

**Working with Patients with Personality Disorders**

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SeniorBridge Webinar series

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Learning Objectives

- ❖ Be able to recognize each of the 10 personality disorders.
- ❖ Be able to predict how these patients commonly present in the primary care setting.
- ❖ Be able to predict how these patients might commonly react to medical illnesses.
- ❖ Have a better understanding on how to interact appropriately with a patient with each of the 10 personality disorders.

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What is Personality?

- ❖ The totality of emotional and behavioral traits that characterize the person in day to day living under ordinary circumstances.
- ❖ Relatively stable and predictable

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## What is a Personality Disorder?

- ❖ Deeply ingrained, inflexible, and maladaptive patterns of relating to and perceiving both the environment and themselves
- ❖ A PD influences cognition, affect, behavior and interpersonal style
- ❖ A PD causes subjective distress or significant functional impairment in the "life tasks"
- ❖ Symptoms are alloplastic and ego-syntonic (the person desperately tries to change the environment when stresses vs. changing their own behaviors)

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## The Life Tasks

There are five basic obligations and opportunities:

- ❖ Occupation/work
- ❖ Social/friendships/recreation
- ❖ Intimacy/love
- ❖ Self development
- ❖ and spiritual development

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## Diagnostic and Statistical Manual IV-TR

...The most widely accepted definition used in DSM-IV-TR describes *behavioral, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning.*

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### 5 Axes for Evaluating the Patient:

- ❖ Axis I Clinical Disorders
- ❖ Axis II Personality Disorders and Mental Retardation
- ❖ Axis III General Medical Conditions
- ❖ Axis IV Psychosocial and Environmental Problems
- ❖ Axis V Global Assessment of Functioning

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### Axis II: Personality Disorders and Mental Retardation

- ❖ Axis II is reserved for cases in which the person is felt to have a **long-standing, "underlying" mental disorder**. (Insurance carriers tend to see all axis II disorders as being long-term and non-acute).
- ❖ If a person does not have an Axis II disorder, it is left blank.
- ❖ Axis II also used to indicate prominent maladaptive personality features or defense mechanisms.
- ❖ Axis II disorders cause significant impairment in the "life tasks".

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### Why understand Personality Disorders?

- ❖ Having an understanding of personality disorders will improve the therapeutic relationship, enhance compliance, and reduce the patient's stress.
- ❖ Axis II pathology affects the predisposition, presentation, course and prognosis of Axis I pathology and also affects medical treatment outcomes.

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## The Personality Disorders

### Cluster A

(odd or eccentric)

- ❖ Paranoid
- ❖ Schizoid
- ❖ Schizotypal

### Cluster C

(anxious or fearful)

- ❖ Avoidant
- ❖ Dependent
- ❖ Obsessive Compulsive

### Cluster B

(dramatic, emotional, impulsive or erratic)

- ❖ Anti-social
- ❖ Borderline
- ❖ Histrionic
- ❖ Narcissistic

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## Personality Disorders Possible Causes

### Cluster A

- ❖ **Hereditary predisposition.** You may be at a higher risk if a close family member — a mother, father or sibling is diagnosed with schizophrenia
- ❖ **Early Childhood Trauma.** Including physical or emotional trauma. Separation and neglect
- ❖ **Parenting Style.** Distant or cold parenting style

### Cluster B

- ❖ **Hereditary predisposition.** You may be at a higher risk if a close family member has a Cluster B disorder.
- ❖ **Childhood abuse.** Many people with the disorder report being sexually or physically abused during childhood.
- ❖ **Neglect.** Severe deprivation; neglect and abandonment.
- ❖ **Parenting style.** Erratic or inappropriate discipline and supervision, or excessive pampering.

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## Personality Disorders Possible Causes

### Cluster C

Factors include:

- ❖ **Hereditary predisposition.** You may be at a higher risk if a close family member a mother, father or sibling - has a Cluster C disorder.
- ❖ **Environmental.** Witnessing excessive hardships within the family, or the world around them, can lead to avoid, control or be dependent on others for safety and security.
- ❖ **Parenting Style** - An authoritarian or overprotective parenting style can lead to the development of a cluster C disorder.

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The Paranoid Personality Disorder patient  Seminar Series

4 or more of the following:

- ❖ Suspects that others are exploiting, harming, or deceiving them
- ❖ Is preoccupied with doubts about the loyalty or trustworthiness of friends and associates.
- ❖ Is reluctant to confide in others
- ❖ Reads hidden demeaning or threatening meanings to benign remarks or events
- ❖ Persistently bears grudges
- ❖ Perceives attacks on his or her character or reputation that are not apparent to others and are quick to react with anger or to counterattack
- ❖ Has recurrent suspicions, without justification, about their partners or friends
- ❖ Does not occur exclusively during the course of a Psychotic Disorder.

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Interacting with the Paranoid Disorder patient  Seminar Series

- ❖ Acknowledge mistakes
- ❖ Be open and honest
- ❖ Have a professional and not overly warm style
- ❖ Don't confront
- ❖ Set limits
- ❖ Clearly explain procedures, medications and results
- ❖ Acknowledge that the patient may feel threatened with multiple medical providers

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The Schizoid Personality Disorder patient  Seminar Series

4 or more of the following:

- ❖ Neither desires nor enjoys close relationships
- ❖ Almost always chooses solitary activities
- ❖ Has little, if any, interest in having sexual experiences
- ❖ Takes pleasure in few, if any activities
- ❖ Lacks close friends or confidantes
- ❖ Appears indifferent to the praise and criticism of others
- ❖ Shows emotional coldness, detachment and flattened affectivity
- ❖ Does not occur exclusively during the course of a psychotic disorder, and is not due to a general medical condition.

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## Interacting with the Schizoid Personality Disorder patient

- ❖ Understand their need for isolation
- ❖ Minimize new contacts and intrusions
- ❖ Maintain a quiet, reassuring, and considerate interest in them
- ❖ Don't insist on reciprocal responses

Note: Although schizoid personality disordered people share some negative symptoms in common with some people who have schizophrenia, they do not go on to exhibit truly psychotic behavior.

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## Schizotypal Personality Disorder patient

5 or more the following:

- ❖ Ideas of reference
- ❖ Suspiciousness or paranoid ideation
- ❖ Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g. superstitiousness or believing in "sixth sense.")
- ❖ Inappropriate or constricted affect
- ❖ Unusual perceptual experiences
- ❖ Lack of close friends or confidantes
- ❖ Odd thinking and speech
- ❖ Excessive social anxiety that is associated with paranoid fears
- ❖ Does not occur exclusively during a psychotic disorder

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## Interacting with the Schizotypal Personality Disorder patient

- ❖ Similar to Schizoid Personality Disorder
- ❖ Misperceptions of physical symptoms and treatment
- ❖ Do not ridicule or judge
- ❖ Respect their need for privacy

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### Antisocial Personality Disorder patient

3 or more of the following:



- ❖ Failure to conform to social norms with respect to lawful behaviors
- ❖ Deceitfulness
- ❖ Impulsivity or failure to plan ahead
- ❖ Irritability and aggressiveness
- ❖ Reckless disregard for safety of self and others
- ❖ Consistent irresponsibility as indicated by failure to maintain consistent work
- ❖ Lack of remorse, or indifference, to having hurt or mistreated another
- ❖ The occurrence of antisocial behaviors is not exclusively during the course of a manic episode

\*\* Must be at least 18 years of age

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### Interacting with the Antisocial Personality Disorder patient

- ❖ Set firm limits
- ❖ Try not to be manipulated
- ❖ Have a high level of skepticism
- ❖ Physicians need to be careful when prescribing excessive or unnecessary medications as they are often "drug seeking"

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### Borderline Personality Disorder patient

5 or more of the following:



- ❖ Frantic efforts to avoid real or imagined abandonment
- ❖ A pattern of unstable and intense interpersonal relationships (e.g. multiple marriages and subsequent divorce)
- ❖ Identity disturbance: markedly and persistently unstable self-image or sense of self (e.g. Borderline PD is common among eating disorder patients)
- ❖ Impulsivity in at least two areas that are self damaging (e.g. sex, binge eating, substance abuse, reckless driving)
- ❖ Chronic feelings of emptiness
- ❖ Recurrent suicidal behavior, gestures, or self mutilating behavior
- ❖ Affectivity instability due to rapid change in mood
- ❖ Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger)
- ❖ Transient, stress-related paranoid ideation, or severe dissociative symptoms (feeling disconnected from the rest of the world...things seem "unreal")

\*\* Twice as common in women

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### Interacting with the Borderline Personality Disorder patient

- ❖ Be aware of and anticipate defenses
- ❖ Open and continuous communication with staff
- ❖ Treatment plans need to be collaboratively formulated among staff with the patient and must include specific indications for hospitalization, treatment goals, tasks, plans and expectations
- ❖ Stable and calm reaction to patient
- ❖ Gently comfort
- ❖ Set fair and consistent limits on acting out

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### The Histrionic Personality Disorder patient – 5 or more of the following:

- ❖ Is uncomfortable when not the center of attention
- ❖ Interaction is characterized by inappropriate sexual, seductive or provocative behaviors.
- ❖ Displays rapidly shifting and shallow expression of emotions
- ❖ Uses physical appearance to draw attention to self
- ❖ Style of speech is impressionistic and lacking in detail
- ❖ Shows self-dramatization, theatricality and exaggerated expression
- ❖ Suggestible. i.e., easily influenced by others
- ❖ Considers relationships to me more intimate and serious than they actually are

\*\* More common in women

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### Interacting with the Histrionic Personality Disorder patient

- ❖ Similar to Borderline patients
- ❖ Medical illnesses threaten their sense of attractiveness and self-image.

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**The Narcissistic Personality Disorder patient** – 5 or more of the following:

- ❖ Has a grandiose sense of self-importance (e.g., exaggerates achievements & talents, wants to be recognized as superior)
- ❖ Is preoccupied with fantasies of unlimited power, brilliance beauty or ideal love
- ❖ Believes that he or she is "special" and can only be understood, or associate with, similar "special" or high status people
- ❖ Requires excessive admiration
- ❖ Has sense of entitlement
- ❖ Is interpersonally exploitive
- ❖ Lacks empathy
- ❖ Is often envious of others or believes that others are envious of him or her
- ❖ Shows arrogant, haughty behavior or attitudes

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**Interacting with the Narcissistic Personality Disorder patient**

- ❖ They handle criticism poorly so be mindful of criticism
- ❖ They become easily enraged and may want to speak with your superior
- ❖ Medical illness can be a blow to their self-esteem (suggesting imperfection)
- ❖ Reinforce that they are respected and appreciated
- ❖ Set limits on demanding behaviors

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**The Avoidant Personality Disorder patient** – 4 or more of the following:

- ❖ Avoids occupational activities that interpersonal contact, fears of criticism, disapproval, or rejection
- ❖ Is unwilling to get involved with people unless certain of being liked
- ❖ Shows restraint within intimate relationships because of fear of being shamed or ridiculed
- ❖ Is preoccupied with being criticized or rejected in social situations
- ❖ Is inhibited in new personal situations because of feelings of inadequacy
- ❖ Views self as socially inept, personally unappealing or inferior to others
- ❖ Reluctant to take personal risks or to engage in any new activities that may prove embarrassing

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## Interacting with the Avoidant Personality Disorder patient

- ❖ Have patience and understanding
- ❖ Medical illnesses may be embarrassing
- ❖ Minimize new and unfamiliar staff contacts
- ❖ Respond with a calm and reassuring demeanor
- ❖ Do not criticize the patient

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## The Dependent Personality Disorder patient – 5 of the following:

- ❖ More common in women than men
- ❖ Has difficulty making everyday decisions and needs an excessive amount of advice and reassurance
- ❖ Needs others to assume responsibility
- ❖ Has difficulty expressing disagreement with others for fears of losing support
- ❖ Has difficulty initiating projects or doing things on their own
- ❖ Goes to excessive lengths to obtain nurturance and support from others
- ❖ Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for self
- ❖ Urgently seeks another relationship as a source of care and support when a close relationship ends
- ❖ Is unrealistically preoccupied with fears of being left to take care of himself or herself

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## Interacting with the Dependent Personality Disorder patient

- ❖ Respect their feelings of attachment
- ❖ Be careful when encouraging a patient to change the dynamics of an abusive relationship
- ❖ When medically ill they may become frustrated that they are not being helped and have a concern regarding who will take care of them
- ❖ Be active in the treatment planning

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## The Obsessive-Compulsive Personality

Disorder patient – 4 of the following:



- ❖ More common in men than women
- ❖ Is preoccupied with details, rules, lists, order, organization
- ❖ Shows perfectionism that interferes with task completion e.g. unable to complete task/project because of his or her strict standards
- ❖ Excessively devoted to work to the exclusion of leisure activities
- ❖ Overly conscientious and inflexible
- ❖ Is unable to discard worn-out or worthless objects
- ❖ Is reluctant to delegate tasks or to work with others
- ❖ Adopts miserly spending style toward both self and others; money is viewed as something hoarded for future catastrophes
- ❖ Shows rigidity and stubbornness

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## Interactions with the Obsessive-Compulsive Personality Disorder patient



- ❖ Give precise and rational explanations
- ❖ Patients value efficiency and punctuality, so be on time and do what you say
- ❖ Medical illnesses create a disruption in the patient's work, orderly lifestyle and sense of control
- ❖ Acknowledge the importance of work, but point out how avoiding treatment may have harmful consequences
- ❖ Allow the patient to control his care as much as possible. Let the patient make the decisions
- ❖ Provide them with information
- ❖ Avoid Power struggles
- ❖ Understand the need for order and control

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## Why is it important to know how to work with Personality Disorders?



- ❖ Because they WILL be your most difficult patients to work with in your roles as physicians, discharge planners, social workers and care providers....
- ❖ Recognize that if you are experiencing difficulty it is not you ... but their personality disorder.

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A good rule of thumb for all patients ....

- ❖ Maintain limits and boundaries with each patient
- ❖ Be clear and concise with all communication
- ❖ Don't be afraid to ask for help with any difficult patient

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Just for fun .... Match the movie character or well-known person to a Personality Disorder

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Alex from "Fatal Attraction"?



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## Tony Soprano?



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## Bob in "What About Bob"?



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## Scarlett O'Hara in "Gone With The Wind"?



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### Robert De Niro in "Taxi Driver"?



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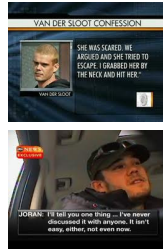
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### Joran Van Der Sloot



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### Jack Nicholson in "As Good as It Gets"?



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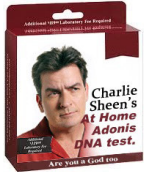
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## Charlie Sheen?

On his daily life: "It's perfect. It's awesome. Every day is just filled with just wins. All we do is put wins in the record books. We win so radically in our underwear before our first cup of coffee, it's scary. People say it's lonely at the top, but I sure like the view." (*'20/20*.)



"I am on a drug. It's called Charlie Sheen .... I'm different. I have a different constitution, I have a different brain, I have a different heart. I got tiger blood, man."



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## Arnold Schwarzenegger?

Arnold on posing: "Number one, it runs through my mind it is very obvious that I am the king. Then I thought to the audience, just keep screaming now because you're going to see the poses for just a few minutes here, so eat your hearts out."



"I was always dreaming about very powerful people. Dictators and things like that. I was always impressed by people who could be remembered for hundreds of years. Even like Jesus, being remembered for thousands of years."



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## Dr. Jacquelyn Kotarac? Who is she?



A doctor involved in an "on-again, off-again" relationship apparently tried to force her way into her boyfriend's home by sliding down the chimney, police said Tuesday. Her decomposing body was found there three days later.



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**Thank you!**



Sherry Kostman, PsyD, CCM,  
CADC, MISA, GCM

Email questions and comments to

[Webinars@SeniorBridge.com](mailto:Webinars@SeniorBridge.com)

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