



Remain in Your Lane: Supporting People with Personality Disorders in LTC



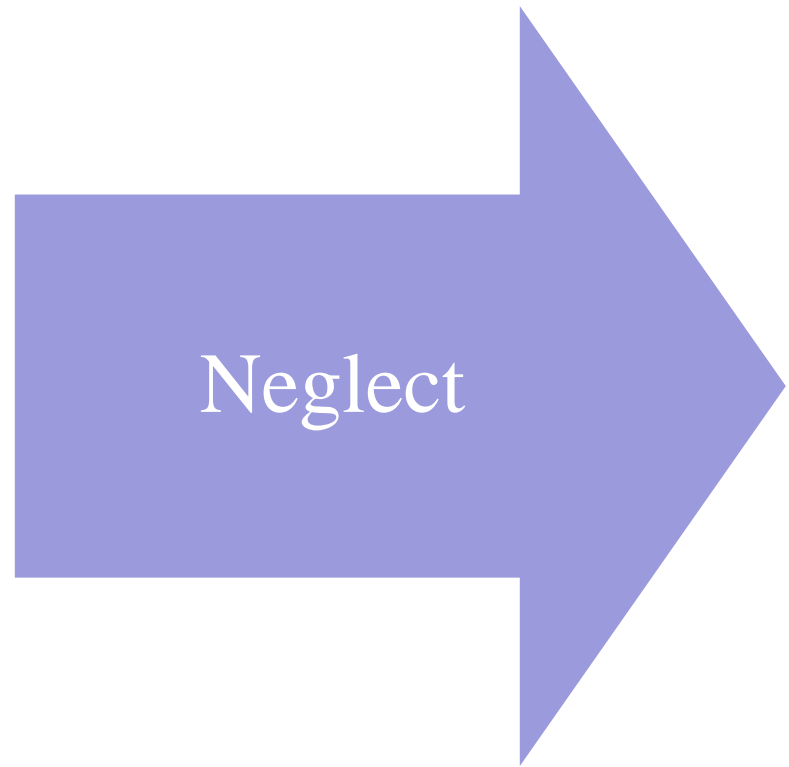


Recovery

Traditional Model	Recovery Model
✓ Medical	✓ What is needed for wellbeing
✓ Assess-diagnose-treat	✓ Individual-focused
✓ Promote clinical recovery	✓ Promote personal recovery
✓ Practitioner has control	✓ Share Control

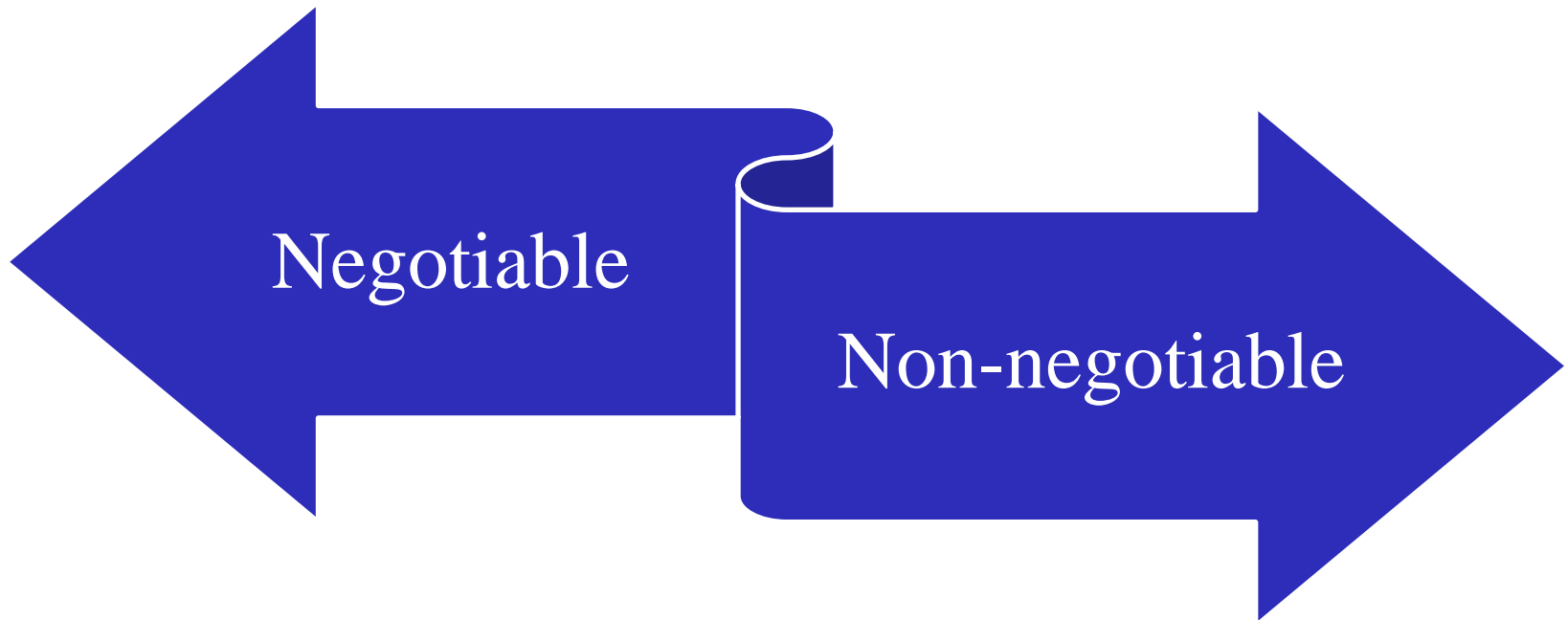


Recovery





Recovery





Structured Consistent Care

- Clear bottom line
- Too much flexibility leads to increased resident vulnerability
- Caring for caregivers – what is sustainable practice?



Supportive Skills

- Active listening – residents and team members
- Providing excellent client care
- Listen to your own strong reactions to determine where you stand



Challenging Skills

- Compassionate limit setting
- Having difficult conversations
- Help residents make good long-term decisions



Case Study #3

Mr. S is an 84 year old resident in a LTCH who requires assistance to mobilize in his wheelchair. Mr. S always wants to be served first at mealtimes and often criticizes the food that is being served. If Mr. S is not served first at mealtime, he will yell and swear at the staff in the dining room. If he is served first, he will often criticize the food and demand that staff make him something else. Then when Mr. S is done eating he will demand that staff assist him back to his room, even though they are busy assisting other residents. On many occasions over the past week, Mr. S has become so angry when staff are unable to meet his numerous requests, he will throw food and/or utensils at them. On one occasion recently another resident was hit by a cup that Mr. S had thrown and the resident suffered burns from the scalding hot coffee which was in the cup.





THANK
YOU

A white rectangular sticky note is pinned to the background with a red pushpin at the top center. The words "THANK" and "YOU" are written in a black, hand-drawn, sans-serif font on the note.