Personality Disorders

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What is Personality Disorder?

- For whatever reason, parts of a patient's personality can develop in ways that make it difficult for them to live with themselves and/or with other people.
- About 1 in 20 people have a personality disorder.
- These traits are usually present from early teens.
- Patients may find it difficult to:
  - make or keep close relationships
  - get on with people at family, friends or colleagues
  - control their feelings or behaviour – impulsivity

What Causes Personality Disorder?

- **Upbringing**
  - physical or sexual abuse in childhood
  - violence in the family
- **Early problems**
  - Severe aggression, disobedience, and repeated temper tantrums in childhood.

Types of Personality Disorder

- Cluster A: 'Odd or Eccentric’
- Cluster B: 'Dramatic, Emotional, or Erratic’
- Cluster C: 'Anxious and Fearful'

Cluster A: Odd or Eccentric

- **Paranoid**
  - suspicious and tends to hold grudges
  - feels easily rejected
- **Schizoid**
  - emotionally 'cold' and prefers their own company
  - has a rich fantasy world
- **Schizotypal**
  - eccentric behaviour and odd ideas
  - lack of emotion or inappropriate emotional reactions
  - auditory and visual hallucinations

Cluster B: Dramatic, Emotional or Erratic 1

- **Dissocial (Antisocial)**
  - disregards the feelings of others and feels no remorse for hurting/harming people
  - aggressive behaviour and criminal activities – usually impulsive
- **Histrionic**
  - over-dramatise events and crave excitement
  - self-centered and worried about their own appearance
  - strong emotions which change quickly
- **Narcissistic**
  - strong sense of their own self-importance
  - dream of success, power and intellectual brilliance and tend to take advantage of others
  - crave attention from other people but show little emotion in return

Cluster B: Dramatic, Emotional or Erratic 2

- **Borderline or Emotionally Unstable**
- impulsive acts especially self harming behaviours
- difficulty recognizing and controlling emotions
- poor self-image/ self-confidence
- feeling 'empty' or 'numb'
- form relationships quickly (intense relationships) but easily lose them leading to a feeling of abandonment
- can feel paranoid or depressed
- when stressed may experience auditory hallucinations which are internal and linked to their own mood/emotions.

Cluster C: Anxious or Fearful

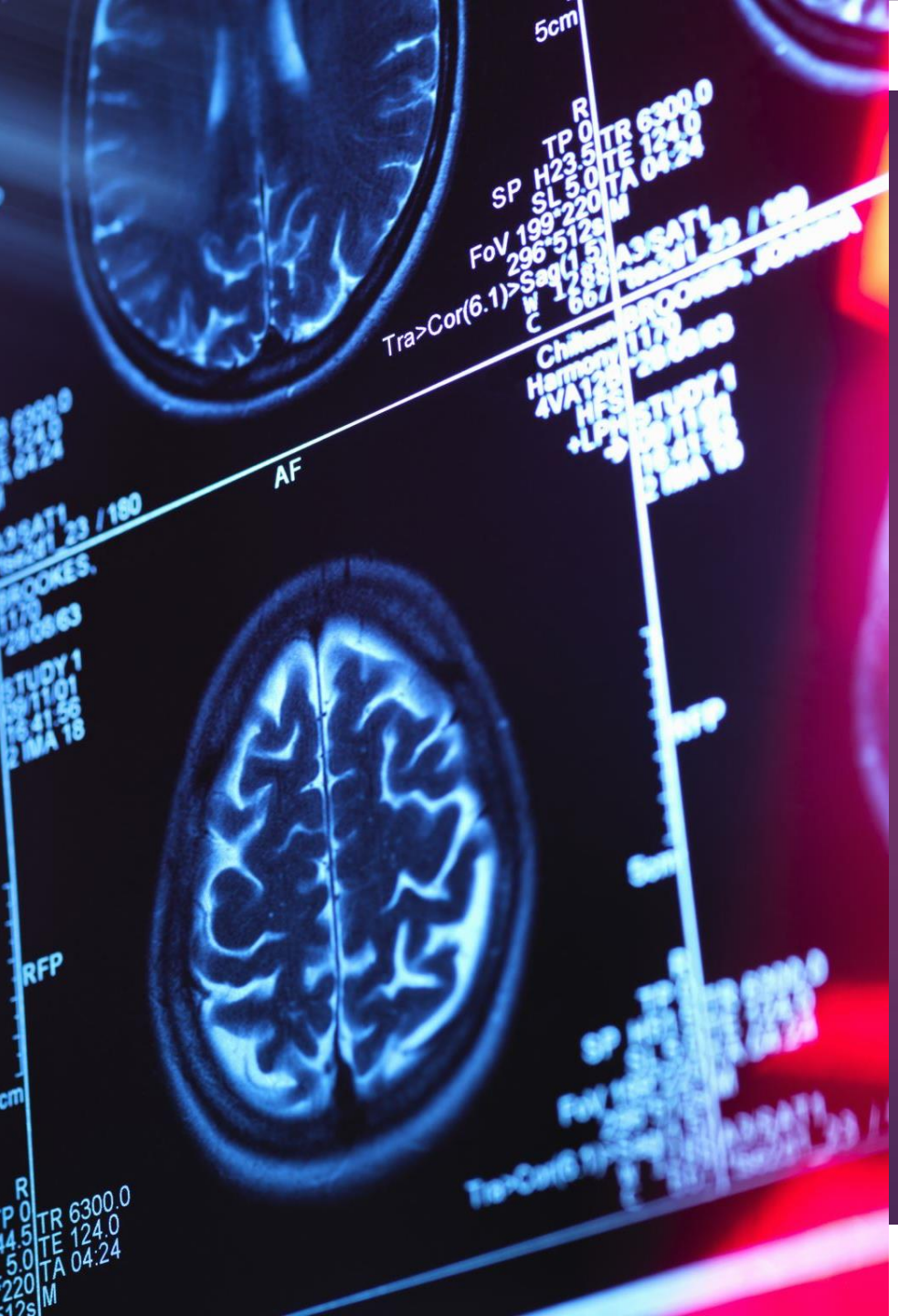
- **Obsessive-Compulsive (aka Anankastic)**
- cautious, worried and preoccupied with detail
- worry about doing the wrong thing and sensitive to criticism
- can have obsessional thoughts and images – does not meet the criteria for OCD
- **Avoidant (aka Anxious/Avoidant)**
- very anxious/tense and tends to feel insecure and inferior
- need to be liked and accepted but extremely sensitive to criticism
- **Dependent**
- passive and tends to rely on others/do what other people want
- feel hopeless and incompetent
- feel abandoned by others

Treatment of Personality Disorder 1

- People with personality disorders are more likely to have another mental health difficulties, like depression or anxiety, thus medications can be used as appropriate.
- Prescribing medication for personality disorder is not advised by NICE as medication cannot 'cure' a personality disorder. However, many psychiatrists do prescribe medications to try to reduce individual symptoms.
- **Antidepressants**
  - Can help with the mood and emotional difficulties that people with cluster B personality disorders (antisocial or dissocial, borderline or emotionally unstable, histrionic, and narcissistic) have.
  - Some of the SSRIs can help people to be less impulsive and aggressive in borderline and antisocial personality disorders.
  - Can reduce anxiety in cluster C personality disorders (obsessive-compulsive, avoidant and dependent).

Treatment of Personality Disorder 2

- **Antipsychotics (usually at a low dose)**
  - Can reduce the suspiciousness of the cluster A personality disorders (paranoid, schizoid and schizotypal).
  - Can help with borderline personality disorder if people feel paranoid, or are hearing noises or voices.
- **Mood stabilisers**
  - Can help with unstable mood and impulsivity in borderline personality disorder.
- **Sedatives**
  - The short-term use of sedative medication as part of a larger care plan can be useful during a crisis.



The pathway from trauma to recovery

"...repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses."

— Judith Lewis Herman (1992) , **Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror**

CORE PATHWAY

- Assessment and Safety
- Stabilisation courses; 'Recovery Skills Training Course (RSTC)' or 'Be Kind To Yourself' 'Wellness and Work'
- Review session(s)
- Trauma Focused Psychotherapies (often in groups) e.g.; TF – CBT (Trauma Focused Cognitive Behavioural Therapy) or EMDR (Eye Movement Desensitisation and Reprocessing), DBT (Dialectical Behavioural Therapy)
- Community projects; Recovery College, Mind etc.

- “Recovery unfolds in three stages. The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central focus of the third stage is reconnection with ordinary life.”

— **Judith Lewis Herman (1992)** **Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror**

Please help us promote a workshop and group therapy approach.

- Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity. Repeatedly in the testimony of survivors there comes a moment when a sense of connection is restored by another person's unaffected display of generosity. Something in herself that the victim believes to be irretrievably destroyed---faith, decency, courage---is reawakened by an example of common altruism. Mirrored in the actions of others, the survivor recognizes and reclaims a lost part of herself. At that moment, the survivor begins to rejoin the human commonality..." — **Judith Lewis Herman (1992)** **Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror**