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Study Guide :Behavioral Focus: Angry/Hostile, Passive-Aggressive, Dependent, Suspicious, Addictive  
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**N108 Mental Health and Psychiatric Nursing**  
AY 2023-2024

**Study Guide**

**Anger, Hostility, Aggression, Personality Disorder, and Substance Related and Addictive Disorders**

**Introduction**

Hi N108 students,

In this session, we are going to discuss anger, hostility, aggression, personality disorders, and substance related and addictive disorders..

Anger is a normal emotion where a person has a strong, uncomfortable, emotional response to a real or when there is provocation. However, when handled effectively, this can be a positive force that can help a person in conflict resolution, problem solving, and decision making. Hostility on the other hand is an emotion expressed through verbal abuse, lack of cooperation, violation of norms, or threatening behavior (Shultz & Videbeck, 2013). Physical aggression is when one attacks or inflicts injury to a person or property, this is also true with verbal aggression which is meant to harm or punish another person or force compliance. Personality disorders are diagnosed when there is impairment of personality functioning and personality traits that are maladaptive. Lastly, substance related and addictive disorder comes in many forms as many substances can be used and abused where they can be obtained legally and illegally.

**Learning outcomes**

At the end of this session, you will be able to

- a. Discuss anger, hostility, aggression, personality disorders, and substance abuse and addictive disorders.

- b. Describe the different types of personality disorders.
- c. Discuss the factors that influence the development of personality disorders.
- d. Discuss the trends in substance abuse
- e. Discuss anger, hostility, aggression, personality disorders, and substance abuse and addictive disorders.
- f. Discuss etiology
- g. Enumerate different types of treatments
- h. Discuss appropriate nursing interventions

## **Outline of concepts**

### **1. Five-phase aggression cycle**

- a. Triggering- An event or circumstances in the environment initiates the client's response, which is often anger or hostility
- b. Escalation - The client's responses represent escalating behaviors that indicate movement toward a loss of control
- c. Crisis- During an emotional and physical crisis, the client loses control.
- d. Recovery - The client regains physical and emotional control
- e. Postcrisis - The client attempts reconciliation with others and returns to the level of functioning before the aggressive incident and its antecedents.

### **2. Personality disorder** -is diagnosed according to clusters around a predominant type of behavior pattern

- a. Cluster A- odd or eccentric behavior
  - i. Paranoid personality disorder
  - ii. Schizoid personality disorder
  - iii. Schizotypal personality disorder
- b. Cluster B- erratic or dramatic behavior
  - i. Antisocial personality disorder
  - ii. Borderline personality disorder
  - iii. Histrionic personality disorder
  - iv. Narcissistic personality disorder
- c. Cluster C- anxious or fearful behaviors
  - i. Avoidant personality disorder
  - ii. Dependent personality disorder
  - iii. Obsessive personality disorder

- d. Other behaviors
  - i. Depressive behavior- characterized by a pervasive pattern of depressive cognitions and behaviors in various contexts.
  - ii. Passive-aggressive behavior- characterized by a negative attitude and a pervasive pattern of passive resistance to demands for adequate social and occupational performance

### **3. Substance related and addictive behaviors**

- a. Polysubstance abuse- a person who abuses more than one substance
- b. Drugs and alcohol that are commonly abused
  - i. Alcohol
  - ii. Sedatives, hypnotics, and anxiolytics
  - iii. Stimulants
  - iv. Cannabis
  - v. Opioids-
  - vi. Hallucinogens
  - vii. Inhalants
  - viii. Designer drugs
- c. Related disorders
  - i. Gambling addiction
  - ii. Caffeine, tobacco or nicotine addiction

### **4. Etiology**

- a. Anger
  - i. Neurobiologic theories
    - Low serotonin level may lead to increased aggressive behavior
    - Increased activity of dopamine and norepinephrine leads to increased impulsively violent behavior
    - Structural damage of the limbic system and the frontal and temporal lobes of the brain.
  - ii. Psychosocial Theories
    - Dysfunctional families with poor parenting
    - Lower socioeconomic status
    - Interpersonal rejection
- b. Personality disorder
  - i. Biologic

- Four temperament traits; harm avoidance, novelty seeking, reward dependence, and persistence.
  - ii. Psychodynamic
    - Character which consists of concepts about the self and external world.
    - Psychosocial development which is highly influenced by family, peers, and others.
- c. Substance related and addictive disorders
  - i. Biologic Factors
    - Environmental factors
    - Genetic factors
    - Neurochemical influences
  - ii. Psychological factors
    - Family dynamics
    - Coping mechanisms

## 5. Treatment

- a. Anger
  - i. Psychopharmacology- e.g., lithium, carbamazepine, risperidone
- b. Personality disorder (*specific treatment is available in the recorded lecture*)
  - i. Psychopharmacology- e.g., Monoamine oxidase inhibitor (MAOI), mood stabilizers
  - ii. Individual and group psychotherapy
- c. Substance related and addictive disorders
  - i. 12 step program model of recovery
  - ii. Pharmacological - e.g., lorazepam, chlordiazepoxide, disulfiram

## 6. Nursing interventions

- a. Anger
  - i. Managing the environment
  - ii. Managing aggressive behavior
    - De-escalation Phase
      - In the triggering phase, the nurse should approach the client in a nonthreatening, calm manner in order to deescalate the client's emotion and behavior
      - Conveying empathy

- encourage the client to express their angry feelings verbally, suggesting that the client is still in control and can maintain that control
  - Use of clear, simple, short statements
  - Escalation phase- the nurse takes control of the situation when the client build towards loss of control
    - provide directions to the client in a calm, firm voice
    - client should be directed to take a time-out for cooling off in a quiet area or his or her room
    - tell the client that aggressive behavior is not acceptable and that the nurse is there to help the client regain control
    - Restraining
- b. Personality disorder
- i. Forming a Therapeutic Relationship and Promoting Responsible Behavior
    - Limit setting
    - Confrontation
    - Consistent adherence to rules and treatment plan
  - ii. Enhancing Role Performance
  - iii. Promoting Clients' Safety
  - iv. Promoting the Therapeutic Relationship
  - v. Establishing Boundaries in Relationships
  - vi. Structuring the Clients' Daily Activities
- c. Substance related and addictive disorders
- i. Providing Health Teaching for the Client and Family
  - ii. Addressing Family Issues
  - iii. Promoting Coping Skills

**Activity**

- Watch the recorded lecture in VLE.  
**NOTE:** Please take down notes as the discussion will be more comprehensive.

## References

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