

List and define five dissociative symptoms

- Numbness: not in the book, and didn't watch lecture. (sorry guys!)
- Detachment: An interpersonal and intrapersonal dissociation from affective expression. Therefore, the individual appears cold, aloof, and distant. This behavior is thought to be learned and is viewed as defensive.
- Derealization: The false perception by a person that his or her environment has changed. For example, everything seems bigger or smaller, or familiar objects seem strange.
- Depersonalization: A phenomenon whereby a person experiences a sense of unreality of or estrangement from self. For example, one may feel that one's extremities have changed or that one is in a dream or seeing oneself from a distance.
- Dissociative amnesia: Inability to recall important personal information, often of a traumatic or stressful nature. May be localized to certain events in a certain period or selective (able to remember some but not all events in a period)

Identify five traumatic events that could precipitate PTSD.

- War
- Victim of crime
- Sexual assault
- Physical abuse
- Nursing school final exams

Describe the technique of cognitive restructuring.

- Cognitive restructuring or "reframing" has been found to be positively correlated with greater positive affect and higher self-esteem.
- It includes recasting irrational beliefs and replacing worried self statements "I can't pass this class" with more positive statements, "If I choose to study 24 hours a day I will pass."
- It can be used to reduce stress by changing the individual's perception of stress.
- Essentially, it is reassessing a situation....the desired result is to restructure a disturbing event or experience into one that is less disturbing and in which we have a sense of control.
- Cognitive distortions often include overgeneralizations and "should" statements.
- This technique is often done along with progressive relaxation.

Define dissociative amnesia, fugue, and Dissociative Identity Disorder

- Dissociative amnesia
 - Inability to recall important personal information, often of a traumatic or stressful nature.
 - May be localized to certain events in a certain period or selective (able to remember some but not all events in a period)
- Dissociative fugue
 - A sudden, unexplained travel away from the customary locale and inability to recall one's identity and information about some or all of the past.
 - In rare cases, the person assumes a whole new identity.
 - During fugue state, person tends to lead simple life. Doesn't call attention to himself.
 - After a few weeks or months, they remember their former identities and become amnesiac about their time in the fugue state.
 - Usually precipitated by a traumatic event.
- Dissociative Identity Disorder
 - Presence of two or more distinct personalities states that recurrently take control of behavior.

List the 7 most challenging behaviors seen in patients with personality disorders and therapeutic nursing interventions for each.

- Manipulation (pt tells you you're the best nurse ever when she asks for special treatment)
 - Say "I've noticed that when you compliment me, you want something from me. When you do that, I wonder if I can trust you." SET LIMITS
- Impulsiveness (pt striking others)
 - Say "I am going to ask you to agree to sitting 5 feet away from the group members until you have better control of your impulses. I want to help you be safe here."

- Splitting (pt blaming you for everything, you are evil and bad because you won't let him off the hook for lunch, but another nurse named "Omar" will...often used to manipulate staff)
 - Say "Omar and I will talk about it and we will let you know what we decide. If you think you are going to get mad and cut on yourself, then you need to stay here in my presence until I have Omar join us." SET LIMITS
- Devaluing others (pt says they don't want to go to group with all those "losers")
 - Say "Hmmm.....I guess if you go to a meeting with people you think are losers, you risk feeling like a loser, too. But if you don't go, you risk feeling alone or like an outsider."
- Suspiciousness (pt says "what do you mean by that? Are you calling me crazy?")
 - Say "I was talking to the group as a whole, my comment wasn't meant for you. Do you wonder if I think you are crazy?"
- Blaming others (pt complains about night staff not doing their job and blaming them for his headache)
 - Say "I am uncomfortable when you disparage others. I believe you are working on clear and direct communication while you are here, and I hope you can express any frustration you are feeling directly to the night shift staff."
- Demanding (pt makes lots of demands)
 - Say "I wonder if you'd be willing to work on asking for things in a different manner. I know I don't feel like helping you when I'm asked in this way, and I imagine that might be true for other people in your life as well."
- Helplessness (pt says they can't do something on their own, even when they can)
 - Say ... oops, the notes aren't on the slide. What do you say?

Understand the 7 diagnostic features of all personality disorders

- Inflexible and maladaptive response to stress
 - For example, an engineer is able to organize complex details at work. However, when this same compulsion carries over to other parts of life it may be too rigid or limited to allow personal or social functioning. This rigid behavior serves the function of controlling deep anxiety in the person.
- Limited occupational/social functioning
 - I think this is pretty self explanatory.
- Significant interpersonal conflict
- The ability to elicit frustration in others
 - Intense emotional upheaval and hostility lead to frequent interpersonal conflict. Their inability to take responsibility for their actions creates strong negative emotions in others. They cannot trust others and are constantly fearful of being hurt.
 - These people have an uncanny ability to merge personal boundaries with others and "get under their skin." This process is often unconscious and the result is bad.
- Limited insight
- A tendency to try to change his/her environment rather than his/her behavior
 - This person does not take responsibility for their behavior.
- Difficulty accepting the consequences of his/her behavior.

Discuss theories about the development of personality disorders

- Biological Determinants
 - It is proposed that certain traits are present at birth. PDs may represent an extreme variation of a natural tendency resulting from genetic alterations and/or unfavorable environmental conditions. These personality traits have been identified as being potentially inherited: novelty seeking, harm avoidance, reward dependence, persistence, neuroticism versus emotional stability, introversion versus extroversion, conscientiousness versus undependability, antagonism versus agreeableness, closedness versus openness to experiences.
 - Family and twin studies suggest genetic factors of linkages between PD and other mental illnesses. Schizotypal PD is often seen in people with first-degree relatives who have schizophrenia.
 - There is a definite genetic influence in antisocial PD: biological children of parents with antisocial PD have a higher risk for having it
 - Individuals with borderline PD often have family members with mood or impulse control disorders.
 - Some people with PD have a history of repeated psychological, sexual, physical trauma during childhood. Thus, the neurobiological research related to chronic stress may relate to PD.

- Structural brain changes
- Neurotransmitter imbalances, especially serotonin
- Psychosocial factors
 - Learning theory says that the child developed maladaptive responses based on modeling or reinforcement.
 - Cognitive theory excessive anxiety is caused by a distortion in thinking that is amenable to correction.
 - Psychoanalytic theory focuses on the uses of primitive defense mechanisms.
 - People with paranoid PD had excessively critical parents who may have role-modeled projection of anger and resentment.
 - People with schizoid PID may have suffered from emotional isolation b/c parents were indifferent or detached.
 - People with antisocial PD have histories that may reveal excessively harsh punishment and encouragement of aggression.
 - People with borderline PD have a consistent evidence of childhood trauma (sexual abuse/physical abuse and significant parental conflict or loss). This early distress is associated with the fear of abandonment.
 - People with histrionic PD may have had excessive family reinforcement of attention-seeking behavior.
 - People with narcissistic PD may have had parents that were neglectful or inconsistent in rewards and punishments.
 - People with avoidant PD may have had overprotective parents. As with dependent PD, there may have been parental overprotection or excessive clinging to the child, which interferes with normal development and separation.
 - People with obsessive-compulsive PD may have copied the behavior from authoritarian parents, but there may also be issues of unconscious guilt or shame involved.
 - Separation-individuation
 - Enmeshment vs abandonment
 - Identity integration vs. identity diffusion

Defense Mechanisms used by PD pt

The defense mechanisms used by the PD person are repression, suppression, regression, undoing, splitting.

- Repression = the exclusion of unpleasant or unwanted experiences, emotions or ideas from conscious awareness; considered the first line of psychological defense.
- Suppression = the conscious removal from awareness of disturbing situations or feelings; the only defense mechanism that operates on a conscious level
- Regression = In the face of overwhelming anxiety, the return to an earlier and more comforting way of behaving
- Undoing = an act or behavior unconsciously designed to make up for or negate a previous act or behavior
- Splitting = a primitive defense mechanism in which the person sees self or others as all good or all bad, failing to integrate the positive and negative qualities of the self and others into a cohesive whole.

Define the three clusters of Axis II diagnoses

- CLUSTER A: these people are described as “odd or eccentric.”
 - Avoid interpersonal relationships
 - Have unusual beliefs
 - May be indifferent to the reactions of others to their views
 - Seldom seek psychiatric treatment
 - *Paranoid* buzz words: distrust, suspicious, preoccupied, bears grudges, questions fidelity of partner
 - *Schizoid* buzz words: detachment, restricted range, no close relationships, no interest in sex, no pleasure, no close friends, indifferent, emotional coldness, detachment or flattened affect.
 - *Schizotypal* buzz words: discomfort with and reduced capacity for social relationships, cognitive or perceptual distortions, eccentric, ideas of reference, odd beliefs, bodily illusions, odd speech, suspicious, lack of close friends, social anxiety
- CLUSTER B: these people are “dramatic, emotional, or erratic.”
 - Seek out interpersonal relationships but can't retain them b/c of excessive demands and emotional instability
 - Manipulative; may seem charming but are really trying to use you for their own benefit
 - Display a sense of entitlement, deny negative feelings of others, put on needs first
 - Many receive psychiatric care voluntarily or involuntarily b/c they broke the law

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- *Antosocial* buzz words: consistent disregard, psychopath, sociopath, conduct disorder as child, no remorse, tell lies, destructive, illegal, no insight, do not voluntarily seek care
- *Borderline* buzz words: instability in affect, identity and relationships; seek relationships to avoid feeling abandoned; drive others away; demands, impulsive uncontrolled anger; use splitting as a defense; one of most common seen in psych treatment settings; psychosis-like symptoms, chronic depression or self-destructive behavior; hx of dramatic suicide gestures; significant risk of suicide
- *Histrionic* buzz words: attention seeking, impulsive, melodramatic, flirtatious, provocative, partner feels smothered, no insight, seeks tx for depression or other comorbid condition, demands “the best of everything”, very critical.
- CLUSTER C: these people are “anxious or fearful”
 - feel insecure or inadequate
 - depend on others for reassurance
 - isolate themselves for fear of rejection
 - come into psych care for tx of anxiety r/t fear of relationships or loss of relationships
 - *Avoidant* buzz words; social inhibition, avoids contact, want relationships but are preoccupied with fear of rejection, appear timid, low self-esteem, poor self-care, often mistreated, clingy.
 - *Dependent* buzz words: extreme dependency, no decisions, seeks reassurance, submissiveness, vulnerable to abuse, belief of incompetence, fear they cannot survive on their own, seek tx for anxiety or mood disorders, most frequently seen PD in clinical setting, can occur in pt with medical disability
 - *Obsessive-Compulsive* buzz words; perfectionism, orderliness, control, preoccupied with details, can't complete task, have affection for friends/family, fearful of imminent catastrophe, rehearse over and over how they will respond in social situations.

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