Personality Disorders: Presentation and Management Strategies

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Disclosures

- None

Learning Objectives

Attendees of this talk will be able to:

1. Identify common personality disorders in clinical practice
2. Improve recognition of patient transference and behaviors such as splitting
3. Recognize and manage their own emotional response to difficult patients
4. Set a behavior plan to ensure their medical conditions are managed appropriately

DSM 5 Key Personality Disorder Criteria

- An enduring pattern of inner experience and behavior that deviates markedly from expectations
- Pattern is inflexible and pervasive across a broad range of personal and social situations, pattern endures over time
- Causes clinically significant distress or impairment in social, occupational or other areas of functioning

Prevalence of Personality Disorders

- Combined prevalence:
  - 10% of the population (Sansone, 2011)
- Most common personality disorders include Narcissistic, Borderline, and Obsessive Compulsive Personality Disorders (Sansone, 2011)

What do clinicians notice?

- Patient behaviors
  - Especially those that are repeated and disrupt some portion of care or clinic function
- “Difficult visits”
- **Strong clinician emotion**
- Change in clinician behavior

The Case of Ms. B

- Ms. B is a 30 year old woman who recently established care at your clinic. You know she has a history of changing providers frequently, and indeed, she initially makes negative, disparaging comments about past providers.
- You notice that she's guarded, at times appears anxious and at others angry. You take an empathetic approach, listening carefully and explaining what you are doing and thinking.

The Case of Ms. B

- Each visit takes a little extra time, you typically run behind after seeing her. Yet it seems worth it as she visibly relaxes, telling you that you are the only provider she's ever been able to trust. She references with obvious discomfort a history of abuse, but does not go into detail.
- You begin to feel "special", like you are the only one who can help her. You find yourself taking extra care to return her calls promptly even if it means staying late.

Feeling “special” with regards to Ms. B is an example of:

- A. Transference
- B. Countertransference
- C. An appropriate response, as you are indeed the only person who’s been able to help Ms. B
- D. Displacement

Countertransference

- Feelings towards the patient that arise from our own selves, world views and conflicts (Groves, 1978)
- Reflect our past experiences, beliefs, etc.
- Typically subconscious or unconscious
- Sometimes called “our baggage”

Examples of Countertransference

- Well described by Groves (1978) in “Taking Care of the Hateful Patient”
  - Feeling aversion to dependency
  - Feeling angry and counterattacking in response to entitlement or disparaging remarks
  - Feeling depressed when faced with a help rejecting patient
  - Wishing a patient would die in response to a self destructive denier

Countertransference

- Ultimately very individual
- Includes positive and negative emotions
- Over time, clinicians can learn to recognize response patterns in themselves & can use this to aid in recognition of a personality disorder

The Case of Ms. B Continues

- Ms. B schedules to see you frequently, scheduling sooner than your suggested follow up. Her complaints are often vague and somatic in nature.
- Not wanting to miss something, you diligently work each one up, the results are repeatedly unremarkable.

The Case of Ms. B

- Ms. B becomes increasingly distressed. Her calls to the clinic became more frequent, with an increasing sense of urgency. She won't detail her complaints to the nurses, she wants to only talk to you, the only one she trusts.
- If you don't respond immediately, she becomes angry and insulting to you. Her emotions seem all over the place, you never know what you are going to get when you call.

The Case of Ms. B

- You notice yourself cringing at messages from her, your nursing and front desk staff begin complaining about her treatment of them, and you get a sense of dread when you see her on your schedule.

The Case of Ms. B

- Realizing you must act, you attempt to address your concerns with her behavior.
- Ms. B becomes enraged, yells that you are either too stupid to figure out what is wrong with her or you just don’t care about helping her then storms out of the room.
- In the following days, she leaves several messages often angry and insulting, one noting she would be better off dead.

Ms. B's most likely diagnosis is:

- A. Antisocial Personality Disorder
- B. Narcissistic Personality Disorder
- C. Dependent Personality Disorder
- D. Borderline Personality Disorder

Borderline Personality Disorder

- Presentation – unstable and intense personal relationships, self image and affect
  - “I hate you don’t leave me”
- Patient experience of illness – terrifying fantasies about illness; intense emotions, difficulty managing emotions

Borderline Personality Disorder Problematic Behaviors

- Frantic attempts to avoid rejection or abandonment, self destructive acts, over idealization and devaluation of the provider
- Intense displays of emotion that they cannot always manage (anger, distress, suicidality)
- Self destructive and impulsive behaviors (cutting, substance abuse, etc)
- Splitting among providers, requests to change, distortion of interactions
- Multiple calls, requests from clinic

Borderline Personality Disorder Management Strategies

- Avoid excessive familiarity or self disclosure
- Schedule regular visits
  - Consider providing specific clinic contacts
  - Be very specific about clinic procedures (length of time for return calls, what type of care needs an appointment, etc.)
  - Consider behavior plans
    - Formal agreement about expected behavior
- Provide clear explanations

Borderline Personality Disorder Management Strategies

- Remember that many have a history of abuse, consider this during exams
- Tolerate angry outbursts while maintaining limits
  - Ok to end an encounter, but don’t leave them hanging regarding follow up
- If you see a split, bridge it
- Maintain awareness of personal feelings
  - Anger, rescue fantasies, anxiety
- Consult with behavioral health, it takes a village

The Case of Mrs. C

- Mrs. C is a 48 year old female who recently transferred to your practice. After your difficult experiences with Ms. B, you are relieved to find that Mrs. C is calm, maybe a little on the quiet side. She's a bit of a worrier, but she seems to really want help, and asks your advice about all aspects of her health. She tries to follow your recommendations, and calls the clinic periodically to clarify instructions or report new symptoms.

The Case of Mrs. C

- Over time, you realize that you hear from Mrs. C quite frequently. She calls with new symptoms, anxiously asking what she should do. When given a choice of treatment strategies, she deflects the decision to you. She seems unable to manage minor symptoms independently, and tells you she needs help implementing even simple treatment plans. You would only rarely define her concern as even urgent, much less emergent. She does at least accept your reassurance in the moment, but it doesn't seem to last.

The Case of Mrs. C

- You find yourself feeling increasingly resentful and without realizing it, you start to slow down answering her calls, and you don’t offer her a follow up appointment after visits. Unfortunately, this just seems to lead to her calling more.

Mrs. C's most likely diagnosis is:

- A. Antisocial Personality Disorder
- B. Narcissistic Personality Disorder
- C. Dependent Personality Disorder
- D. Borderline Personality Disorder

Dependent Personality Disorder

- Presentation – excessive need to be taken care of, submissive and clinging behavior
- Patient experience of illness – fear of abandonment, helplessness
- Problematic behaviors
  - Urgent demands, frequent calls
  - Prolongation of illness behaviors to obtain attention and care
  - Desire for reassurance and care by others

Dependent Personality Disorder

- Provider experience – parental, frustrated, overwhelmed with the expectations, frustrated by the lack of patient activation
- Management
  - Provide reassurance
  - Regular visits
  - Set realistic expectations re: availability
  - Enlist others to support the patient
  - Avoid rejection of the patient

The Case of Mr. X

- Mr. X is a 45 year old male VIP who was recently referred to your practice by someone high up in the community. You are a bit taken aback when he calls you by your first name, but you quickly forget about it as he starts talking about your excellent reputation and how he came to you because he deserves the best.
- He makes sure you understand he is a busy man, and expects you to work around his schedule, including seeing him before the official start of clinic.

The Case of Mr. X

- Mr. X is quick to make it known that he is highly educated and implies that he is much smarter and more successful than you.
- He frequently criticizes the clinic staff for minor mistakes, referring to them as incompetent.
- He questions your medical decision making and periodically wonders out loud if he should get a second opinion.

The Case of Mr. X

- While you initially found him to be intelligent and witty, you now find yourself angry at Mr. X's sense of entitlement and his absurdly overly inflated sense of self.
- You find yourself having to resist the urge to criticize or attack him, or to start listing off your many accomplishments.

Mr. X's most likely diagnosis is:

- A. Antisocial Personality Disorder
- B. Narcissistic Personality Disorder
- C. Dependent Personality Disorder
- D. Borderline Personality Disorder

Narcissistic Personality Disorder

- Presentation – grandiosity, need for admiration, lack of empathy, dismissiveness
- Patient experience of illness – anxiety, related to underlying doubts about self worth or adequacy
- Problematic Behaviors
  - Demanding, entitled, may refuse to see some practitioners, alternating praise and devaluation of the provider, denial of illness
  - May use your first name, assume a familiarity, expect special treatment

Narcissistic Personality Disorder

- Provider experience – flattered, devalued, doubtful, angry
- Management
  - Validate concerns
  - Give attentive and factual responses
  - Keep boundaries, perform your usual practice
  - Resist the urge to devalue them in response
  - Channel patients skills into dealing with illness

The Case of Mr. Y

- Mr. Y is a 32 year old man who comes to your practice to establish care. He quickly charms your front desk staff, and you notice that he manages to get squeezed into appts.
- One of your staff reported feeling intimidated by him when he was late and should not have been seen; she wound up registering him anyway. There were no specific threats, and she couldn't quite put her finger on what had unsettled her.

The Case of Mr. Y

- Mr. Y's main complaint is severe, limiting lower back pain, that he attributes to his work in construction.
- Initially relieved that he did not ask for opiates, you complete paperwork for a leave of absence and proceed with the appropriate work up.
- While Mr. Y continues to describe his pain as disabling, you note that at other times he describes participating in very physical activities.

The Case of Mr. Y

- Mr. Y's work up is overall unremarkable; you recommend PT and conservative management.
- You inform Mr. Y that he no longer warrants medical leave, and you begin to discuss back to work plans including strategies to manage his existing pain and to prevent it from worsening.

The Case of Mr. Y

- Mr. Y becomes visibly angry, tensing and bulking up in the room. He stands and then leans very close to you while staring intently, and informs you that you must be mistaken.
- He references law suits, complaints to the medical board, and while you're not certain, you think he made a reference to hurting providers who don't help him.

The Case of Mr. Y

- You initially liked and wanted to help Mr. Y. Over time, you developed some suspicions regarding his motivation. Now, you are angry at him for violating your personal space and trying to intimidate you. You realize as you look over your shoulder walking to your car that night that you are also scared.

Mr. Y's most likely diagnosis is:

- A. Antisocial Personality Disorder
- B. Narcissistic Personality Disorder
- C. Dependent Personality Disorder
- D. Borderline Personality Disorder

Antisocial Personality Disorder

- Presentation – disregard for the rights of others
  - Can be angry, threatening, menacing
  - **Can be very charming**
- Patient experience of illness – anger, entitlement masking fear and/or insecurity
- Problematic behaviors
  - Anger, impulsive behavior, deceit, manipulative behaviors, violent or threatening behaviors

Antisocial Personality Disorder

- Provider experience – charmed, angry, manipulated, scared, threatened
- Management strategies
  - Investigate concerns and motives
  - Communicate in a clear and nonpunitive manner
  - Set clear limits & follow them
  - Question yourself when you find yourself wanting to act outside of your usual management style

Treatment of Personality Disorders

- Therapy, often long term, is the gold standard treatment for most personality disorders
- Medications are used to treat co-occurring mental health and substance use disorders, and may reduce some of the symptoms associated with a personality disorder (like anxiety, depression, anger or mood dysregulation)

Treatment of Personality Disorders

- Consider referring to specialty mental health when the patient's symptoms significantly impair their ability to function in one or more major area of their life (work, school, relationships, etc.)
  - Especially consider this if their symptoms impair their ability to obtain appropriate medical care
- Some may recognize the need, others may agree to get additional support to cope with their medical concern

Summary – Recognizing Patients With a Personality Disorder

- Patient behaviors: frequent calls, intense need for reassurance, prolongation of illness behaviors, urgent demands, disruptive behavior, splitting, rapidly changing intense emotions, entitlement, mistreatment of clinic staff, use of threats or intimidation
- Repeated difficult visits or interactions
- Strong clinician emotional responses
- Change in clinician behavior

Summary – Strategies to Manage Patients With a Personality Disorder

- Consider which personality disorder the person has, choose strategies accordingly
- Communicate clearly, set consistent limits
- Maintain your usual management style
- Schedule regular follow up visits
- Consider consultation with or referral to behavioral health services
- Consider behavior plans

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