Personality Disorders -
Managing Challenging Behaviours

Aims of this session:

1. to acknowledge that all of us struggle with some of our patients’ behaviours, and that there is no easy solution
2. to provide skills in identifying and dealing with problem behaviours in a way that is respectful towards both patient and doctor

PROBLEM BEHAVIOURS: THE CONCEPT OF ‘MODES’

In different situations, human beings will often use different MODES. A MODE is a particular pattern of thinking, feeling and behaving.

For example, the child who is in HELPLESS MODE at home, saying she cannot tidy her room as it is too hard, is in CAPABLE MODE at school when the teacher asks her to tidy up the puzzles.

Remember that although the behaviour affects us it is not truly personally aimed at us, being indiscriminate and typical of a lifelong personality style.

PATIENT MODES: ‘CUSTOMERS, COMPLAINANTS AND VISITORS’

The medical model focuses on history, examination, diagnosis and treatment. This implies that when patients attend for a consultation, they are ‘customers’ - they want to hear about, and buy, our ‘product’. What can we do when our patient is not a ‘customer’?

The ‘customer’: the ‘ideal patient’ who presents a straight-forward history, accepts examination and collaborates with diagnosis and treatment plan.

The ‘complainant’: ‘yes but’; distressed but seems unable to be helped

The ‘visitor’: they want you to give them something; they do not think they have a problem; may have been sent by a third party.

Remember Prochaska et al - Stages of Change and Motivational Interviewing
VISITOR= PRE-CONTEMPLATION
COMPLAINANT=CONTEMPLATION
CUSTOMER=ACTION

DOCTOR MODES: ‘MEDIATORS, RESCUERS AND DISTANCERS’

The ‘mediator’: uses their emotional reaction to judge how to respond appropriately to the patient. Negotiates with the patient, aiming for an outcome that is respectful of both patient and doctor. Note: this may mean not doing what the patient requests.

The ‘rescuer’: wants to help, often self-sacrificing. Tries to avoid feeling helpless or mean.

The ‘distancer’: concerned that is not getting it right, acts aloof. Tries to avoid feeling incompetent or involved.

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BOUNDARIES

Boundaries refer to the behaviours we establish as human beings to protect ourselves.

You identify a boundary when someone crosses it and you feel uncomfortable.

When we negotiate boundaries with patients we teach them that a relationship can exist where two people’s needs are met, in a safe way, by negotiation. Saying ‘no’ while acknowledging the patient’s distress is therapeutic in itself.

NEGOTIABLE BOUNDARIES:

- **TIME** - Keeping to time is important as this is a professional relationship, it is not parent/child or friendship. Negotiating this highlights that others have rights too (the doctor, the other patients waiting)

- **MONEY** - This is a professional relationship, where the focus of attention is on the patient. There is a risk when not charging for services that you are reinforcing the patient’s view of themselves as unable to function as adults.

- **PHONE CONTACT** e.g. crisis management, after-hours, what is ok to discuss over the phone.

- **SPECIAL TREATMENT** - Special treatment is any variation from care that you would consider routine for a ‘customer’ in a similar medical situation. It needs to be negotiated; it’s ok to say no.

- **GIFTS** - Some gifts need to be discussed with the patient. Following discussion it may be agreed that it is best to donate a gift to charity.

BOUNDARY VIOLATIONS:

A boundary violation involves behaviour that is harmful, where the patient and/or the doctor is exploited. By its nature, the person who feels uncomfortable does not feel safe to discuss it, fearing an angry reprisal or rejection, or being unwilling to tolerate feelings of guilt or anxiety.

Boundary violations include prescribing or ordering investigations against your better judgement “because the patient demanded it”. It is also refers to the patient who behaves disrespectfully or is abusive, or who regularly takes up more time than is booked or misses appointments.

It is a boundary violation when the patient is the confidante of the doctor, or the doctor accepts large monetary gifts. Sexual relationships between doctors and patients are the most mentioned boundary violations, but probably the rarest.

What about DUAL RELATIONSHIPS? …the patient who is also the babysitter or the family member

GENERAL PRINCIPLES OF MANAGEMENT

1. Observe your emotional reaction and use it to diagnose MODE (yours and the patient’s)

2. Have appropriate expectations - accept that some patients will not be ready for change, and may continue to behave in disconcerting ways. The aim is to deal with what is.
3. Success lies in decreasing, or at least not adding to, the harm their behaviours can bring, while practising good medical care (with appropriate boundaries)

Discuss the patient’s emotional reaction rather than trying to fix it.

“I can understand you feeling frustrated/sad/angry that the treatment isn’t working.
...that we haven’t made a firm diagnosis...
...that what you hoped for hasn’t happened....
...that I’m not able to do what you requested....

4. Reward helpful behaviour, ignore unhelpful behaviour.
   Eg if threaten to self-harm, negotiate that will call ambulance or crisis team. Keep discussion to a minimum until over the episode.
5. Treat the patient as a competent adult who is responsible for their own life.
6. Practice what you preach - aim for balance in life and share the load with other health professionals. Your ‘heart-sink’ patient may not generate the same reaction for someone else.

FURTHER READING

Borderline personality disorder:
‘Stop Walking on Eggshells’ by Paul T. Mason, Randi Kreger
www.bpdcentral.com
www.sane.org/information/factsheets/borderline_personality_disorder.html
www.nimh.nih.gov

Narcissistic personality disorder:
‘Enough About You; Let’s Talk About Me” by Dr Les Carter
http://www.halcyon.com/jmashmun/npd/dsm-iv.html#npd
http://www.mayoclinic.com/health/narcissistic-personality-disorder/DS00652

Management of Mental Disorders - World Health Organisation (purple books):
Assertiveness: vol 1
Personality Disorders: vol 2
Why Love Matters’ by Susan Gerhardt - neurophysiology of how we do relationships

We cannot control our thoughts or emotions. Neither can they.
We can only control our behaviour (our actions, and what we choose to pay attention to).
We cannot control others - neither by logic nor empathy.
The same goes for our patients. They don’t control our behaviour. We do.
DSM-IV Definitions

A personality disorder is an enduring pattern of inner experience and behaviour that:
- deviates markedly from the expectations of the individual’s culture
- is inflexible and pervasive across a broad range of personal and social situations
- leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning
- is stable and of long duration, and its onset can be traced back to adolescence or early adulthood
- is not due to another mental disorder or physical condition (drug or head injury)

CLUSTER A

PARANOID
- pervasive distrust and suspiciousness
- other’s motives interpreted as malevolent (exploiting, harming, deceiving) without sufficient basis
- preoccupied with unjustified doubts about trustworthiness of others
- reluctant to confide as fears information being used maliciously
- reads hidden demeaning or threatening meanings into benign remarks or events
- persistently bears grudges
- perceives attacks on character that are not apparent to others
- quick to react angrily, counterattack
- has recurrent suspicions, without justification, regarding fidelity of spouse or partner

SCHIZOID
- detachment from social relationships
- restricted range of expression of emotion in interpersonal settings
- neither desires nor enjoys close relationships
- chooses solitary activities
- little interest in sexual experiences with another person
- lacks close friends other than first-degree relatives
- appears indifferent to praise or criticism of others
- appears emotionally detached

SCHIZOTYPAL
- social and interpersonal deficits, acute discomfort with close relationships.
- cognitive or perceptual distortions and eccentricities of behaviour
- ideas of reference
- odd beliefs (telepathy, sixth sense, clairvoyance)
- odd speech and behaviour
- inappropriate or restricted affect
- lacks close friends other than first-degree relatives
- excessive social anxiety associated with paranoid fears

CLUSTER B

ANTISOCIAL
- disregard for and violation of the rights of others
- failure to conform to social norms with respect to lawful behaviours
- deceitfulness, repeated lying, used of aliases, conning other for profit or pleasure
- impulsivity
- irritability and aggressiveness
- reckless disregard for the safety of self and others
- consistent irresponsibility - failure to stay employed or honour financial obligations
- lack of remorse

**BORDERLINE**
- unstable personal relationships, self-image, and affect
- frantic efforts to avoid real or imagined abandonment
- relationships alternate between extremes of idealisation and devaluation
- markedly unstable sense of self with chronic feeling of emptiness
- impulsive self-damaging behaviour - substance use, spending, sex, reckless driving)
- recurrent suicidal behaviour, gestures, threats, self-mutilating behaviour
- intense, rapidly changing mood swings (over hours or days)
- difficulty controlling aggressive behaviour
- transient paranoid ideation, or dissociative symptoms

**HISTRIONIC**
- excessive emotionality and attention seeking
- uncomfortable in situations where is not the centre of attention
- inappropriate sexually seductive behaviour (including clothing)
- rapidly shifting but shallow expression of emotions
- style of speech that is impressionistic, lacks detail
- self-dramatisation, theatricality
- easily influenced by others

**NARCISSISTIC**
- grandiosity, need for admiration, lack of empathy
- exaggerates achievements or talents, expects to be recognised as superior without commensurate achievements
- preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- believes that he or she is ‘special’ or unique and can only be understood by other special or high-status people or institutions.
- requires excessive admiration
- sense of entitlement - unreasonable expectations of special treatment
- takes advantage of others
- does not recognise or identify with the feelings and needs of others
- envious of others, believes others are envious
- shows arrogant, haughty behaviours or attitudes

**CLUSTER C**

**AVOIDANT**
- social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation.
- views self as socially inept, personally unappealing, inferior to others
- unwilling to get involved with people unless certain of being liked
- restrained relationships as fear of being shamed
- preoccupied with being criticised or rejected in social situations
- unusually reluctant to take personal risks or to engage in any new activities for fear of embarrassment
- avoids activities that involve significant interpersonal contact, because of fears of criticism, disapproval or rejection

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DEPENDENT
- need to be taken care of
- submissive and clinging behaviour
- difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- need others to assume responsibility for most major areas of life
- difficulty expressing disagreement because of loss of support or approval
- difficulty initiating projects on their own due to lack of self-confidence in judgement or ability
- goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- distressed when alone - questions ability to look after self
- urgently seeks another relationship as a source of care

OBSESSIVE-COMPULSIVE
- preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency.
- so preoccupied with details, lists etc... that the major point of the activity is lost
- perfectionism interferes with task completion
- devoted to work and productivity to the exclusion of leisure activities and friendships
- inflexible about matters of morality, ethics, or values
- unable to discard worn-out or worthless objects
- reluctant to delegate unless others submit to exactly his or her way of doing things
- miserly spending style