are linked to maladaptive behaviors
- The brain mechanism that connects emotions with intellect may be missing or inefficient in individuals with a personality disorder

Theories Related to Personality Disorders

- Psychoanalytic theories
- According to psychoanalytic theories, infants begin to discover the nature of "good/bad" and "love/hate" as the superego grows
- If the mother responds in ways that cause frustration, distress, or pain, the child will have difficulty finding the proper fit between aggression and love

Theories Related to Personality Disorders

(Slide 3 of 4)

- Behavioral theories
- Personality disorders are the result of conditioned responses caused by previous events
- Personality disorders are the result of unmet needs during critical developmental periods

Theories Related to Personality Disorders

(Slide 4 of 4)

- Sociocultural theories
- The causes of personality disorders are embedded in one's culture and society
- The foundation for personality disorders is built on society's social and cultural stresses

(Slide 1 of 6)

- Personality disorders
- Long-standing, maladaptive patterns of behaving and relating
- All personality disorders are characterized by continual difficulties with interpersonal relations
- Some clients have maladaptive behaviors but are not given the diagnosis of mental illness
- The most important criterion for a personality disorder is that behaviors are "inflexible and maladaptive and cause significant functional impairment or subjective distress"

(Slide 2 of 6)

- Dual diagnosis
- >When individuals with personality disorders also suffer from substance abuse or other mental health problems
- Those who care for such clients must be aware of multiple problems involved with dual diagnosis clients

(Slide 3 of 6)

- •The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) has classified 10 separate personality disorders
- Personality disorders are grouped into three clusters on the basis of similar behaviors
- > Eccentric
- > Erratic
- > Fearful

(Slide 4 of 6)

- Eccentric cluster
- Characterized by odd or strange behaviors
- Individuals with problems in this cluster (group A) find it difficult to relate to others or to socialize comfortably
- Diagnoses in this cluster include the following personality disorders:
- Paranoid
- Schizoid
- Schizotypal

(Slide 5 of 6)

- Erratic cluster
- The defining characteristic for this group of disorders is dramatic behavior
- The erratic cluster consists of four separate disorders
- Antisocial
- Borderline
- Histrionic
- Narcissistic

(Slide 6 of 6)

- Fearful cluster
- >The common characteristic of the fearful cluster is anxiety
- >The three personality disorders in this cluster are:
- Avoidant
- Dependent
- Obsessive-compulsive
- Each disorder is related to certain expressions of anxiety

Therapeutic Interventions

(Slide 1 of 2)

- Treatment and therapy
- Treatment decisions are guided by the client's presenting symptoms, complaints, and problems
- Types of psychotherapy used successfully include:
- Psychodynamic therapy
- Cognitive therapy
- Behavioral therapy
- Group therapy
- Family therapy
- Cure is not the goal of therapy

Therapeutic Interventions

(Slide 2 of 2)

- Nurses must exercise great care when administering medications to individuals with personality disorders
- If the client is being treated on an outpatient basis, the amount of any prescribed medication must never be large enough to allow a successful suicide
- Do not hesitate to assess every medicated client for suicidal thoughts or plans

Medications for Personality Disorders

- Antianxiety agents
- Antidepressants
- Anticonvulsants
- Antipsychotics
- Lithium

Nursing (Therapeutic) Process

- Goals of care for clients with personality disorders
- To help clients identify and then become responsible for their own behaviors
- To assist clients in developing satisfactory interpersonal relationships
- Interventions and evaluations are developed for each diagnosis and are specific to the individual client

Questions?