Communicating with the pt with a personality disorder (General Info)

- People with PD are impulsive, aggressive, manipulative and even psychotic during times of stress.
- They are more difficult to engage in treatment because they have a problem with trust.
- Difficult to develop a therapeutic relationship
- Because the pt with PD lacks the ability to trust, they will need to have a sense of control over what is happening to them. Giving realistic choices may enhance compliance (for example, you may let them choose which group activity to do).
- Open-ended statements such as "Tell me what happened."
- Maintain non-judgmental attitude
- See pg 294 for a dialogue between pt and nurse
- Milieu therapy
    - Community meetings, coping skills group and socializing groups are helpful
    - Staff should remain calm and united to deal with emotional issues that arise
    - Limit setting and confrontation bout negative behavior is better accepted by the pt if the staff first employs empathic mirroring.
    - Showing empathy can decrease aggressive outbursts

Basic Communication Interventions for Various Types of Behavior

- Communication Interventions for Manipulative Behavior
    - Discuss concerns about behavior with pt
    - Identify undesirable patient behavior (with pt input if appropriate)
    - Discuss with patient (when appropriate) what is desirable behavior in a given situation
    - Establish consequences
    - Communicate established behavioral expectations and consequences to patient in language that is easily understood and nonpunitive.
    - Refrain from arguing or bargaining with patient about established behavioral expectations and consequences
- Communication Interventions for Aggressive Behavior
    - Encourage pt to seek assistance from staff during periods of increasing tension
    - Provide reassurance to pt that staff will intervene to prevent pt from losing control
    - Assist pt in identifying sources of anger
    - ID consequences of inappropriate expression of anger
- Communication Interventions for Impulsive Behavior
    - Teach pt to cue himself to "stop and think" before acting impulsively
    - Provide positive reinforcement for successful outcomes
    - Encourage pt to self-reward for successful outcomes
    - Encourage problem-solving skills
- Communication Interventions for Paranoid Behavior
    - Use a non-judgmental, respectful and neutral approach
    - Be honest and consistent
    - Use clear and simple language
    - Explain to client what you are going to do before you do it
    - Do not do things in front of client that can be misinterpreted...laughing, whispering, talking quietly when client can see but not hear what you are saying
    - Be nondefensive if attacked
    - Provide verbal and physical limits when client's hostile behavior escalates
    - Set limits in a clear, matter-of-fact way, using a calm tone.
- Advanced Practice Interventions
    - Dialectical Behavior Therapy is a structured, long-term approach that provides significant teaching for clients along with a support system for therapists. The pt receives individual therapy, group skills training and telephone access to therapist.
        - set realistic goals
        - use clear action words

The Odd or Eccentric Cluster (Cluster A)

- Communicating with *Paranoid Personality* Disorder Pt
  - They will be distrustful and suspicious
  - They will anticipate hostility, be hypervigilant, may provoke hostile responses by initiating a "counter attack."
  - They are difficult to interview b/c they are reluctant to share information
  - Very anxious about being harmed
  - Don't be too nice or friendly
  - Clear and straightforward explanations of tests and procedures prior
  - Simple, clear language. Avoid ambiguity
  - Project a neutral but kind affect
  - Warn pt about any side effects of medications or any delays in treatment
  - Written plan may help encourage participation
- Communicating with *Schizotypal* Personality Disorder Pt
  - This person will have odd beliefs, magical thinking or perceptual distortions
  - Their speech may be difficult to follow d/t a personalized style with vague associations
  - Cannot understand interpersonal cues and so will not relate to others appropriately
  - Pt may be unwilling to discuss symptoms, so careful dx assessment is needed to uncover any other medical or psychological symptoms that need tx (i.e. suicidal thoughts)
- Communicating with *Schizoid* Personality Disorder Pt
  - They are emotionally detached, will not seek out or enjoy close relationships
  - Will be indifferent to praise or criticism from others
  - Avoid being too nice or friendly
  - Do not try to re-socialize the pt
  - Pt may not want to discuss symptoms, so a thorough dx assessment is needed

The Dramatic, Emotional or Erratic Cluster (cluster B)

- Communicating with *Borderline* Personality Disorder Pt
  - This person has instability in affect, identity, relationships
  - This person desperately seeks relationships to avoid feeling abandoned
  - They use the defense of splitting
  - Significant risk of suicide
  - Set realistic goals, use clear action words
  - Set clear and consistent boundaries and limits
  - Clear and straightforward communication
  - When behavior problems arise, calmly review therapeutic goals and boundaries
- Communicating with *Antisocial* Personality Disorder Pt
  - This person has consistent disregard for others (previously called psychopath or sociopath)
  - This person will repeatedly tell lies and do other destructive things with no insight into predictable consequences
  - Set clear and realistic limits to prevent or reduce effects of manipulation
  - Be aware that this pt may use guilt to get what they want. do not let yourself be manipulated because they've made you feel guilty
- Communicating with *Narcissistic* Personality Disorder Pt
  - Primary feature is arrogance and grandiose view of self-importance
  - Lack of empathy for others
  - Feel intense shame and fear of abandonment if they are "bad"
  - Remain neutral
  - Avoid power struggles, do not become defensive in response to disparaging remarks
  - Convey unassuming self-confidence
- Communicating with *Histrionic* Personality Disorder Pt
  - Has emotion attention-seeking behavior (has to be center of attention)
  - This person demands "the best of everything" and can be very critical.
  - Keep all communication and interactions professional (client will probably flirt with you or be very flattering)
  - Encourage and model the use of concrete and descriptive language (do not use vague or impressionistic language)

The Anxious, Fearful Cluster (Cluster C)

- Communicating with the *Avoidant* Personality Disorder Pt
  - This person will be socially inhibited
  - They want to have close relationships but fear rejection
  - Will be clingy if they do develop a relationship
  - A friendly, gentle, reassuring approach is best.
- Communicating with the *Dependent* Personality Disorder Pt
  - This person will have extreme dependency in a close relationship
  - Will have difficulty making independent decisions
  - Will constantly be seeking reassurance
  - Set limits in a way that does not make pt feel punished
  - Strong countertransference often develops d/t extreme clinginess
- Communicating with the *OCD* Personality Disorder PT
  - This person is a perfectionist
  - Will be very preoccupied with details and rules, may not be able to accomplish tasks
  - Guard against engaging in power struggles
  - This person has a high need for control
  - Understand that they will use intellectualization, rationalization and reaction formation as common defense mechanisms

Diagnosis and Care Planning (communication focus only)

- Risk for Injury
  - Encourage pt to express feelings r/t stress and tension instead of engaging in self-injurious behavior
  - Discuss alternative ways for pt to meet demands of the current stressful situation
  - Secure a verbal or written no-harm contract
  - Use a matter-of-fact approach when self-mutilation occurs
    - Neutral approach prevents blaming which increases anxiety
    - After treating wound, discuss what happened right before + thoughts and feelings the pt had before they self-mutilated
  - Set and maintain limits on acceptable behavior
  - Use a non-punitive approach when setting and enforcing limits
- Chronic Low-Self Esteem
  - Maintain a neutral, calm and respectful manner (may be always be easy!)
    - Helps pt see himself as respected even when behavior is not appropriate
  - ID with pt realistic areas of strength and weakness
  - Focus questions in a positive and active light to help client focus on the present and look to the future “What could you do differently now,” or “What have you learned from the experience?”
  - Give honest feedback regarding observations of client’s strengths and areas that need additional skill
  - Do not flatter or be dishonest. This can undermine trust.
  - Discuss plans for future to minimize dwelling on the past and negative thoughts.
- Impaired Social Interaction
  - Explain expected behaviors, limits and responsibilities in a respectful, neutral manner
  - Set limits on manipulative behaviors (arguing, begging, flattery, seductiveness, guilt, clinging, etc...)
  - Expand limits by clarifying expectations for client in a number of settings. This can reduce power struggles and confrontation.
  - Monitor your own thoughts and feelings consistently b/c of strong countertransference reactions.
- Ineffective Coping
  - Be clear with client as to the unit policies
  - Give brief concrete reasons for the rules (if asked), then move on.
  - Be clear about consequences.
  - Be consistent with approach in all interactions to enhance feelings of security and provide structure.
  - A clear written plan of care helps minimize manipulations and can encourage cooperation
  - Do not share personal information with the pt. This opens up areas for manipulation and undermines professional boundaries.

- Be aware that pt may try to flatter you as a form of manipulation
- Remain neutral but firm if client tries to instill guilt.
- Project a neutral and calm demeanor if client becomes hostile or projects blame.
- Give client positive attention when behaviors are appropriate and productive.
- Avoid giving attention when behaviors are inappropriate (unless you have to intervene for safety of course)

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