



# Personality Disorders

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# What is Personality Disorder?

- ▶ Personality disorder is a severe disturbance in the constitutional and behavioural tendencies of the individual.
- ▶ 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 and disobedience.

# 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 1

## ► **Paranoid**

- excessive sensitivity to setbacks
- suspicious (especially sexual relationships) without justification
- distorts friendly actions as hostile
- tends to hold grudges persistently
- combative and tenacious sense of personal rights and excessive self-importance
- pre-occupation with conspiracy theories

# Cluster A: Odd or Eccentric 2

## ► **Schizoid**

- emotionally 'cold' and prefers their own company (little interest in sexual relationships)
- indifference to praise or criticism
- pre-occupation with fantasies

## ► **Schizotypal**

- eccentric behaviour and odd ideas
- lack of emotion or inappropriate emotional reactions
- auditory and visual hallucinations

# Cluster B: Dramatic, Emotional or Erratic 1

## ► **Histrionic**

- over-dramatise events and exaggerated expression of emotion
- suggestible
- shallow and labile affect
- seeking excitement and/or to be the centre of attention
- inappropriate seductiveness (behaviour or appearance)
- over-concern with physical attractiveness

# Cluster B: Dramatic, Emotional or Erratic 2

## ▶ **Dissocial (Antisocial)**

- callous disregard the feelings of others and feels no remorse for hurting/harming people
- disregard for social norms – can be aggressive behaviour and criminal activities
- incapacity to maintain enduring relationships – easily forms them (superficially charming)
- marked proneness to blame others

## ▶ **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 3

## ► **Borderline or Emotionally Unstable**

- impulsive acts especially self harming behaviours
- difficulty recognising 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 1

## ► **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

# Cluster C: Anxious or Fearful 2

## ► **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. 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**

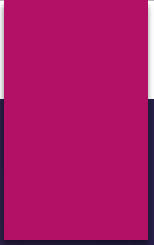
- The short-term use of sedative medication as part of a larger care plan can be useful during a crisis.

## C-PTSD

▶ **“We are only as needy as our  
unmet needs”**

*Attachment is a biological imperative*

John Bowlby



“...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

# No regulation without co-regulation

“Cry loudly or withdraw. Exaggerate feelings or minimise feelings. Be hyper –aroused or suppress arousal.....He or she will not have mastered the basic process of self-regulation and will remain prone to being overdemanding of others or under demanding”

Sue Gerhardt 2004 why love matters pg 91



# EMDR (Eye Movement Desensitisation and Reprocessing)

- ▶ Assessment and Safety
- ▶ Installs and enhances regulation, can transform the soothing system
- ▶ Targets early attachment traumas that disrupted the healthy development of self. Attachment informed EMDR does not require explicit memories per se but can work on omissions, neglects, on the deep loneliness of early childhood.
- ▶ Targets the impact of the attachment wounds in current relationships by healing the past we heal in the present . Restructuring maladaptive patterns.
- ▶ Installs and enhances adaptive relational experiences; trust, safety.
- ▶ Prepares us for a future with hopes of healthier connection styles, a regulated system and self soothing skills.

# Cognitive and Behavioural Psychotherapies

- ▶ To identify thinking and behavioural patterns
- ▶ Make changes to one's behaviours and/or thinking patterns
- ▶ Coping strategy Enhancement

# Dialectical Behavioural Therapy (DBT)

Building skills to regulate emotions and improve interpersonal relationships, these are skill deficits for attachment wounded people.

Understanding emotion

Regulation of emotion

Building tolerance without maladaptive coping behaviour

Fostering mindfulness so we can be aware and present and make choices

# Structure of the Service Refresher

- ▶ Acute wards. PICU , Intensive Home-Based Treatment Team
- ▶ Enhanced West and East (assertive community treatment teams)
- ▶ Early Interventions in Psychosis.
- ▶ Refer to Single Point of Access (SPA) **01226 645000** for Core Team with Psychotherapies in a psychiatric MDT
- ▶ Step 3 Talking Therapy Team; **01226 644900** or **Self refer to** Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) **01226 320140**
- ▶ Step 2 Talking Therapies Team; Guided self-help services. Barnsley Recovery College.
- ▶ Self directed self help, GP