



Caring for a person who has a Personality disorder

Case study

Kiara is a 23 year old woman who has been brought to the emergency department by her sister after taking an overdose of her antidepressant medication and alcohol. She also has a number of superficial cuts to her arms. She reports that her boyfriend had just broken up with her because he said that he could not cope with her being so 'clingy'.

Kiara is extremely distressed and says that she wants to die and wants to leave the hospital. She is verbally abusive to the staff who are trying to treat her wounds and assess her level of risk from the overdose. Kiara has many of the common behaviours that are characteristic of a personality disorder.

The following information could help you nurse a patient like Kiara.

What is a personality disorder?

Personality disorders are used to describe a cluster of personality traits that significantly and negatively impact on a person's functioning and wellbeing. The personality traits tend to be long standing and associated with unhelpful responses to life's challenges. Sometimes the personality traits will also cause the person a lot of distress.

Symptoms and types of personality disorders

There are 10 specific personality disorders, which fall into three clusters with similar symptoms. The specific personality disorders include **paranoid, schizoid** and **schizotypal** (Cluster A); **antisocial, borderline, histrionic** and **narcissistic** (Cluster B); and **avoidant, dependent and obsessive-compulsive** (Cluster C). In general, these personality disorders are associated with problems in interpersonal relationships, a limited capacity to respond effectively to stress, limited availability of social support, higher health service use and a lower quality of life. Core symptoms of a personality disorder are:

- ◆ An enduring pattern of inner experience or behaviour that deviates markedly from the norm, and which is apparent in the person's thinking (the way they see themselves, others or events); affect (the range and intensity of their emotions); the way they relate to others (their social skills or relationships developed); and their impulse control.
- ◆ The pattern is seen in a broad range of personal and social situations, is persistent and has been apparent for a long time with onset in adolescence or early adulthood.
- ◆ The pattern leads to significant distress for the person, or impairment in functioning in social or work environments.

Approximately six per cent of the adult population will meet the criteria for personality disorder over their lifetime. Two of the more common personality disorders likely to be encountered in the clinical setting are borderline personality disorder and anti-social personality disorder.

People with **borderline personality disorder** often present in crisis and may be highly emotionally aroused or intoxicated. They tend to view the world as dangerous and malevolent and themselves as powerless, vulnerable and inherently unacceptable. They often have or show a high sensitivity to emotional triggers; inappropriate, intense anger or difficulty controlling anger; a strong fear of abandonment; dissociation; intense and unstable relationships; impulsivity seen with substance abuse, indiscriminate sexual activity, compulsive shopping or shoplifting; and frequent suicidal ideation and self-harm (such as cutting). These symptoms usually begin by early adulthood and present in a variety of contexts. Borderline personality disorder also has high comorbidity with other mental illnesses such as depression, anxiety, bulimia, substance use problems and other personality disorders. Frequently there is a history of childhood abuse and neglect. People with borderline personality disorder will often present with a sense of chaos and frequently trigger strong emotional responses from service providers.

Anti-social personality disorder is characterised by a pervasive pattern of disregard for, and violation of, the rights of others including deceitfulness; irritability and aggressiveness; consistent irresponsibility; reckless disregard for the safety of self or others; and a lack of remorse. These behaviours begin in childhood or early adolescence and continue into adulthood. This group of clients tend to be younger and present in crisis, frequently intoxicated and may be highly emotionally aroused in crisis. A history of problems with the law is not uncommon. They can present with aggression and violence and may present challenges to those nursing them.

A person's perspective on what it is like to experience a personality disorder

'It is confusing, exhausting and so painful that you wish you had a physical injury that would validate having that much pain. It's like living in a world of **all** or **nothing** in utmost extremes. Anything and everything becomes about **you**. It's like knowing that you're severely defective in some way, but extremely self centred at the same time.'

'You are a master at reading and researching what everyone is thinking about you and then reacting with extreme emotions that seem to come out of nowhere, whilst convincing yourself that this is all warranted and the "right" thing to do. Add to that the overwhelming feelings of emptiness, obsessing with identity and self image and then harming yourself in endless ways in punishment for all of the above.'

Some reported reactions to people with personality disorders

Nurses who have worked with people who have personality disorders have reported the following reactions:

- Apprehension** The number of crisis situations and level of emotional intensity associated with the events can make a nurse feel that they are always 'on edge' waiting for something to happen.
- Anxiety** Some nurses report experiencing anxiety due to the unpredictable, stressful or apparently manipulative behaviour associated with some of the personality disorders.
- Dislike** People with personality disorders often have difficulties in interpersonal relationships and may have limited capacity to connect with others, adapt to change or cope with environmental demands. This can mean their company is not engaging and may trigger specific feelings of dislike and a desire to avoid them.
- Inconsistency of care** The fact that some staff may wish to avoid or appease the patient can lead to inconsistency of care. This can in turn lead to conflicts arising between staff members.
- Intensity of feelings** People often report having a strong emotional response (positive and negative) to people with personality disorders. It is important to reflect on why and which 'buttons' have been pushed, and if this is affecting your own capacity to maintain an appropriate level of emotional distance and connection.

Goals for nursing a person with a personality disorder

Appropriate goals for caring for a person with a personality disorder in a community or hospital setting include:

- ◆ Develop a relationship with the person based on empathy and trust, whilst also maintaining appropriate boundaries.
- ◆ Ensure duty of care responsibilities are appropriately addressed, with regards to treatment for the presenting medical and physical issues and by remaining alert to suicide risk.
- ◆ Promote effective and functional coping and problem solving skills, in a way that is empowering to the person.
- ◆ Promote the person's development of and engagement with their support network, including access to appropriate service providers.
- ◆ Ensure good collaboration and communication with other staff members and service providers treating the person to ensure consistency in treatment and approach.
- ◆ Support and promote self-care activities for families and carers of the person with the personality disorder.

Guidelines for responding to a person with a personality disorder

- ◆ Arrange for a review of the person's medication and an initial or follow-up psychiatric assessment if their care plan needs reviewing. A mental health assessment may be appropriate to undertake — see the MIND Essentials resource 'What is a mental health assessment?'.
- ◆ Be alert to and regularly monitor suicide risk. Refer to the MIND Essentials resource 'Caring for a person who is suicidal'.
- ◆ A person's cultural background can influence the way symptoms of mental illness are expressed or understood. It is essential to take this into account when formulating diagnosis and care plans. Indigenous mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues.

For more information please visit www.health.qld.gov.au/pahospital/qtmmc/default.asp

- ◆ Ensure the presenting medical or physical issues are appropriately addressed. It can be easy to minimise these issues or be distracted by other more demanding behaviours the person may present with.
- ◆ Identify a strength and/or something you like about the person with the personality disorder and focus on this. This can be helpful in lessening the ease with which dislike can develop in response to other disengaging behaviours.
- ◆ Develop an understanding of the person's history or experiences and consider how this may have contributed to the development of certain personality traits.
- ◆ It is important to try and understand why a person is behaving the way they do. Validation is like empathy but also involves letting the person know that their behaviours are understandable given their past experiences and the current situation. For example, 'It sounds like it's really hard for you knowing what to do with those feelings now, when you've never really had a role model for how to manage them'.
- ◆ When the person is distressed, you may want to validate their experience and use soothing, reassuring words and actions.
- ◆ When a person is angry, validation of the person's experience is an important first response, however it is important to maintain safety and set limits around what is acceptable in expressing anger. Leave the situation if feeling threatened.
- ◆ Maintain hope and be clear on the issues that you can help with.
- ◆ It is important to recognise that the effects of any treatment for personality symptoms may take awhile — but even a small improvement in distressing symptoms can make a significant difference to the person experiencing them.
- ◆ For people who have a personality disorder, self-harm is often a coping strategy. It is important not to judge a person for self-harming. However, before the event, it may be possible to encourage and facilitate the use of more adaptive strategies for managing their emotional state. For example, helping the person to identify some activities that help them feel better.
- ◆ Work with the person to identify any particular areas they would like assistance with, and support them to access the appropriate treatment or support services they need.
- ◆ Identify supports the person can call on in times of stress.
- ◆ Ensure a team approach to care is developed that it is agreed upon, written down and accessible by all staff; include in this clear limits and responses to crisis presentations.

- ◆ Ensure there has been a clear decision made and recorded about the use of psychotropic medications.
- ◆ Be clear, but non punitive, in setting behavioural limits and consequences and make sure the limits are followed through.
- ◆ It is important to recognise that people with personality disorders can often be living in unstable or unsafe environments and can be disorganised or impulsive. Thus, written instructions and follow up phone calls can be useful as they may not be able to take in information if they are presenting in a crisis or a highly emotional state.
- ◆ It can be challenging to tease out psychiatric co-morbidities, which people with personality disorders often have, and treat them separately in the general medical setting. Consultation liaison psychiatry services can be helpful, where available. Provide brief intervention regarding alcohol and drug use and advise psychiatry services of all co-morbid needs. Similarly, it may be useful to give information about Alcohol, Tobacco and Other Drug Services, but remember that people may be pre-contemplative in regards to changing their maladaptive behaviours.
- ◆ Provide family members and carers with information about the illness if appropriate, as well as reassure and validate their experiences with the person. Encourage family members and carers to look after themselves and seek support if required.
- ◆ When likely to be involved with a person with a personality disorder for a longer duration, ensure that you have identified your own support network, supervision or peer consultation process. This group can help you reflect on which of your own ‘buttons’ are being pushed and how best to maintain self-care.
- ◆ Be aware of your own feelings when caring for a person with a personality disorder. Arrange for debriefing for yourself or for any colleague who may need support or assistance — this may occur with a clinical supervisor or an Employee Assistance Service counsellor.

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

Treatment of personality disorders

There is varied use of supportive, cognitive, behavioural and interpersonal techniques to address the issues associated with personality disorders. While there are some treatments for certain types of personality disorders that have been shown to be effective in reducing unhelpful behaviour or affective experiences (for example, dialectical behaviour therapy for borderline personality disorder), there are no generic treatments appropriate for all types of personality disorders. Psychological and pharmacological treatments are generally used for specific symptoms, behaviours or experiences and can be brief or long-term in duration.

Psychosocial strategies including education, counselling and support for the person, and his or her family can help with understanding, stress management and compliance with medication.

Discharge planning

Discuss referral options with the person and consider referrals to the following:

- ◆ GP
- ◆ Community Child Health
- ◆ Community Health
- ◆ Mental Health Services (infant, child and youth or adult)
- ◆ Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13HEALTH (13 43 25 84).

Sources

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